



Connect and Collaborate: Mental Health  
Partnerships in Schools

Presented By:

# Objectives

- Review mental health awareness and prevalence rates in adolescents
- Discuss the importance and effectiveness of collaborations between mental health providers and schools
- Identify necessary steps to prepare and connect to mental health supports in the community
- Being able to recognize crucial elements needed for a school-based services program based on community need
- Review lessons learned from collaborations with schools and community

# Mental Health Statistics

- About 1 in 5 adolescents will experience a mental health disorder
- Half of all mental health concerns, begin by age 14
- Suicide is the second leading cause of death for adolescents (15-24)
- Depression- 13% of 13-17 year old youth
- Anxiety- 32% of 13-18 year old youth
- Attention Deficit Hyperactivity Disorder- 9% of 13-18 year old youth
- Eating Disorders- 3% of 13-18 year old youth
  - Statistics from HHS.gov



# Arizona, High School Youth Risk Behavior Survey, 2017

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Question	Total %	9th %	10th %	11th %	12th %
Felt sad or hopeless (almost every day for 2 weeks or more in a row so that they stopped doing some usual activities, during the 12 months before the survey)	36.4	33.2	41.0	35.6	34.6
Seriously considered attempting suicide (during the 12 months before the survey)	19.2	19.3	22.1	17.1	16.3
Made a plan about how they would attempt suicide (during the 12 months before the survey)	14.6	16.3	15.2	15.3	10.5
Attempted suicide (one or more times during the 12 months before the survey)	11.3	12.6	14.0	7.6	8.8
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (during the 12 months before the survey)	4.7	4.6	8.4	1.8	3.3

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# Youth Mental Health- What are the Risk Factors?

- Mental illness DOES NOT discriminate!
- Common Associated Risk Factors:
  - Trauma
  - Genetics/Hereditary (mental illness can run in the family)
  - Socio-economic status, academic struggle, poor social skills
  - Low self-esteem and self-confidence
  - Experimentation with substance use and alcohol

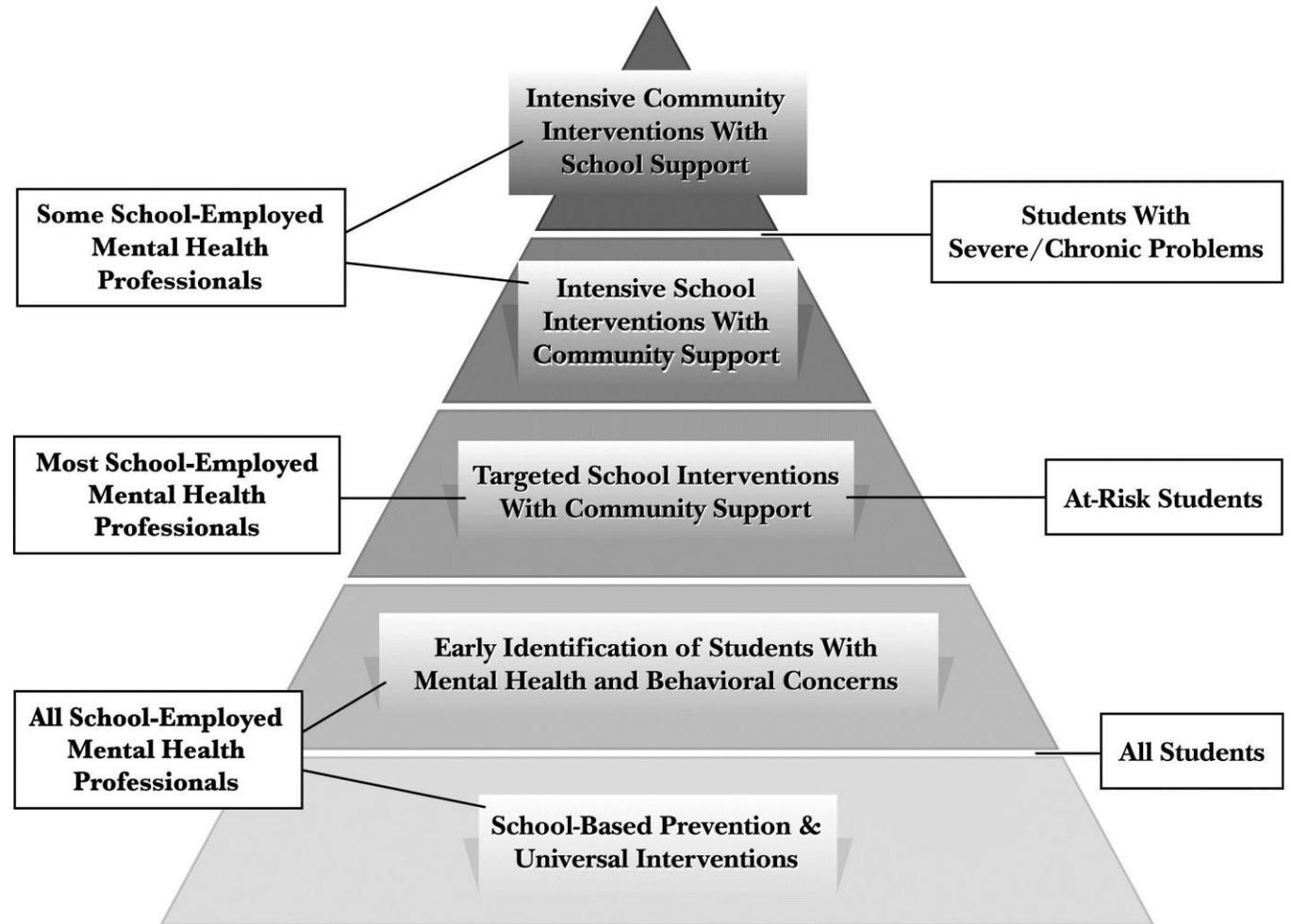
# Youth Mental Health Concern vs. Typical Teenage Development



