2018-2019 Student Mental Health Center Annual Report

Introduction

Founded in 1967, Integral Care supports adults and children living with mental illness, substance use disorder and intellectual and developmental disabilities in Travis County. The delivery of full-time, on-campus mental health services to elementary, middle and high school students is a key strategy for Integral Care to meet the needs of children and youth in Travis County. Launched in 2013, Integral Care's on-campus mental health services have been available to students and families year-round – during and after school hours, over school holidays and throughout the summer. Our goal has been and is to adapt our services to the needs of the school and students.

Background

One in five adolescents have a serious mental health condition at some point in their life and half of all mental illness is evident by the age of 14. The most common condition among adolescents is depression, experienced by 1 in 8. Yet, only a quarter receive needed services due to stigma or lack of access to services. The consequences for lack of treatment include dropping out of school, the development of more severe issues, self-medicating through substance use and suicide.

Since December 2014, Integral Care has provided counseling and crisis support services to students on 14 middle and high school campuses that have included 16 schools within the Austin Independent School District (AISD). These services have been available during school holidays and throughout the summer. Campus based counseling represents a best-practice opportunity to proactively identify and engage youth and families in services. The location of services and personnel on the campus reduces the stigma associated with receiving services, as counselors are seen as an integral part of the school. Easy access to services reduces absenteeism from school and alleviates the burden on parents who may have limited transportation options or lack the luxury to leave work to take their child to counseling. The collaborative relationships and integrated approach to mental health and education supports families to receive services in an already trusted environment.

All Integral Care AISD staff are licensed clinical mental health providers with experience working with adolescents and families. Staff are trained in evidence-based assessment tools and clinical models of treatment. These therapies include, but are not limited to, Cognitive Behavioral

Therapy, Trauma Focused CBT, Seeking Safety, PAYA (Preparing Adolescents for young Adulthood), ART (Aggression Replacement Training), Skills Streaming, Motivational Interviewing and the Nurturing Parent Program. This training is part of what sets this program apart from other on-campus services and traditional school counselors.

Students in need of services are identified by school personnel and referred to Integral Care therapists who contact the parents or guardians to initiate services. The proactive nature of this approach reduces barriers to care as typically it is the responsibility of parents to initiate services at mental health clinics. Additionally, we know of circumstances where students have brought other students to the counselor having recognized that a friend needs help.

As part of service delivery, Integral Care staff have routinely participated in on-campus Child Study Teams with school counselors, Communities in Schools, and administrative staff. This has allowed Integral Care staff to assist in identifying what resources are appropriate to meet the needs of a student. Our clinicians have also been able to provide strategies on how to effectively engage with students who may be displaying challenging behavior on campus as a symptom of their mental health.

Once referred and scheduled for an intake, youth receive a comprehensive assessment from an Integral Care licensed clinician. This assessment uses a multi-system instrument called the Children's and Adolescent Needs and Strengths (CANS), which measures overall life functioning, screens for mental health diagnostics, safety, family functioning, overall health, school functioning and peer relationships. The CANS also measures child strengths and caregiver needs and strengths. The CANS, which was developed by Dr. John Lyons, has demonstrated reliability and validity and has been adopted as a Best Practice tool by the Health and Human Service Commission (HHSC) of Texas. In addition, Integral Care clinicians conduct a screening for risk of self-harm via the Columbia Suicide Severity Rating Scale (C-SSRS). As part of the assessment process, a person-centered treatment plan is developed with youth and family with specific life, health and treatment goals.

In accordance to the treatment plan, youth and families then receive the evidence-based therapies, as mentioned above, that correspond to treatment plan goals. Additional programming includes crisis counseling and group counseling, as well as referrals to an Integral Care child psychiatrist as appropriate. Treatment planning is regularly updated and a new CANS is delivered at 90-day intervals. Embedded within the treatment of youth and families is ongoing case management.

Integral Care offers youth and families an integrated, robust system of care. In addition to the on-campus services described above, Integral Care offers:

- Mobile Crisis Outreach Team crisis response
- Psychiatric Emergency Services urgent care
- Mental Health First Aid training for ISD staff
- RA1SE, a specialized program that helps people ages 15-30 who have experienced their first episode of psychosis
- Psychiatric care which include psychiatric diagnostic evaluations, ongoing psychiatric care and psychiatric consultations to primary care and education staff
- YES Waiver and Intensive Case Management, a wraparound support for youth experiencing significant functioning challenges
- Home and community-based intensive clinical support for foster youth with complex behavioral health needs

Data for 2018-2019 Academic Year

For academic year 2018-2019, a total of 548 students received assessment and psychotherapy services. These 548 students received a total 6341 contacts. These services could include therapy, case management and doctor services.

