

School Mental Health Intakes

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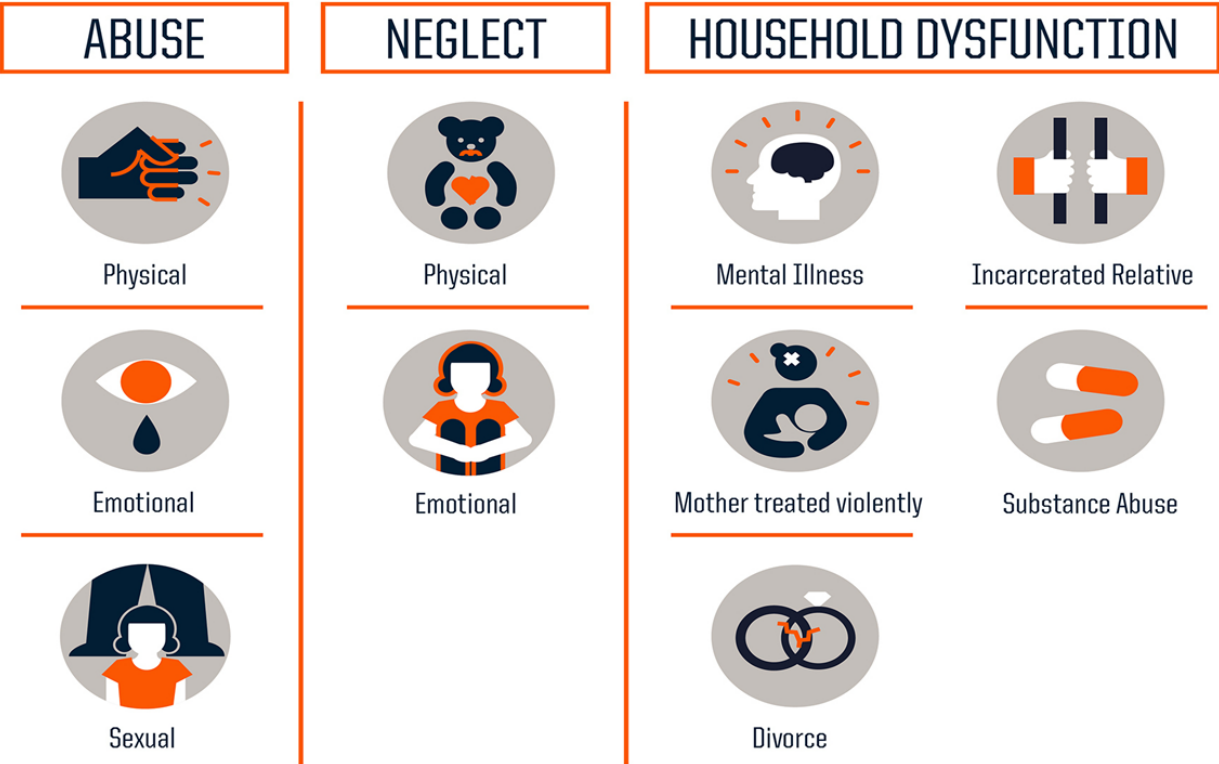
Need for Mental Health Services for Children



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Source: Take the ACE Quiz - And Learn What It Does and Doesn't Mean, Laura Starecheski, 2015, npr.org

Need for Mental Health Services for Children

Prevalence in South Carolina



Why Deliver Services in Schools?

- ▶ Catron, Harris & Weiss studied how many children received mental health services to which they were referred.
- ▶ When children were referred to mental health services (like counseling) at mental health clinics, **13%** of those children followed through on the referral and started the services.
- ▶ When children were referred to mental health services (like counseling) and the services were provided on-site at school through school mental health programs, **96%** of the children began the services to which they were referred.

Why Deliver Services in Schools?

- ▶ Atkins et al. (2006) studied children in high poverty urban communities. In their study, children were referred to mental health services.
- ▶ In this study, children who were referred to school mental health services were **twice as likely** to start the services compared to referrals to mental health clinics.
- ▶ Atkins et al. (2006) also studied retention of children in mental health services. After 12 months, **80%** of students who were referred to school mental health services had remained in services compared to **nearly none** who remained in services at mental health clinics.

Intakes

- ▶ Providing intakes and initial assessments on site in schools significantly increases the likelihood that students and families WILL show up and WILL start services.
- ▶ School mental health programs and on-site intakes ensure that barriers that prevent students from engaging in treatment are overcome.



Transportation



Motivation



Resources

Intake Barriers

- ▶ When school mental health programs revert to clinic-based intakes, the barriers that prevent students and families from starting services return.
- ▶ We return to the “only 13%” starting our services.
 - ▶ Students and families don’t get help they need.
 - ▶ School mental health programs have too few cases to succeed.
 - ▶ Mental health centers lose revenue.



Transportation



Motivation



Resources

Referrals

- ▶ Effective referral systems are the KEY to securing new clients and intakes in school mental health.
 - ▶ SMH Therapists must be well connected to teachers, administrators, school counselors, and other school staff.
 - ▶ SMH Programs work best when ANY one of these professionals can refer a student.
 - ▶ SMH Therapists should educate their schools on how to recognize students who need mental health services and how to refer them.
 - ▶ Simple referrals are KEY. When too much work is required or the steps are unclear to school staff, referrals and intakes decrease. This means students and families do not get help!
 - ▶ The more frequently the SMH therapist is on site, the stronger the integration into the school becomes and the easier the referral process becomes.

Referrals

- ▶ Protocols that require parents to call the mental health center after already talking with the school staff or school mental health therapist increase barriers.
 - ▶ Processes require more time and resources from the family
 - ▶ Families feel confused and “sent out” for help
- ▶ C-20s are best implemented when contact is made with the family
 - ▶ Teachers should be able to refer, but they cannot establish treatment schedules or preferences
 - ▶ Once the SMH therapist or center has talked with the parent of the child and mental health services are requested, the C-20 can be completed
 - ▶ DMH requires that we offer an appointment to the student/family within 7 days of the request for our services.
- ▶ Follow-up with your referral source!
 - ▶ At the intake appointment, be sure to get Releases of Information signed that enable you to talk with your school. The folks who were concerned enough to refer need to know that you have taken action and started services.
 - ▶ Schools feel supported when actions are communicated! This leads to more referrals.
 - ▶ HIPAA and FERPA are not violated by this communication when ROIs are completed. Your MOA should also address the need for HIPAA and FERPA to be respected by both the school and the mental health center.

Improved Intake Practices

- ▶ Paperwork should be completed in person and **MUST** include consents for treatment and ROIs among other required DMH forms.
- ▶ POC Development
- ▶ DLA-20 Screenings
- ▶ Trauma Screenings
 - ▶ Child and Adolescent Trauma Screen (CATS) and several others are available in EMR
 - ▶ We cannot treat effectively if we do not effectively screen for trauma
- ▶ Suicide Prevention
 - ▶ Development of safety plans with clients when services begin helps the client to identify supports and coping strategies needed to prevent suicide
 - ▶ Safety plans for adults (over 18) and children (under 18) are available in EMR

SMH Intakes and Technology

- ▶ School Mental Health Therapists all function remotely
- ▶ Technology must be used to make the intake paperwork process efficient for SMH Therapists
 - ▶ Signature Pads
 - ▶ Issued to ALL SMH therapists, not just available for check-out when needed
 - ▶ Shared folders for scanning and uploading paper documents
 - ▶ Emails or phone calls for scheduling PMAs and other needed appointments