

AISD Behavioral Health Report

Prepared by Seton and Integral Care
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Background

Seton Healthcare Family, through partnership with Integral Care (the local mental health authority for Travis County), provides access to behavioral health services for school age children and adolescents at 14 campuses in the Austin Independent School District (AISD). These services include behavioral health assessment; individual, family, and group psychotherapy; medication management; and classroom-based behavioral skills training and behavioral health awareness educational sessions. Early identification of mental health needs and access to services is crucial to preventing comorbidities, decreasing the use of crisis services, and improving the management of mental health, which may significantly enhance one's quality of life. Barriers to the timely delivery of appropriate behavioral health care are reduced by co-locating qualified behavioral healthcare professionals within the school.

On-Campus Services

Youth are primarily referred to the program through the Child Study Team – which includes administrators, counselors, social workers, support staff, and the school nurse – although students may also self-refer. Once referred, youth receive a comprehensive assessment delivered by an Integral Care licensed clinical mental health provider. This assessment uses a multi-system instrument called the Child and Adolescent Needs and Strengths (CANS) which supports decision making, including level of care and service planning. In addition to the CANS, Integral Care delivers a focused screening for depression using the Life Satisfaction Scale, a screening for alcohol and chemical substance use that includes the CAGE tool, and a focused screening for risk for self-harm using the Columbia Suicide Severity Rating Scale (C-SSRS). This assessment can be completed at school, in the home, or in one of Integral Care's community settings based on student and family preferences. Following initial assessment, a treatment plan is developed in cooperation with the student and family that includes specific life, health, and treatment goals. In accordance to the treatment plan, youth and families then receive evidence-based therapies, which correspond to treatment plan goals. These therapies include, but are not limited to, Cognitive Behavioral Therapy, Seeking Safety, PAYA (Preparing Adolescents for young Adulthood), ART (Aggression Replacement Training), Skills Streaming and the Nurturing Parent Program. 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.

In addition to assessments, therapy, and case management, Integral Care clinicians deliver psychoeducational "mini-lessons" to students in class or at school events. Mini-lessons provide information to students about mental and emotional health and introduce the clinician to the students as an available resource.

Integral Care Value-Added Services

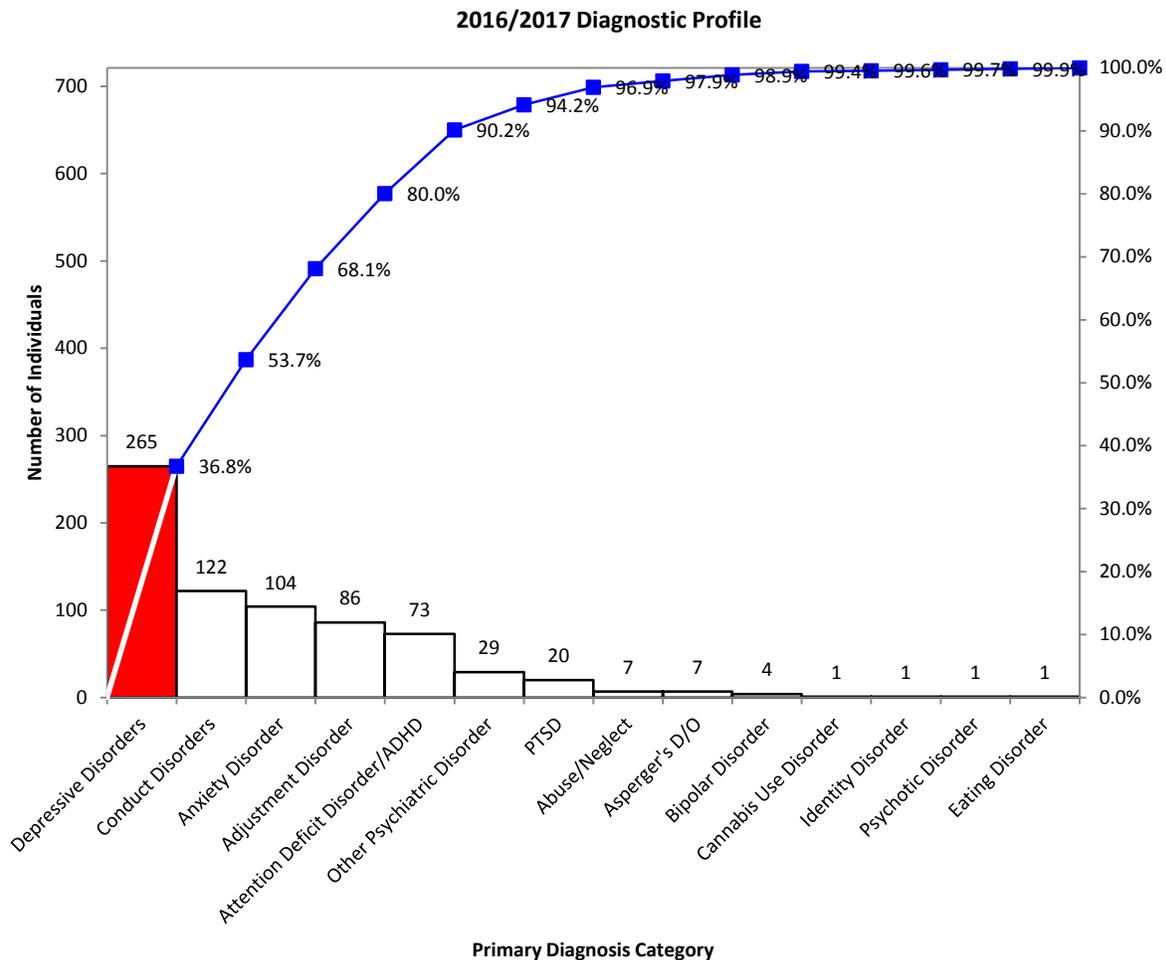
In addition to on-campus services, Integral Care offers an array of supports to schools, youth, and families. These supports include:

- Mobile Crisis Outreach Team (MCOT)
 - Mental health crisis on campus or in the community
- Psychiatric Emergency Services
 - Mental health crisis clinic where youth and adults can walk in for services
- Mental Health First Aid training
 - Skill-based education regarding mental illness
- Clinic-based ongoing psychiatric services operating out of three Austin locations
- RA1SE
 - Specialized program that helps people ages 15-30 who have experienced their first episode of psychosis
- YES Waiver
 - Wraparound support for youth experiencing significant functioning challenges
- Strengthening Families
 - Evidence-based substance use prevention curriculum

2016/2017 Academic Year Service Delivery Summary

Integral Care provided services to 2595 youth enrolled in Austin ISD. A total of 684 students received comprehensive assessment and psychotherapy-based services. Psychoeducational mini-lessons reached 1911 students. Individuals participate in approximately 13 sessions on average (range 1 – 68). The most common diagnoses are depressive disorders, conduct disorders, and anxiety disorders.

Campus	Individuals Served	Encounters	Mini-Lesson Recipients
Austin HS	72	775	23
Bedicheck MS	37	543	60
Burnet MS	61	694	203
Dobie MS	59	960	567
Eastside Memorial & International HS	55	750	200
Fulmore MS & Fulmore Magnet	29	392	0
Gus Garcia YMLA	39	685	100
Lanier HS & Lanier GPA	31	283	80
LBJ & LASA HS	53	715	281
Martin MS	57	713	38
McCallum HS	43	674	56
Reagan HS	59	680	102
Sadler Means YWLA	50	848	171
Travis HS & Travis GPA	36	378	30
Other AISD campuses	3	33	0
Totals	684	9123	1911