Below is a list of the primary diagnoses of the 548 students seen by our school-based therapists. The 22 students with no diagnosis did not meet criteria for a DSM V mental health diagnosis.

Diagnostic Category	Individuals	Percentage
Adjustment Disorder	308	56.20%
Other Psychiatric Disorder*	99	18.07%
Major Depression/Other Depressive Disorder	95	17.34%
Attention Deficit Disorder/ADHD	38	6.93%
Intellectual/Developmental Disorder	5	0.91%
Bipolar/Schizoaffective	2	0.36%
Conduct/Explosive/Oppositional/Disruptive Behavior	1	0.18%
	548	
*Includes 22 students with no diagnosis		

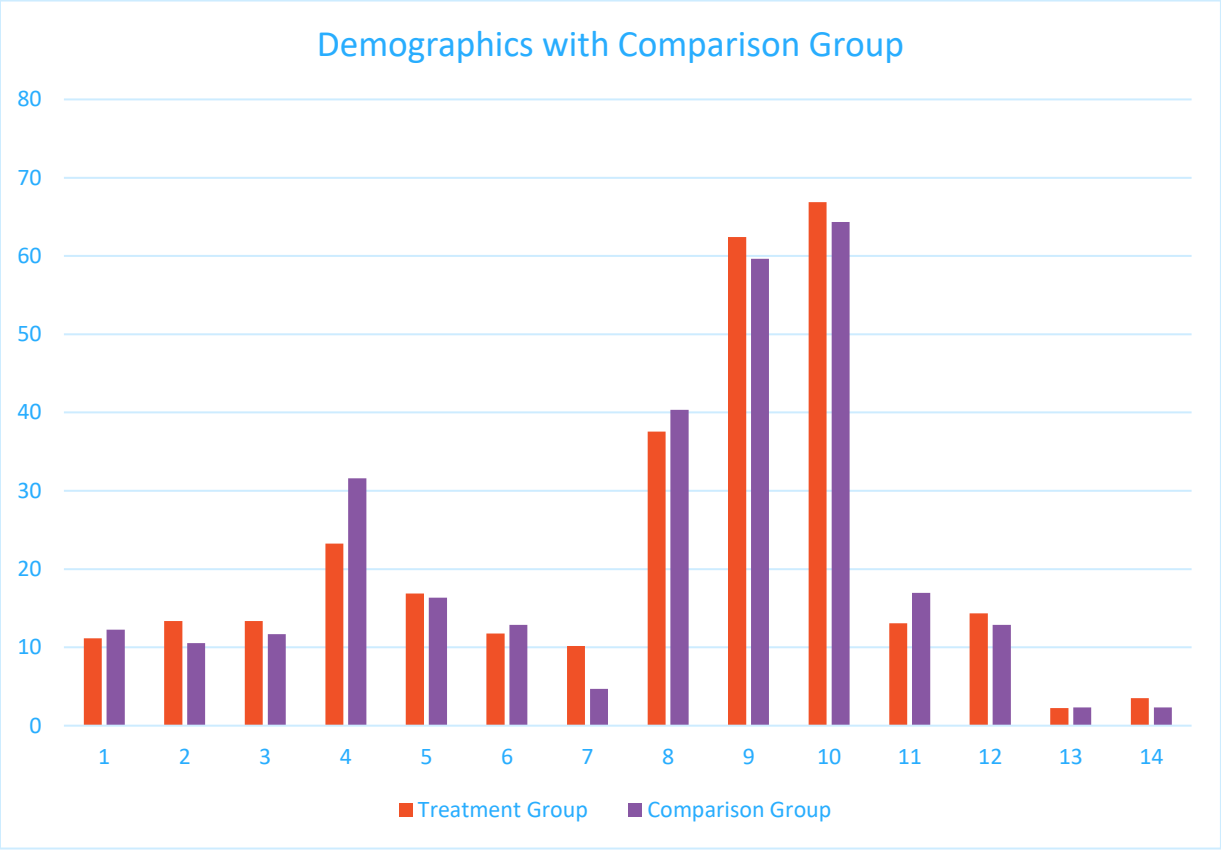
2018/-2019 Academic Year Outcome Analysis

