**NUMBER** 225+ youth/families

**INCOME** Most qualify for free/reduced lunch

**WHERE** 15 schools across 5 school districts

**60%** of SLMH agencies reported that MOST of the youth they served were at-risk for a mental health crisis in 2020

*"I didn't like therapy in the past."*
-Student to SLMH Therapist

*""I am really surprised how my daughter has opened up".*

-Parent to SLMH Therapist

*This is not new - but I want to continually confirm that it is relationship that heals."*

-SLMH Provider

## 2020 School Linked Mental Health

- **75% or more** showed improvement in behavior problems or self-harming behaviors
- **75% or more** showed improvement in school engagement
- Other improvements: prosocial behavior and coping, resource connections, understanding mental health, family communication/cohesion, school performance

# Keisha


### PROBLEM/CHALLENGE

Keisha was 9 years old. Two years ago, she had a trauma happen at school. This trauma continued to affect her mood and created problems with friendships. Mom had a busy work schedule so it was difficult for her to get Keisha to outpatient mental health services. COVID made it even harder to meet in-person.

### INTERVENTION

Keisha was referred for School Linked Mental Health services. She built a trusting relationship with her therapist and started Trauma Focused Cognitive Behavior Therapy. The therapist consulted with her teachers and developed a plan to address her trauma reactions.

### IMPACT

With funds provided through RCCMHC, Keisha and her therapist have been working on her trauma narrative and she is doing so much better! She has a consistent friendship that's going well and her moods have really picked up! Using zoom telehealth for therapy and check-ins has worked better than expected and even eased some burden for Keisha's mom. Her mom reports that Keisha has less tantrums and avoidance of schoolwork- even during virtual school! There is better communication and a happy feeling of togetherness at home. Keisha is trying hard at school and is seeing results.

**Ramsey County Children's Mental Health Collaborative**

**2020 FUNDING AREA: School Linked Mental Health**

**TOTAL AWARDS:** $ 199,875.00 **TOTAL USED:** $ 115,955.53 (COVID impacted referrals and access through schools)
**TOTAL SERVED:** Approximately 225 youth/families received school linked mental health therapy or related services. SLMH providers also served hundreds more with family engagement, outreach, psychoeducation, and coordination with school staff.
**GRANTEES:** True Thao Counseling, Metro Social Services, Natalis, Northeast Youth and Family Services, North Homes

**FUNDING AREA DESCRIPTION:** School Linked Mental Health (SLMH) is the broader term which also includes School Based Mental Health (SBMH) and refers to services that connect or co-locate effective mental health services with schools at the local level. The RCCMHC grant covers non-billable services and services for uninsured/underinsured students. Grantee may provide direct services such as: diagnostic assessments, psychological testing, psychotherapy, skills training, consultations, medication management, mental health and substance use screening and referral, psycho-education services, or mental health behavioral aide services. The grantee may provide Tier 2 services or other service gaps that do not require a Diagnostic Assessment (DA.) The grantee may also provide ancillary/indirect services that are essential to the success of the direct service.

**DEMOGRAPHICS:** Agencies served youth Elementary to Highschool. Two agencies indicated they also served youth 0 to 5. Two agencies indicated they provided services for LGBTQ youth. Two agencies said they provided services for transition-aged youth.

**ETHNICITY:** 100% agencies served Black/African American and White/Caucasian youth. 80% of agencies served Asian or Pacific Islander youth. 40% agencies (2 out of 5) served Latino, Immigrant or African youth. In future reports we may want to ask grantees about the ethnicity that was served the most.

**COLLABORATION & PROGRESS:** Grantee agencies typically met with their schools once per month or more frequently if-needed. Grantees met with the county-wide SLMH team once per month and submit progress reports to RCCMHC quarterly. Most grantees indicated that they collaborated with RCCMHC through: marketing services (website listing, flyers, outreach campaigns), trainings, Resource Fairs, and events.

**REFERRALS:** Youth were referred by school social workers/ counselors per each district's policy.

**WHERE SERVED:** Although SLMH services are traditionally offered at school, during COVID grantee agencies shifted to virtual services.

**OUTREACH TO TRADITIONALLY MARGINALIZED POPULATIONS & UNDERSERVED COMMUNITIES:** TTCS attended Hmong New Year celebration at the school, parent teacher conferences, and met with cultural liaisons at the schools to discuss strategies to increase parental involvement and how to better reach these underserved communities with more mental health services. NYFS shared contact information/flyers with the school to send in school meals provided by during the distance learning but because the schools were the referral source, NYFS was unaware of their specific actions to serve underserved families. Metro Social served students at a school site that is identified as serving marginalized populations and underserved families. The majority of the students there are ethnic minority primarily African American kids from lower socioeconomic backgrounds with a history of homelessness or are highly mobile. Natalis stated that COVID had impacted our in-person outreach efforts, compared to how it has been historically when Natalis would attend school conferences, back to school open houses, tabling at community festivals, and community resource fairs.