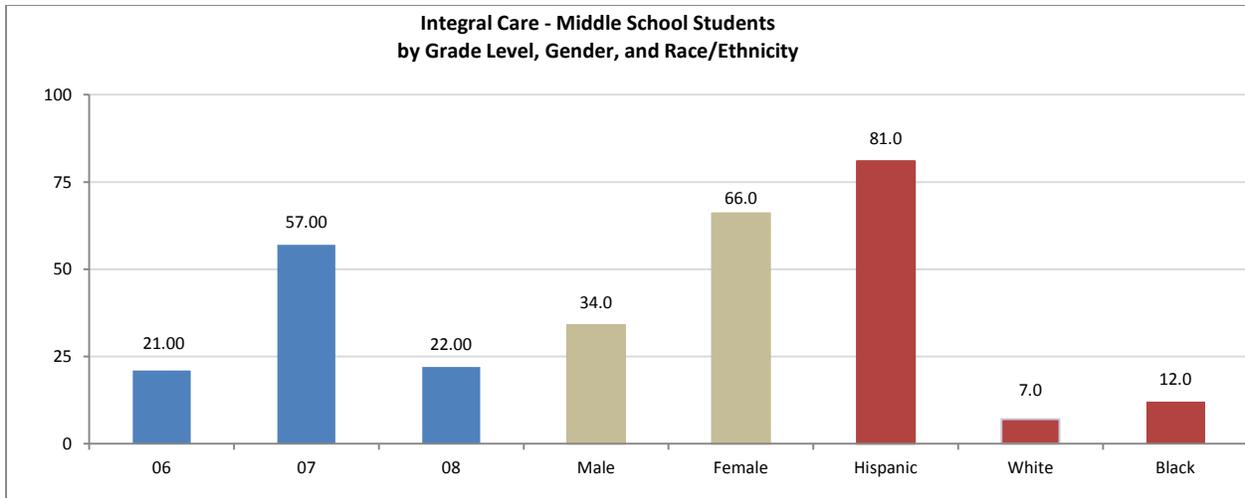


2016/2017 Academic Year Outcome Analysis

Academic and disciplinary outcomes were analyzed for both middle school and high school cohorts. Each cohort was compared across two samples: a treatment group consisting of students who received services through and Integral Care school-based clinic beginning in the Fall of 2016 and a comparison group of students who did not receive services. The groups were matched on Grade Level, Gender, Ethnicity, and Other (Economically Disadvantaged, English Language Learners, Special Education) and all data was generated through AISD’s Standard Aggregate Reporting (SAR) system.

MIDDLE SCHOOL

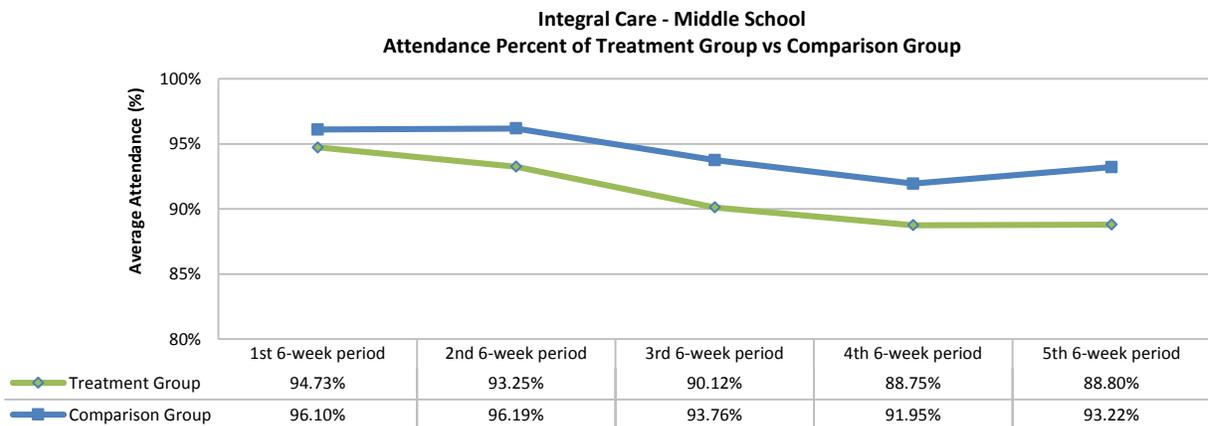
Demographic Profile: Demographic information for the 100 middle school students receiving services through Integral Care's Behavioral Health program is shown below. Over half of the students were in the 7th grade. Approximately two-thirds of all students in the treatment group were females. Over 90% belonged to minority racial/ethnic groups, with 81.0% Hispanic and 12.0% Black.