Academic and disciplinary outcomes were analyzed across two samples: a Treatment group (consisting of students who received a minimum of three therapy sessions and a minimum of two CANS assessments that were sixty or more days apart, beginning in the Fall of 2018), and a Comparison group (consisting of students who were referred for services but did not schedule or attend intake appointments. Reasons for students not completing intakes varied. In many instances students and/or family members elected not to receive services. In some instances, students were already receiving services elsewhere. Every attempt was made to engage students and families who were referred for services). Data was generated for 314 students in the Treatment group and 171 students in the Comparison group through AISD's Standard Aggregate Reporting (SAR) system. For CANS data described later in this document, data was generated from Integral Care's internal Electronic Health Record.

AISD Standard Aggregate Reporting (SAR) system:

Treatment Group and Comparison Group Demographic Profiles

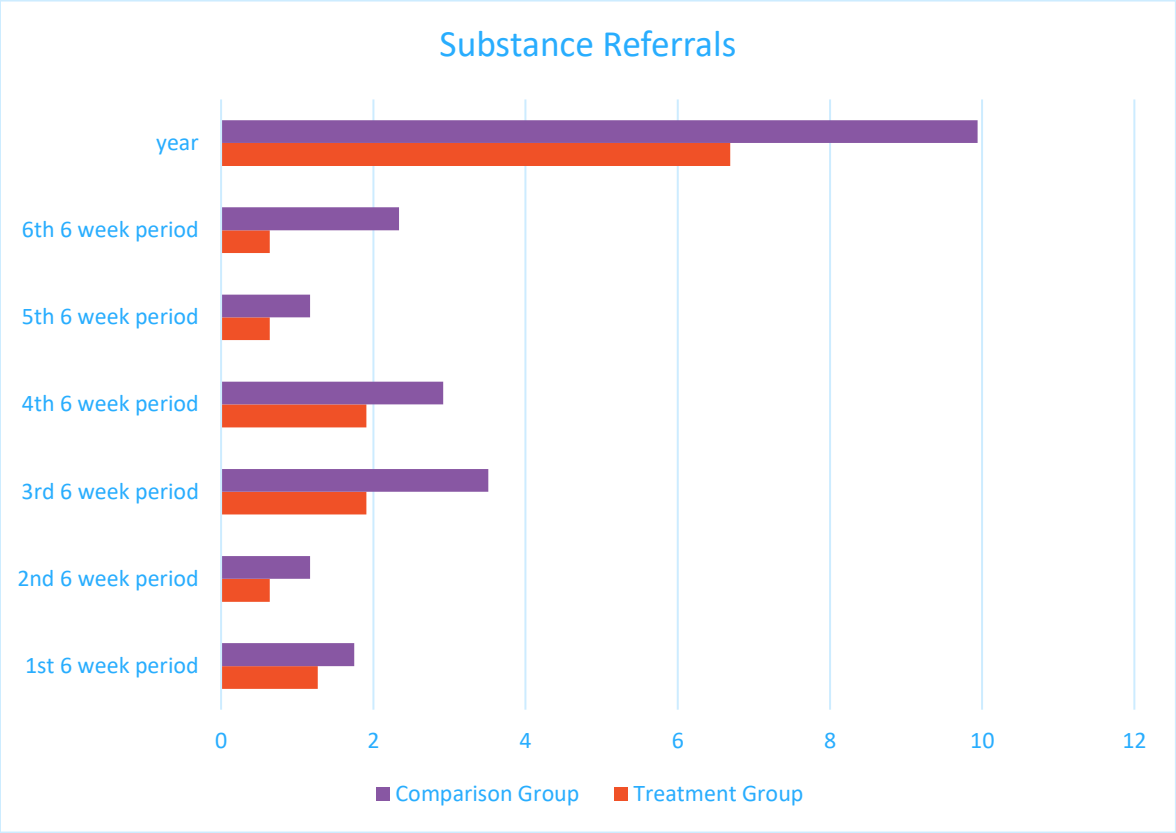
Students in the 9th grade were the most referred. Approximately two-thirds of all students in the Treatment group identified as female. Almost 90% belonged to minority racial/ethnic groups, with 67.0% Hispanic and 13.0% Black. The demographics of the Treatment Group closely matched that of the Comparison Group.



