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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Implementing Systems of Care in Rural Schools

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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

80% of students
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” 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
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
• 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

- **Universal**: Tier I: School-wide prevention & promotion; consults; professional development; MH surveillance
- **Selected**: Tier II: Supports for high-risk students; training for staff and faculty champions; peer support groups
- **Indicated**: Tier III: Linkages with community resources; individual CBT-based treatment; crisis response teams & protocols
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
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

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
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<tbody>
<tr>
<td>HS 2011</td>
<td>4.3%</td>
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<tr>
<td>2015 Natl Avg</td>
<td>2.8%</td>
</tr>
<tr>
<td>HS 2016</td>
<td>1.0%</td>
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Post-Treatment Results 2017-2018

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Recovered</td>
<td>50%</td>
</tr>
<tr>
<td>Improved</td>
<td>20%</td>
</tr>
<tr>
<td>Unchanged</td>
<td>10%</td>
</tr>
<tr>
<td>Deteriorated</td>
<td>20%</td>
</tr>
</tbody>
</table>
• 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)
System of Care Across Tennessee

https://www.tn.gov/health/cedep/environmental/healthy-places/healthy-places/land-use/lu/rural-areas.html
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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