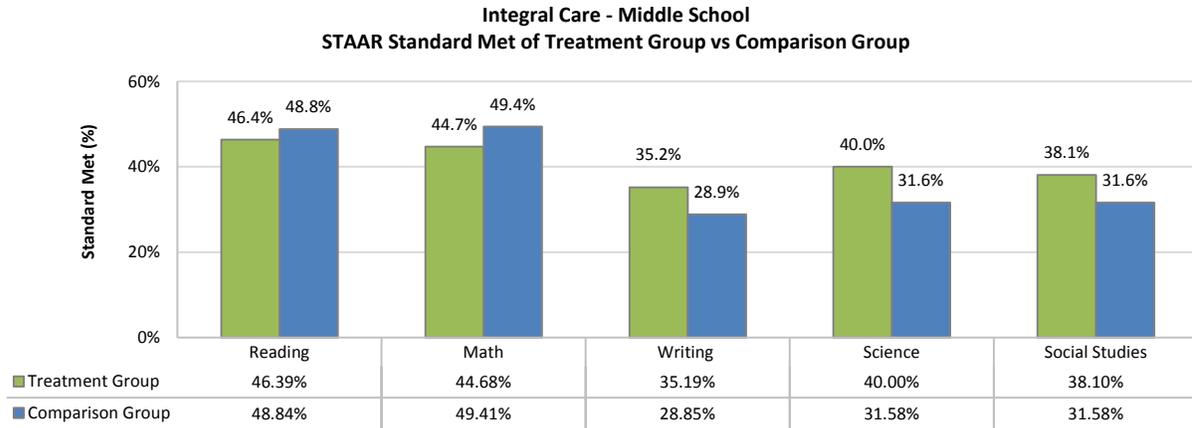
Additional demographic data involving socioeconomic and disability classification were also taken into account. Students who are eligible for free or reduced-price meals or are eligible for other public assistance are classified as "economically disadvantaged". All but two of the treatment group was considered to be economically disadvantaged. In addition, over 40% of the students who received services were English Language Learners and over one in four were classified with a "Special Education" status meaning they were served by programs for students with disabilities.

Other Demographics	Number	Percent
Economically Disadvantaged	98	98.0
English Language Learners	43	43.0
Special Education	26	26.0

Attendance: Attendance data is displayed graphically in the table below. Students enrolled in Integral Care's treatment program had slightly lower attendance rates than students in the comparison group throughout the school year. The treatment group's attendance rate decreased by 5.93 percentage points from 94.73% in the first 6-week period to 88.80% in the last 6-week period, compared to a decrease of 2.88 percentage points experienced for the comparison group from 96.10% to 93.22%.

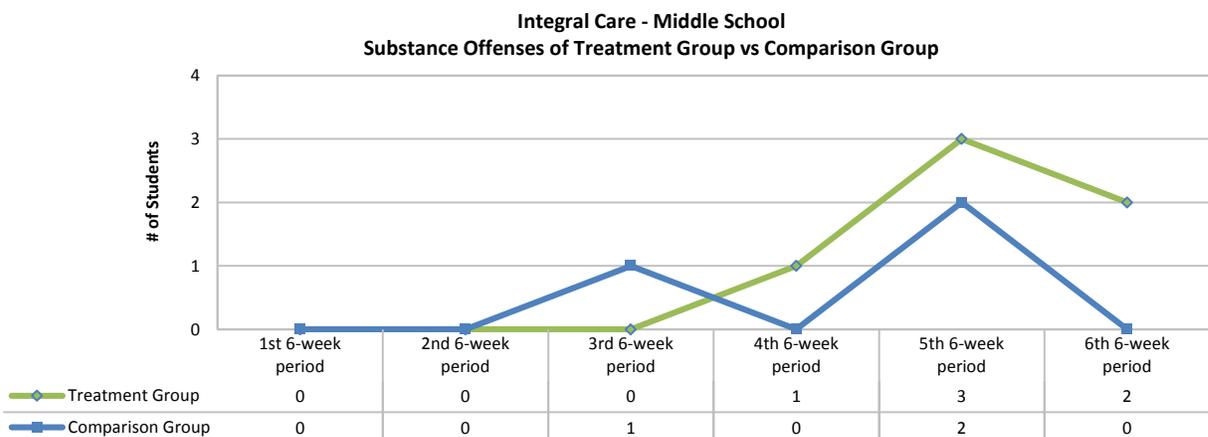


STAAR: The following table displays information on the student's performance on the STAAR by course standard. A higher percentage of students met the STAAR standards in Writing, Science, and Social Studies for the treatment group than the comparison group. Conversely, fewer treatment group students met the standards for Reading and Math than students in the comparison group.