<u>Discipline</u>: Four discipline categories are available via AISD's SAR-SSD online query tool: substance-related offenses, aggressive behavior offenses, suspensions (which includes out-of-school and in-school suspensions), and removals to the Disciplinary Alternative Education Program (DAEP) or the Juvenile Justice Alternative Education Program (JJAEP).

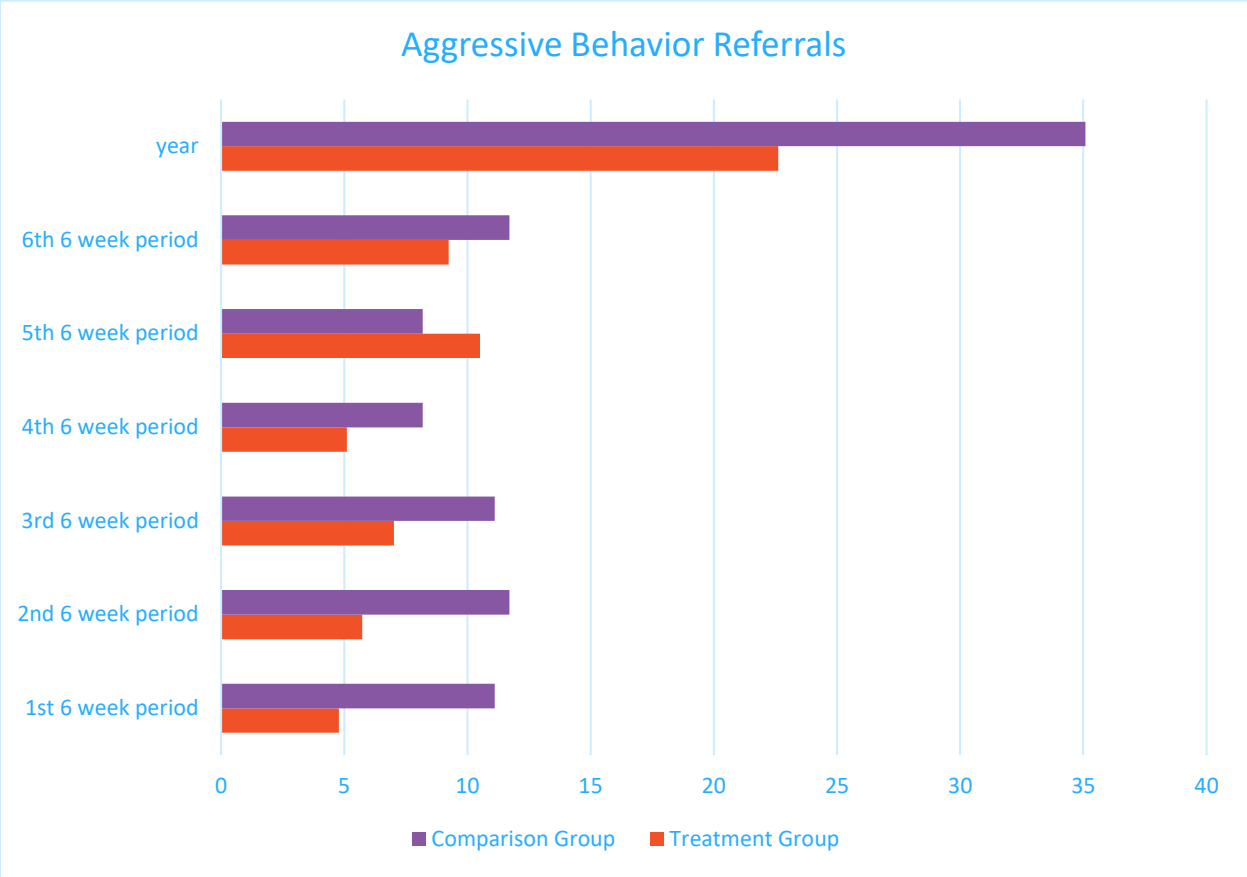
Substance Referrals

For the 2018-2019 school year, 6.69 substance offenses were reported among the students enrolled in the Treatment Group, while 9.94 were reported among students in the Comparison Group during the school year.



