



## SA MOBILE MENTAL WELLNESS COLLABORATION

**Problem and Need.** The behavioral health status of Bexar County’s children is at a dangerous point. According to estimates produced by the Meadows Mental Health Policy Institute<sup>1</sup>:

- 130,000 local children and youth, ages 6 to 17 have a mental health and/or substance use disorder
  - 105,000 have a mild to moderate disorder
  - 25,000 have severe needs, often referred to as serious emotional disturbance
  - approximately 10,000 have a substance use disorder

San Antonio’s behavioral health safety net cannot adequately support this level of need. Existing primary care, specialty care, rehabilitation, hospital and crisis care resources are stretched thin and access disparities are common, especially for low-income children and youth covered by Medicaid. Though prevention and early intervention strategies are optimal - when symptoms are less severe, more treatable, and escalation can be prevented - there is currently an *eight year lag* between initial onset of mental health symptoms and access to treatment. The net effect is heartbreaking: in 2016, 13 San Antonio children and youth died by suicide.

Though gaps in care are known to adversely influence outcomes, other factors also contribute. Linkages between poverty and children’s behavioral health are well established: the National Institute for Mental Health associates living in a low-income household with increased

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<sup>1</sup> Meadows Mental Health Policy Institute. “Bexar County Children and Youth Rapid Behavioral Health Assessment”. February 2019.

risk for mental health problems, with effects often persisting across the life span<sup>2</sup>. This correlation is a significant threat to the one in five (26.4%) San Antonio children currently living in poverty<sup>3</sup>. But poverty is not the only indicator of risk; exposure to other Adverse Childhood Experiences (ACEs) -- abuse, neglect, domestic violence, divorce, in-home substance abuse or mental illness, incarceration of a family member – without a positive buffer (e.g., a nurturing parent or caregiver) can produce a Toxic Stress Response in children, which over time can lead to problems like asthma, poor growth, frequent infections, learning difficulties, and behavioral health issues<sup>4</sup>. All indicators are that problem severity grows with the number of adverse childhood experiences and, again, San Antonio children appear to be at increased risk: the Meadows Mental Health Policy Institute estimates that *50,000 (13.5%) local children and youth have experienced **three or more ACEs***, far higher than the rates of Texas (10%) or the U.S. (11%)<sup>5</sup>.

Moving behavioral health interventions upstream, closer to the time when symptoms first emerge, could ameliorate the impact of poverty and other ACEs. Schools appear to be well

*Per the Meadows Mental Health Institute 1 in 5 San Antonio students will experience a mental health issue before age 14.*

positioned to play this role; however, in Texas, where public school funding is largely determined by property tax revenue, school districts in lower income areas, *where student behavioral health needs are greatest*, cannot afford to provide this type of support. For example, in the South San ISD, where 86.5% of families are low-income, the ratio of students to school counselors is 455:1, far above the 350:1 recommended by the Texas Counseling Association. In addition to manpower shortages, changes in counselors' primary responsibilities also are a factor. Today's school counselors have limited time to address students' behavioral health needs; instead, due to the Texas Education Agency's new campus grading system, most must focus on helping students perform well on standardized tests and make college and career choices.

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<sup>2</sup> Hodgkinson, S., et.al. "Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting". *Pediatrics*, January 2017.

<sup>3</sup> U.S. Census Bureau. 2017 American Community Survey. [www.census.gov](http://www.census.gov).

<sup>4</sup> Center for Youth Wellness, accessed from <https://centerforyouthwellness.org/health-impacts/>.

<sup>5</sup> Child Trends, accessed from [https://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences\\_FINAL.pdf](https://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf).

Yet failure to resolve these barriers and establish schools as an accessible, reliable source of care, or at least care linkages, will negatively impact both student behavioral health and educational outcomes. Nationally, only 40% of students with behavioral health disorders graduate from high school<sup>6</sup>, sentencing the remaining 60% to a lifetime of poor jobs and economic insufficiency, and increasing their children's risk of poverty-associated behavioral health problems. In an effort to avert these consequences, *South San ISD students recently petitioned the District's Board of Trustees to provide more mental health services in their schools during the 2019-2020 school year.*

**A High Impact, Cost Effective Solution.** Clearly, the intersection between children's behavioral health problems, family income and academic performance is well-defined, as is evidence of adverse impact. In response, a group of experienced, community-based providers - Clarity Child Guidance Center, Communities in Schools, Family Service, Jewish Family Service and Rise Recovery - has developed a *collaborative care model for bringing behavioral health resources to area schools*, enhancing accessibility and fast-tracking outcome improvements. The **SA Mobile Mental Wellness Collaboration's** first school district partner is South San ISD, one of San Antonio's lowest resource, highest risk districts. The District and the Collaboration are launching the intervention at South San High School during the 2019-20 school year, and plan to import the intervention to the District's 17 elementary and middle school campuses in subsequent years. During Year One, using the Collaboration's collective resources, the intervention will:

- ❖ Provide trauma-informed mental health screenings for all students at South San High School to identify ACEs and untreated behavioral health needs. (Note: Services may be extended to the recently reopened West Campus High School if need indicates.)
- ❖ Complete trauma-informed assessments of students with behavioral health concerns per screening results, and develop treatment and service recommendations based on assessment findings.
- ❖ Assign trained, experienced clinicians to deliver on-site individual counseling using therapeutic modalities that are trauma-informed and brief in duration.

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<sup>6</sup> Association for Children's Mental Health, accessed from <http://www.acmh-mi.org/get-help/navigating/problems-at-school/>.

- ❖ Provide universal substance abuse prevention education and substance abuse intervention services to students with self-reported substance abuse problems.
- ❖ Provide more intensive psychiatric treatment, when indicated.
- ❖ Connect students to other forms of intensive, longer-term care, when indicated.
- ❖ Conduct issue-specific support groups, including groups for students with incarcerated parents, students with diagnosed behavioral health disorders, students struggling with family immigration problems, and students who have experienced dating violence.
- ❖ Provide wraparound support and navigation assistance to parents/guardians to address the complex, multi-faceted needs of students, strengthen families, reduce in-home stress, and promote student access to community-based care.
- ❖ Educate parents/guardians on the behavioral health needs of their children and proven methods of providing support.
- ❖ Train school staff (administrators, leaders, teachers, counselors) to screen students for behavioral health concerns and link them to care, as needed.

All assessments and counseling will be provided at the District's Athens Community Resource Building near South San High School, which is easy to access, preserves confidentiality and minimizes stigma. When intensive or longer-term interventions are required and cannot be delivered near the campus, transportation will be arranged by the Collaboration.

**Methods of Achievement.** The Collaboration will be managed and coordinated by Jewish Family Service; all other members will deliver services in correspondence to organizational experience and expertise. A dedicated, full-time Program Officer, employed by Jewish Family Service, will be responsible for: 1) coordinating and scheduling the staff and resources of the Collaboration, 2) working with school leadership to schedule and conduct screening, assessment and intervention services, and, 3) planning and facilitating expansion of Collaboration services into other schools and districts over time.

The following table reflects Collaboration services and responsibility.

<b>Intervention Components</b>	<b>Responsibility</b>
Complete behavioral health and ACEs screenings on each South San High School student during the first month of the school year.	Family Service
Complete a trauma-informed behavioral health assessment of students with elevated screening results.	Family Service
Review school records to identify changes in attendance, grades or disciplinary referrals that could be indicative of unrecognized behavioral health issues and initiate assessment, as indicated.	Jewish Family Service
Use assessment results to plan needed interventions, including: <ul style="list-style-type: none"> <li>• individual counseling</li> <li>• support groups</li> <li>• substance abuse intervention</li> <li>• psychiatric treatment</li> <li>• connections to other forms of intensive treatment</li> <li>• wraparound support and navigation</li> <li>• parent education</li> </ul>	Family Service  Collaboration  Rise Recovery  Clarity  Jewish Family Service  CIS  Family Service

The on-site services provided by the Collaboration will dramatically enhance access to behavioral health services for South San High School students with mild to moderate behavioral health issues. Students with serious emotional disturbance or significant substance abuse will require longer term, more intensive care that cannot be provided from the planned site. Therefore, a CIS Navigator will be available to help these students and their families construct an access plan, including locating and vetting providers and arranging transportation. South San ISD will support the sustainability and impact of the intervention by training its leadership, administrative, counseling and teaching staff to: 1) identify and screen for

behavioral health issues, using the same tools used by the Collaboration, and 2) deliver or arrange for on-campus navigation services to students and families to help them overcome financial, insurance and transportation barriers and effectively access behavioral health care.

It is likely that most participating students and families will be assisted by multiple members of the Collaboration. For example, a student with an identified substance use disorder would be connected to Rise Recovery to begin treatment. Simultaneously, Family Service would teach the student's parent/guardian evidence-based methods of helping the student stop using drugs or alcohol, deal with the precipitating issues that may have contributed to substance use, and resume a typical teenage life. And Communities in Schools would be available to help an adult living in the home access behavioral health treatment, or to connect the family to food stamps and Medicaid to reduce stress in the home and improve the health status of all residents. The Collaboration has developed communication protocols and mandatory, weekly, all-partner case staffing to ensure that planning, implementation and monitoring is consistent, information and resources are effectively shared, and disruptions are minimized for both the family and the student.