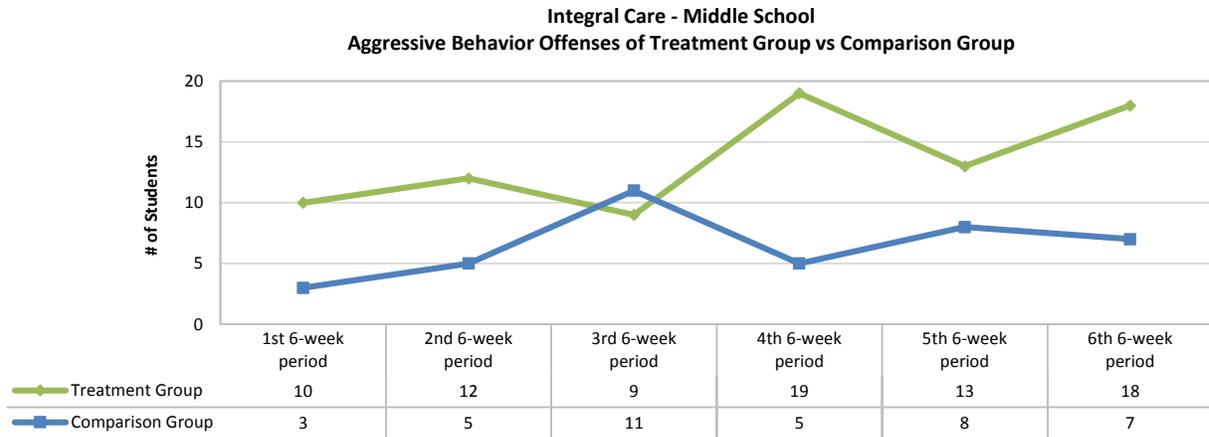
Discipline: Four discipline categories are available via AISD's SAR-SSD online query tool: substance offenses, aggressive behavior offenses, suspensions (which includes out-of-school and in-school suspensions), and removals to the Disciplinary Alternative Education Program (DAEP) or the Juvenile Justice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

For the 2016-2017 school year, six substance offenses were reported among the students enrolled in the treatment group, while only three were reported among students in the comparison group during the school year.

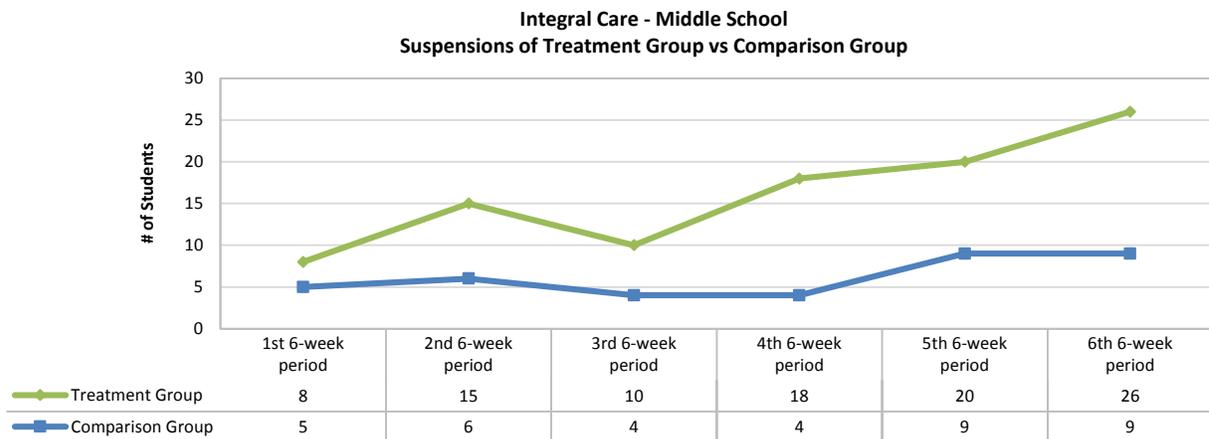


The number of aggressive behavior offenses reported among the students who received services from Integral Care's program was twice the number reported for the comparison group, 81 and 39, instances respectively. 40 unique students accounted for the 81 separate aggressive behavior offenses among the treatment group throughout the calendar year. Similarly, 25 students in the comparison group