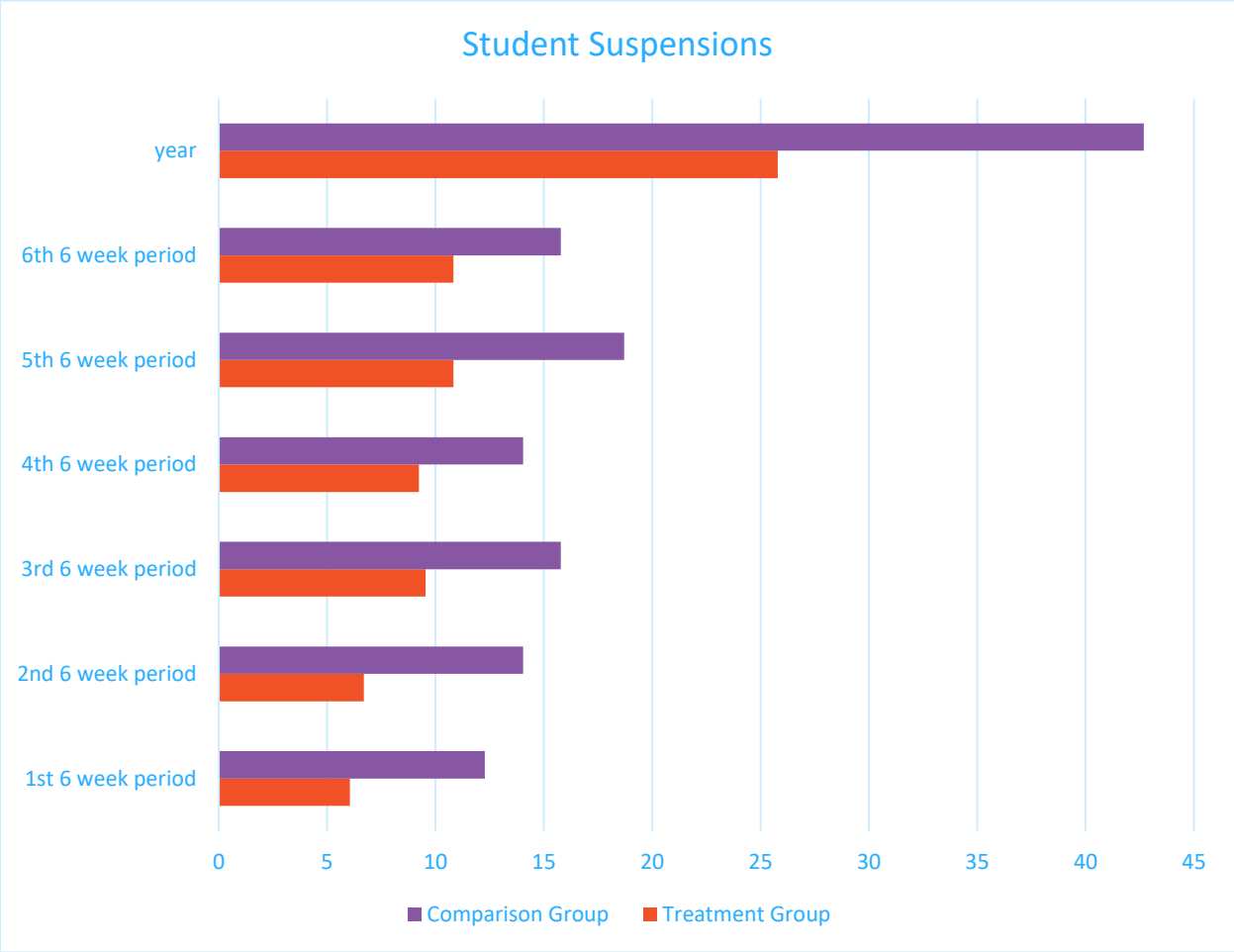
Aggressive Behavior Referrals

The number of aggressive behavior referrals reported among Treatment Group was 22.61 for the year while the Comparison Group was 35.09. Aggressive behavior offenses could include gang related activity, physical aggression/assault, lewd contact, being rude to adults or other students, and aggravated robbery.