- Trying to figure out what is “typical” teenage behavior versus mental health warning signs is a challenge!
- There are three important factors of signs and symptoms to help guide you:
  - Severity (or intensity)
  - Duration (how long something lasts)
  - Impact (is it impacting the person’s life socially, academically, physically, etc.)
- Sudden changes in typical behavior are also a key “red flag”

# Why School Based Mental Health?

- Mental wellness is crucial to successful life (and academics)
- Only about 40% of youth with behavioral health issues get help for their concerns
  - Of those who are getting help about 66% get services in an educational setting
  - Families are more likely to seek services when provided on a school campus
- Provides a full continuum of services
- Creating and sustaining outcomes and safe schools



## The Continuum of School Mental Health Services

Adapted from "Communication Planning and Message Development: Promoting School-Based Mental Health Services" in *Communique*, Vol. 35, No. 1. National Association of School Psychologists, 2006.

# Why do some families not seek help?

No access to care

Do not understand the system/how to get started

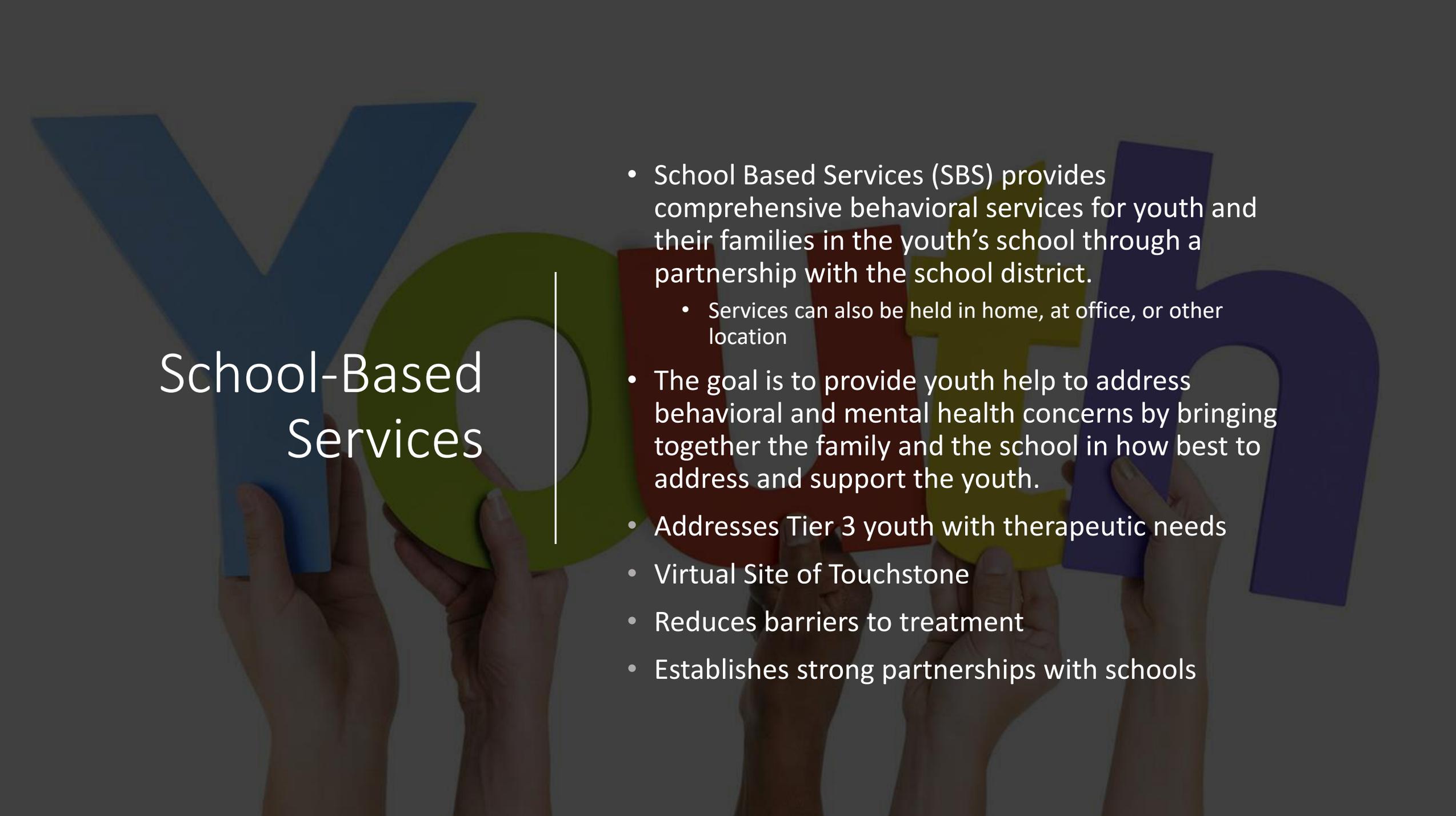
Availability/capacity/wait times

Unable to make appointments

Stigma

Fears (Department of Child Safety (DCS), undocumented)

Transportation



# School-Based Services

- School Based Services (SBS) provides comprehensive behavioral services for youth and their families in the youth's school through a partnership with the school district.
  - Services can also be held in home, at office, or other location
- The goal is to provide youth help to address behavioral and mental health concerns by bringing together the family and the school in how best to address and support the youth.
- Addresses Tier 3 youth with therapeutic needs
- Virtual Site of Touchstone
- Reduces barriers to treatment
- Establishes strong partnerships with schools

# Service Implementation: School Components



- Memorandum of Understanding in place prior to beginning services
- Identify key contact person/persons at each site to coordinate care
- School to work with staff on appropriate times to see youth
- Identified private space on campus
- Summer programming: centralized site for district that will remain open over the summer to provide continuation of services during break

# Communication/Partnerships with Schools



Orientation Meetings



Referral Tracking System



Quarterly Support Resource Team Meetings to review administrative/programming needs, successes, barriers