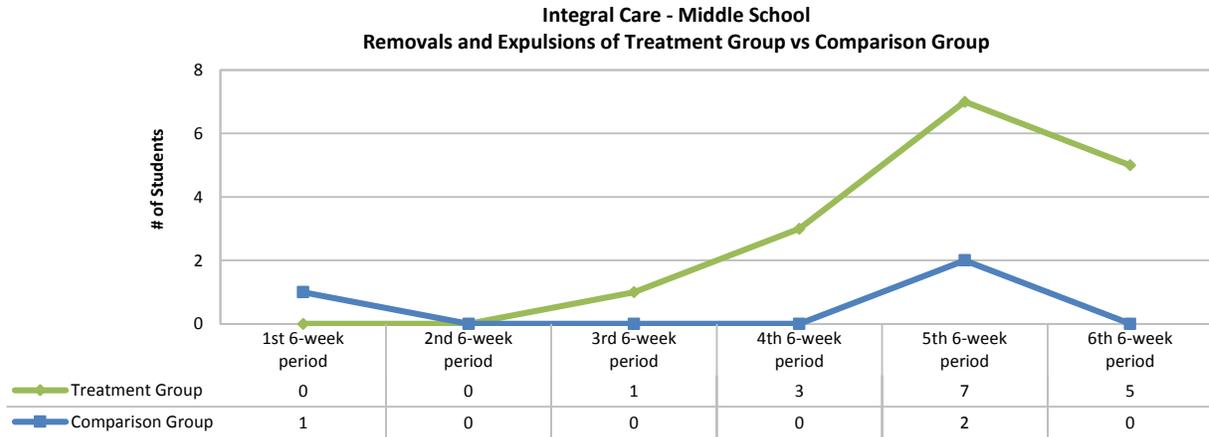
accounted for the 39 aggressive behavior offenses. Aggressive behavior offenses include gang related activity, physical aggression/assault, lewd contact, being rude to adults or other students, and aggravated robbery.



There were 97 instances of suspensions among the treatment group students during the school year, compared to only 37 among the comparison group. Similar to the aggressive behavior offenses, 43 unique students accounted for the 97 instances of suspensions among the treatment group (2.26 instances per student with at least one suspension), while 22 students accounted for the 37 suspensions in the comparison group (1.68 instances per student with at least one suspension).

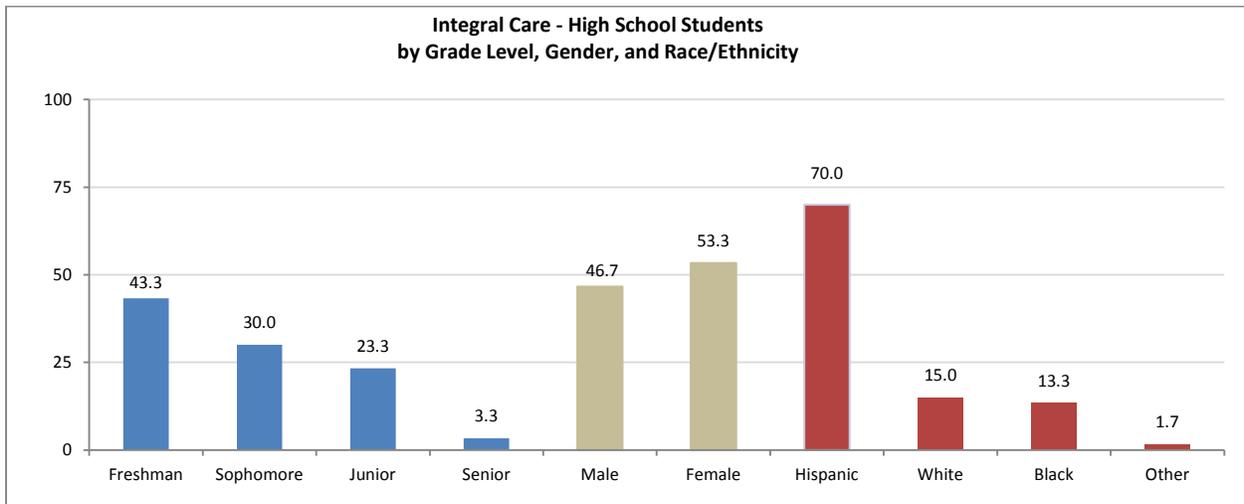


There were more than 5 times as many removals and expulsions among students receiving treatment through Integral Care compared to students in the comparison group.