**UNSHELTERED/HOMELESS or UNACCOMPANIED MINORS:** Most agencies replied NONE or FEW.

**AT RISK FOR MENTAL HEALTH CRISIS:** 60% said MOST. 40% said SOME

**GRANTEE DATA COLLECTION:** Most grantees reported using observation, the Strengths and Difficulties Questionnaires (SDQ) and the Child and Adolescent Service Intensity Instrument (CASII.) Other methods listed were: interviews, surveys, diagnostic assessment tools: PHQ-9, WHODAS, DA Questionnaire Student Data report, Health Dynamics Inventory (HDI), Patient Health Questionnaires (PHQ9), and Revised Children's Anxiety and Depression Scale and Subscales (RCADS)

**IMPACT:** Most grantees report 75% or greater improvement in behavioral problems or self-harm and 75% or greater improvement in school engagement. Some agencies reported 75% or greater improvement in prosocial behavior and coping, access to supports, resource connections, understanding mental health and family communication/cohesion. One grantee highlighted a reduction in classroom disruption for elementary and middle school students and improved school performance for high school students. One grantee wrote: "mental health services provided through this grant prevented some of the students from being expelled or suspended. Our services prevented some of the clients from entering into a mental health crisis which might have resulted in hospitalization or risk of harm to self."

**LESSONS LEARNED & BEST PRACTICES:**

- The success of a community partner (who goes into a school) depends heavily on the commitment of the school principal and school social workers/counselors. The school/team who showed the least willingness to include us in staff meetings/school activities had the least client referrals.
- Having regular scheduled clinical team meeting with our School-Linked Mental Health team. It has also been a great learning to be more engaged with the schools and the student services coordinators.
- We re-aligned our School-Linked Mental Health team to allow for clinical supervision, a lead clinician to provide guidance to providers, and admin to clarify billing and paperwork in a timely manner.
- Being certified in Managing and Adaptive Practice (MAPS) has been extremely helpful and is a wonderful program to use.
- Use of Trauma-Focused Cognitive Behavioral Therapy (TFCBT) has been a helpful certification for work within the school systems with students and families.
- We learned that doing outreached to families and checking in on them to make sure everything is going well; we can build a better relationship with them and become a support system for them when they may feel no one is able to help them.
- Having regular scheduled communication and consultation
- What surprised us, was the impact that COVID had on school-linked referrals was devastating to our production and clinical reach. We initially followed the lead of our partner schools. That was an error on our part because they were inundated and overwhelmed by the instability of learning protocols and safety for the students and staff. Understandably we were not a priority. We should have been demonstrating more initiative and proposing new services to try.

**CHALLENGES, OBSTACLES, NEEDS & GAPS**

- Engaging with legal guardians for input and participation in the treatment continue to be a very challenging. Many of the families/students who have significant mental health issues also face very difficult family life circumstances.
- Most families struggled with all the changes and trauma that resulted from the instabilities in the community and national news. Families struggled with COVID and distance learning. It has been hard not being able to be on site or connect the way that we used to and to have access to the kids regularly. Normalcy and routine is a privilege that we have not yet settled back into and may never be the same way again.
- Due to COVID we did not get a chance to fully engage and complete intakes with all the referrals. We ended up losing a lot of the referrals due to the families not responding or not interested with the stress of distance learning therapy "in the home"
- COVID drastically impacted referrals coming in for School-Linked Mental Health Service
- Being able to get a hold of parents to connect when consenting to services, completing registration forms, and explaining the school-linked Mental Health service process.
- Parents have different work shift and schedules that they are not always able to be present or available for phone calls with our Outreach Coordinator or providers.
- This year in particular, we heard of finances and available time being challenging for parents and families due to the impact of COVID. Parents reported mental health services were important to their child's well-being but struggled with access to services and school referrals.
- COVID increased the need for all mental health services, however families have also been overwhelmed and surprisingly resistant to engaging in services. We are unclear if this has to do with the telehealth format or overwhelmed by their own stressors because of COVID and community unrest.

**HEALING, BELONGING & HOPE**

- We have built a safe space for healing and understanding across cultures and disciplines. Through this cultural lens we invite parents, teachers, and cultural liaisons to have collaborative work with us for the benefit of students and the community. We create opportunities for students and families who are disenfranchised to have access to mental health and cultural connections. This promotes hope and safety and engagement with a diverse group of people. We recently started up support groups, which are drop-in sessions for parents, teachers and students. Groups in the respective districts include LGBTQ, parent and student support, and mediation groups.
- We try to understand the students and families in their cultural context and their difficulties and work to strength what's best for their situation.
- We had a lot of training and agency wide discussions on holding space and intentional conversations with our kiddos and their families. Especially with the environment of what is happening in the community with local and national news and COVID.

**OTHER STORIES**

- D. was a high school student. He had significant difficulty with social interaction at school and at home. He's a "loner". He was referred because of an accusation of assault on his girlfriend at the school. Through treatment, his school attendance and socialization improved. He got into an auto mechanic program and school performance significantly improved.
- X. was a first grader. He lived with mom, as dad is not in the home. He's very anxious when separated from mom. He cried during the morning hours at school. We worked on is separation anxiety. As the school year progressed, his integration into the classroom improved. He showed increased socialization with his classroom peers. Mom reported significant improvement at home--less clinging onto mom and more willingness to engage in activities with other neighborhood kids.
- C. was a very shy and anxious 2nd grader. She had not been willing to engage with previous therapist. Mom was really nervous when the school social worker referred her for therapy. As therapy progressed, she became more engaging and less anxious at school when it comes to participating in classroom activities.
- We were able to continue to work with a family that is not insured because the family is highly mobile the father never follow through with support to gain and maintain insurance. The services is the most consistent routine for the youth even over the summer though we had plenty of weeks where there were no contacts, but at least once a month the youth had an opportunity to have "routine".
- One of the "positive shares" from our SLMH staff meeting was that a mother whose family struggled with crisis after crisis, since COVID reported to the staff how thankful she is to have the staff still in the life of her child even though everything seems to be crazy and nothing seems to be the same.

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