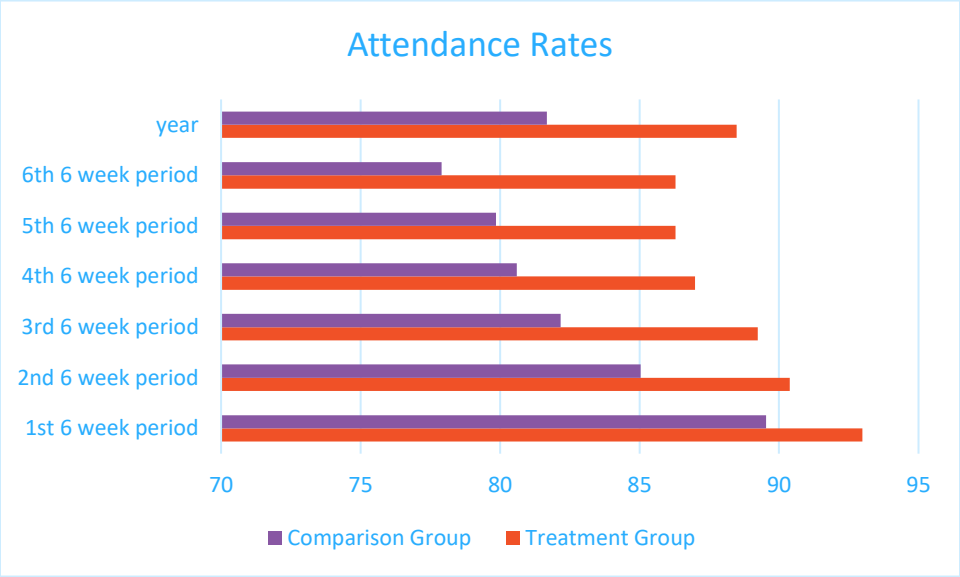
Student Suspensions

There were 25.8 instances of suspensions among the Treatment Group students during the school year, compared to 42.69 among the Comparison Group.



Attendance

Students enrolled in the Treatment Group demonstrated a better aggregate attendance rate for each six-week period than did students in the Comparison Group. For the full year, the Treatment Group showed a cumulative 88.48 attendance rate and the Comparison Group 81.68.



STAAR

AISD informs us that due to technical issues they are unable to provide Integral Care with STAAR data as of the writing of this annual report. We look forward to updating this report when that data becomes available.

Summary

Outcome data shows a pervasive and significant positive impact of Integral Care on-campus services across measurement areas. Students in the Treatment Group demonstrated higher attendance rates throughout the school year as compared to students in the Comparison Group. Students in the Treatment Group received fewer substance and less aggressive behaviors referrals as compared to the Comparison group. In addition, students in the Treatment Group experienced fewer removals and expulsions as compared to students in the Comparison Group.

CANS DATA

Child and Adolescent Needs and Strengths (CANS) assessment data was generated from Integral Care's Electronic Health Record. The CANS is a comprehensive, Texas State-approved, evidence-based clinical assessment tool that gathers information across multiple key measurement domains. Youth and families provide CANS information via self-report.

The CANS clinical tool can be used to monitor outcomes. Below are CANS topic areas that are particularly important for school-based services. Included in each topic-area chart below is data from youth who met criteria for inclusion in the Treatment Group and who also at their initial CANS assessment scored a '2' (Moderate) or '3' (Severe). The charts below show the percent of these youth who moved to a rating of '0' (None) or '1" (Minimal) in these topic areas in subsequent CANS assessments.

Problematic School Behavior: 21 out of 24 (88%) students report improvement

Problematic School Behavior				
Severity	**Pre**	**Post**	**Pre**	**Post**
None	**N/A**	**17**	**N/A**	**70.83%**
Minimal	**N/A**	**4**	**N/A**	**16.67%**
Moderate	**21**	**3**	**87.50%**	**12.50%**
Severe	**3**	**0**	**12.50%**	**0.00%**
N	**24**	**24**		
Moderate-Severe Improvement				
Students:	**21**			
Percentage:	**88%**			

Problematic School Attendance: 24 out of 31 (77%) students report improvement

Problematic School Attendance				
Severity	Pre	Post	Pre	Post
None	N/A	20	N/A	64.52%
Minimal	N/A	4	N/A	12.90%
Moderate	22	7	70.97%	22.58%
Severe	9	0	29.03%	0.00%
N	31	31		
Moderate-Severe Improvement				
Students:	24			
Percentage:	77%			