**Planned Outcomes.** Routinely identifying students with behavioral health concerns, and connecting them to interventions aligned to their needs will have broad implications for school staff, students and families. The integration of on-site, on-demand screening, assessment, counseling and navigation, coupled with school staff training, will fully mitigate access barriers while producing significant benefits, including:

- a) earlier intervention with students with unmet behavioral health needs;
- b) reductions in complicated symptoms and associated treatment costs;
- c) minimizing traditional barriers to care, including challenges with transportation, finding qualified providers, and adhering to appointment times;
- d) improved school climate, potentially reducing teacher turnover and improving instructional quality; and,
- e) fewer classroom disruptions, suspensions, expulsions, juvenile justice referrals and students who are institutionalized.

Taking incidence estimates<sup>7</sup> of behavioral health concerns among San Antonio children and youth, and applying them to the 2,606 students of South San High School, yields the following:

- 995 students will screen as having some degree of mental health or substance use issue
- 805 will be assessed as having mild to moderate behavioral health concerns
- 193 will be assessed as having serious emotional disturbance

Though not all of these students will receive counseling or support from the project (i.e., some will elect to receive care from another source or will refuse care), the Collaboration has built a staffing structure with sufficient capacity and credentials to care for an estimated 1000 students each school year and provide:

- Individual or group counseling to 250 students with mild to moderate behavioral health concerns
- Psychiatric care to 200 students with the most significant needs
- Substance abuse treatment for 200 students
- Educational Counseling and Groups 350

Additionally, 150 families will receive navigation support, 200 families will participate in three or more parent education sessions designed to build their capacity to effectively support their child with a behavioral health diagnosis, and 200 administrators, leaders, educators and counselors from South San ISD will be trained to identify and link to care students with behavioral health needs. Primary indicators of positive student impact will be reductions in disciplinary referrals and absenteeism, both of which are projected to drop by 2% per year.

**Long Term Plans.** During Year One (the 2019-2020 school year), the Collaboration is piloting the model at South San High School; by Year Two, we plan to serve all 17 South San ISD schools (10 elementary, five middle and two high schools). Within five years, the Collaboration will have scaled the **SA Mobile Mental Wellness** model and built sufficient capacity to serve all San Antonio School districts, as well as those in Kendall and Comal counties.

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<sup>7</sup> Meadows Mental Health Policy Institute. "Bexar County Children and Youth Rapid Behavioral Health Assessment". February 2019.

**Making It Happen.** The operating costs for Year One will be \$785,356. The collaborators contributed \$480,000 (prorated salaries of seven licensed therapists plus marketing and administrative support) to enable immediate start up in South San, in deference to the aforementioned student outcries. An additional \$305,356 is needed to ensure the project serves students throughout Year One and builds the capacity required for planned expansion. Unfunded Year One line items include the salary of the full-time Program Officer, a contract with a child psychiatrist, assessment licenses, and program supplies. Operating costs will increase in the out years as the number of schools increases, and are projected to be approximately \$1M per year by Year Three. A detailed Year One budget follows.



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*Budget*

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**SA Mobile Mental Wellness Collaboration 2019-2020 Fiscal Year**

**Need from Funders for pilot program**

<b>Chief Program Officer</b>	<b>\$130,000</b>
<b>Program Development</b>	<b>\$60,000</b>
<b>Accounting Support</b>	<b>\$2,500</b>
<b>Program Manager</b>	<b>\$52,000</b>
<b>Contract Psychiatrist</b>	<b>\$45,000</b>
<b>Assessment</b>	<b>\$10,000</b>
<b>Program Supplies</b>	<b>\$5,000</b>

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**\$304,500.00 funder contributions**

**Collaboration Agency Funding Contribution for Pilot Program**

<b>7 Licensed Therapists and Drug and Alcohol Counselors</b>	<b>\$371,368</b>
<b>Marketing Expenses</b>	<b>\$5,000</b>
<b>Program Supplies</b>	<b>\$5,000</b>
<b>Laptop Computers</b>	<b>\$10,000</b>
<b>Mileage for seven staff members for the 2019-2020 school year</b>	<b>\$19,488</b>
<b>Agency Development/ Overhead/ Implementation</b>	<b>\$70,000</b>

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**\$480,856 agency contributions**

**Total full program needs for the year**

**\$785,356 (\$304,500 + \$480,856)**