HIGH SCHOOL

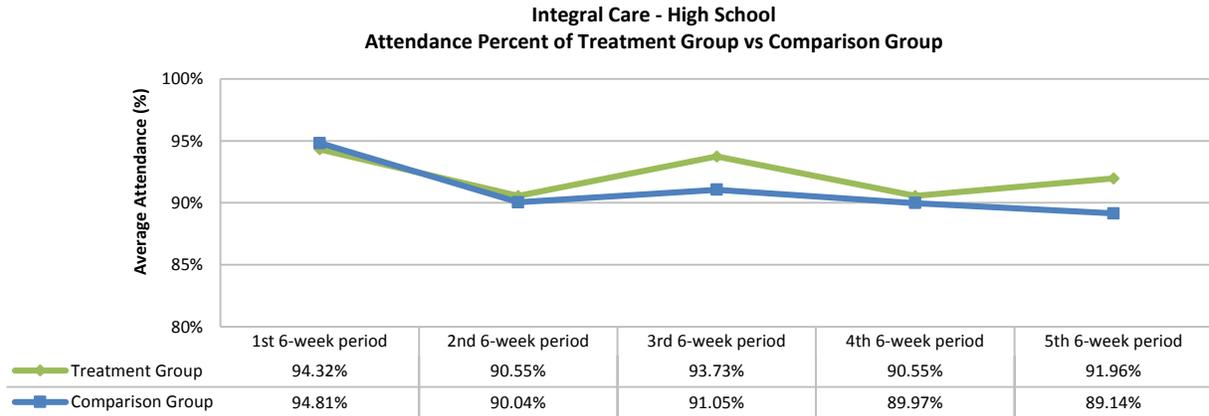
Demographic Profile: Demographic information for the 60 high school students receiving services through Integral Care's Behavioral Health program is shown below. Nearly 75% of students were freshmen or sophomores. Over half of all students in the treatment group were females. Nearly 87% belonged to minority racial/ethnic groups, with 70.0% Hispanic and 13.3% Black.



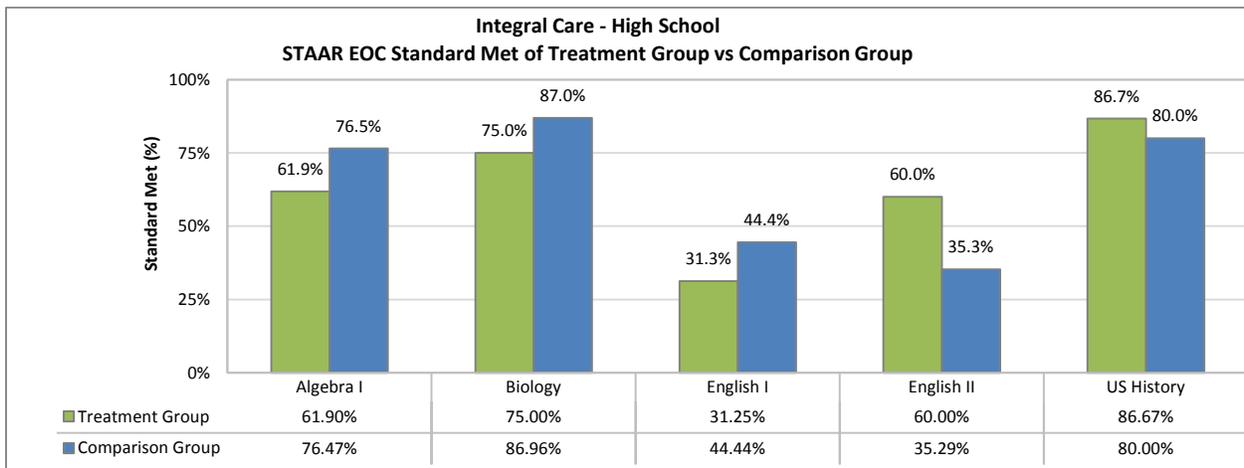
Additional demographic data involving socioeconomic and disability classification were also taken into account. Students who are eligible for free or reduced-price meals or are eligible for other public assistance are classified as "economically disadvantaged". The entire treatment group was considered to be economically disadvantaged. In addition, approximately one in four of the students who received services were English Language Learners and were classified with a "Special Education" status meaning they were served by programs for students with disabilities.

Other Demographics	Number	Percent
Economically Disadvantaged	60	100.00
English Language Learners	16	26.67
Special Education	16	26.67

Attendance: Attendance data is displayed graphically in the table below. Students enrolled in Integral Care's treatment program had similar attendance rates than students in the comparison group at the beginning of the school year. While attendance did not improve throughout the year for students in the treatment or comparison group, the students in the treatment group did have higher attendance rates than the comparison group for four of the six week periods.