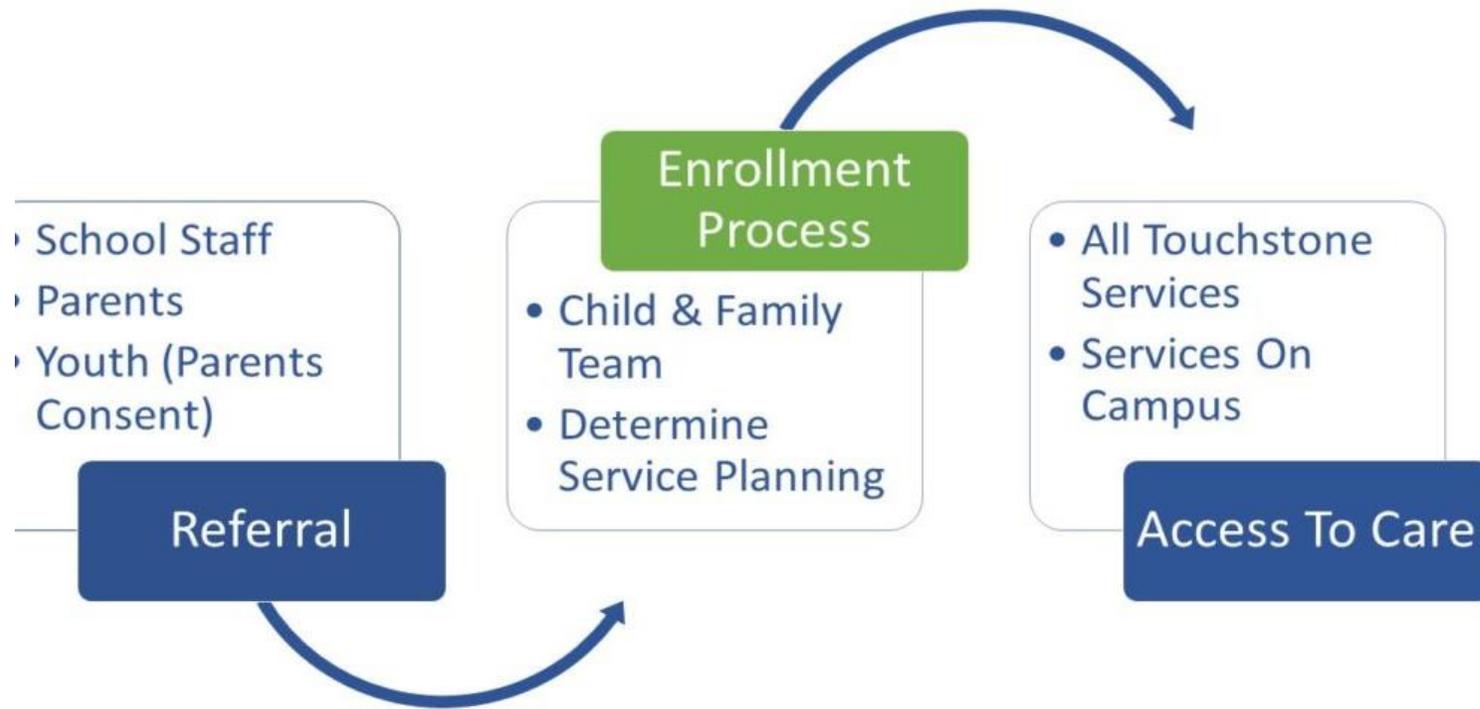
Weekly staffing on SBS enrolled youth at each site, Child and Family Team Meeting participation



Regular email summaries of care for schools



Year End Summary of the Program



## Service Implementation: Members/Youth

- Parent/guardian consent
- Assigned Care Coordinator and Therapist
- Intakes can be completed on campus
- Intensive Outpatient Programming
- Family engagement, family therapy
  - Provided in office, home or at school
  - Parenting Groups can be offered at the school site
- Funding options
  - AHCCCS
  - Private pay- sliding fee scale available
  - Block grants

# Evidence-Based Programming

- Therapists can provide individual, family or group therapy
- THS has specially designed evidence-based therapy groups for SBS:
  - Dialectical Behavior Therapy (DBT) STEPS-A: address interpersonal effectiveness, emotional regulation, mindfulness, and distress tolerance.
  - Cognitive Behavioral Interventions for Trauma in Schools is designed to reduce symptoms of post-traumatic stress disorder, depression, and behavioral concerns