Problematic School Achievement: 64 out of 83 (77%) students report improvement

School Achievement				
Severity	Pre	Post	Pre	Post
None	N/A	47	N/A	44%
Minimal	N/A	17	N/A	44%
Moderate	74	17	89%	11%
Severe	9	2	11%	0%
N	83	83		
Moderate-Severe Improvement				
Students:	64			
Percentage:	77%			

Juvenile Justice Seriousness: 1 out of 1 (100%) students report improvement

Juvenile Justice Seriousness				
Severity	**Pre**	**Post**	**Pre**	**Post**
None	**N/A**	**0**	**N/A**	**20.00%**
Minimal	**0**	**0**	**N/A**	**0.00%**
Moderate	**1**	**0**	**100.00%**	**60.00%**
Severe	**0**	**0**	**0.00%**	**20.00%**
N	**1**	**0**		
Moderate-Severe Improvement				
Students:	**1**			
Percentage:	**100%**			

Summary:

A student's subjective experience of progress is a vital ingredient in improved mood and functioning. In the measurement areas above, a large majority of students experienced themselves as "getting better".

Therapist's Experience and Case Example

Below is a snapshot of one therapist's experience and a brief student case example (student name and identifying information altered to protect confidentiality). We include these in order to offer a sense of what an on-campus therapeutic approach and intervention can look like. It is important to note that students come for services with a wide variety of wishes, needs and

challenges. Integral Care therapists attempt to adapt to the individual wishes and needs of each youth and family they see.

A Snapshot Journey in the Life of a School-Based Therapist

"One of my favorite parts of this job is meeting with the students/families for the first time and creating a space where they feel supported regardless of what the presenting issues are. In meeting with one particular client for the first time, there was expressed resistance to therapy due to past negative experiences. Meeting this student where they were, sharing what to expect with the work that lies ahead, and making sure they know they're in charge was enough to put this student at ease. As the work continued, it became apparent that family therapy also be incorporated as they were in a massive power struggle. They tried working with a family therapist who terminated the services, pretty much saying they were too difficult to work with. That didn't seem okay to me so with their agreement, we moved forward and incorporated family sessions. Mother and daughter are committed to one another and to this process of unfolding what has been coming between them even though it is very difficult and, at times, painful to look at their 'stuff.' In session, it is completely apparent that they have such love for each other, it's just that their fear/anger/hurt/disappointment/breach of trust is in the way. The trust between us all is what allows the work to continue. They still have a way to go, yet what is apparent is their determination to have a healthy relationship with one another. I am grateful to be a small part of this journey."

Case Example

"Kevin" was referred to counseling services by his school counselor and grandmother, who both reported feeling concerned about Kevin's recent change in behavior. Kevin's grandmother reported that Kevin had started becoming increasingly angry recently, and begun refusing to complete tasks when asked. Kevin agreed, reporting that he often felt irritated by his teachers

and would walk out of class frequently. Kevin reported that he also felt angry at home, especially when his brother or sister would annoy him, or when his grandmother asked him to do things he did not want to do. During therapy services, Kevin received a combination of family and individual skill-building sessions to help him meet his goals, which he reported were to "calm myself down better". Kevin met individually for skill-building sessions where he learned a variety of positive coping skills, including I statements, deep breathing, and taking space, which he began to apply both at home and at school. Kevin and his grandmother also came for family sessions, which focused on communication skills and creating structure to help Kevin understand and remember his chores at home. By the end of services, Kevin and his grandmother reported that he was better able to manage his emotions, and especially his anger. His grandmother reported "his anger has calmed down a lot, I see it at home". Kevin also reported feeling that he was able to better tolerate school and frustrating situations without becoming angry. Finally, Kevin and his grandmother reported less need to remind Kevin to complete chores and daily tasks at home, which helped improve their family interactions.

Summary

Integral Care is pleased to have been able to provide on-campus mental health services to AISD students and their families and would like to thank AISD for the opportunity to provide this on-campus support. As described earlier in this document, comparison data shows positive outcomes in all measurement areas for students who received Integral Care school-based mental health services for the 2018-2019 academic calendar year. Integral Care offers on-campus service delivery in each ISD it serves as part of a larger, Local Mental Health Authority system of care, which includes psychiatric, wraparound, crisis, and whole-health services. We continue to offer all of our clinic and community-based services to AISD students and families.