# OUTCOMES

Outcomes will be assessed at the start of treatment and upon discharge

## Outcome measures include:

- Academic performance
- Truancy
- Following school rules- referrals/suspensions
- School attendance
- Healthy school behaviors
- Self harm/suicidal ideation
- Emotional distress/regulation
- Peer relationships
- Impulsivity/aggression
- Inattention
- Substance abuse
- Family functioning

# Additional School Support & Trainings

- Touchstone Health Services provides consultation and training to School Based Services partners to help address social and emotional needs of the youth at the campus.
- This includes professional development training and strategies to address suicide prevention, self harm, bullying, mental health awareness, substance abuse (opioid, vaping, alcohol, marijuana), and other topics.
  - Evidence-Based training offered:
    - Youth Mental Health First Aid
    - SafeTalk
    - ASIST
  - THS operates the School Mental Health Task Force
    - Provides peer support, identify effective strategies, and bring training to school officials



# Becoming a Part of School Culture



Needs Assessment of the school personnel training needs



Tabling at school events



Brief talks at Coffee Talks or Parent Nights



Presenting on services to entire staff



Touchstone staff being introduced to teachers, front office staff



School contacts creating a bridge between provider agency and school personnel



Making behavioral health seem more accessible and friendly

# Touchstone Partnering with Schools

## Prevention Programming

- Training for community members
- Parenting Programs
- CARE Coalition
- School Mental Health Task Force
- Teen Pregnancy Prevention Program

## Health Promotion

- Evidence-Based programming:
  - Teen Dating Violence
  - Sexual Health
  - Substance Abuse
  - Parenting Programs
  - Eating Disorders
  - Anxiety/Depression
  - Health and Nutrition

# What are the schools saying?

- 96% of all sites responded agreed/strongly agreed that they were satisfied with School Based Services Program (4.5 rating on a 5-point scale)
- 89% of all sites responded agreed/strongly agreed that they say positive outcomes with youth enrolled in School Based Services (4.2 rating on a 5-point scale)
- 96% of all sites responded agreed/strongly agreed that they were satisfied with the School Based Services referral process (4.5 rating on a 5-point scale)
- “Once a student is enrolled, they will visibly improve—sometimes extremely quickly. The therapist does a wonderful job making sure students feel seen and acknowledged and it makes an immediate difference... Quite often grades will improve... parent concerns are quickly addressed. “
- “Knowledgeable, professional and most importantly passionate and dedicated staff. Students feel supported and loved”
- “Overall, SBS had made a significant difference in the lives of our students and families. Proving them the opportunity to receive services with the convenience of supporting students in a school setting has made it possible for many barriers to be eliminated. “

# Interconnected Systems Framework (ISF)



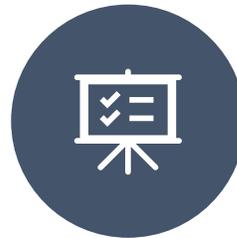
An approach to integrating PBIS with an outside agency providing behavioral health support



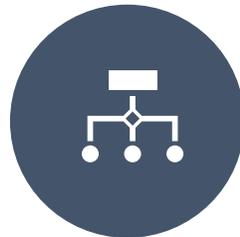
Helps PBIS team utilize data to be able to identify early youth needing behavioral health support



School needs awareness of how to identify youth in need (through PBIS data, training, possibly screening tools)



The provider agency should be using evidence based approaches



Use data to monitor progress (agency and provider should be in alignment with each other)

# Key Lessons Learned

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Create a bridge between agency and school personnel

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Teach each other's language

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Be transparent, build trust

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Create a commonality/purpose

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Relationship between schools and agency should be mutual and collaborative

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Communication must be clear, concise and consistent

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Listen to one other and work with each other instead of against each other

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Be open for feedback, continuous quality improvement

## Contact Information

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If interested in Touchstone's School Based Services or for any questions regarding the program contact:

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