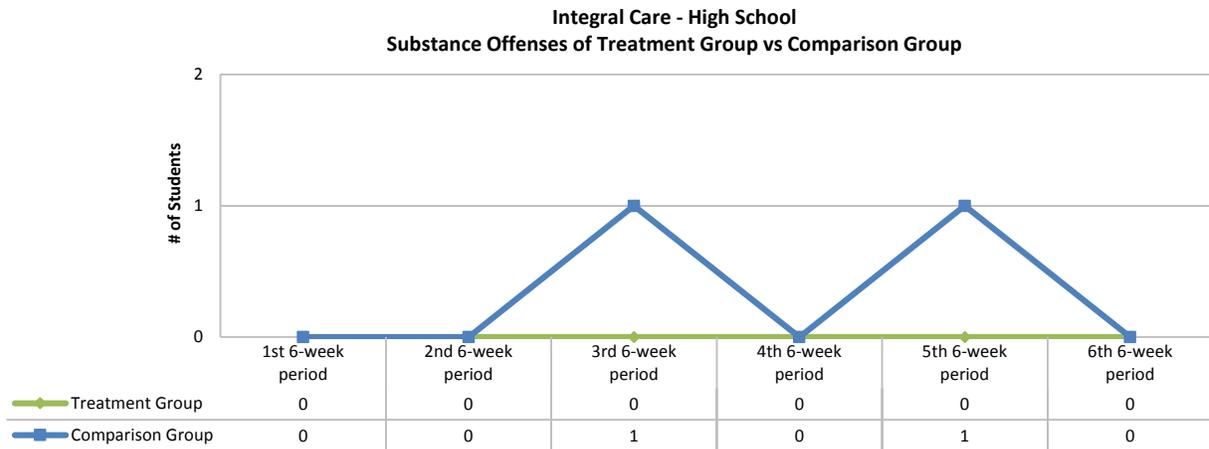


STAAR EOC: The following table displays information on the students' performance on the STAAR EOC by course standard. A higher percentage of students met the STAAR EOC standards in English II and US History for the treatment group than the comparison group. Conversely, fewer treatment group students met the standards for Algebra I, Biology, and English I than students in the comparison group.

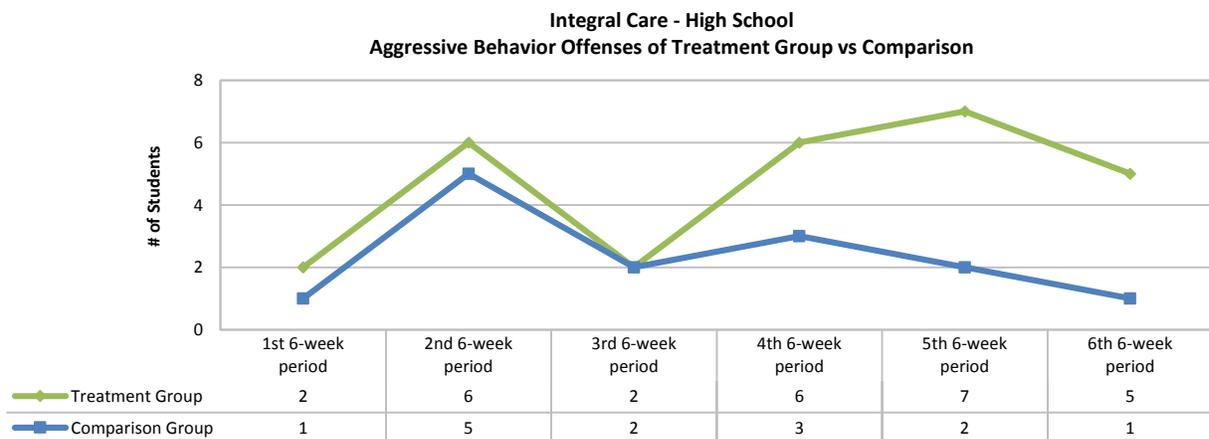


Discipline: Four discipline categories are available via AISD's SAR-SSD online query tool: substance offenses, aggressive behavior offenses, suspensions (which includes out-of-school and in-school suspensions), and removals to the Disciplinary Alternative Education Program (DAEP) or the Juvenile Justice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

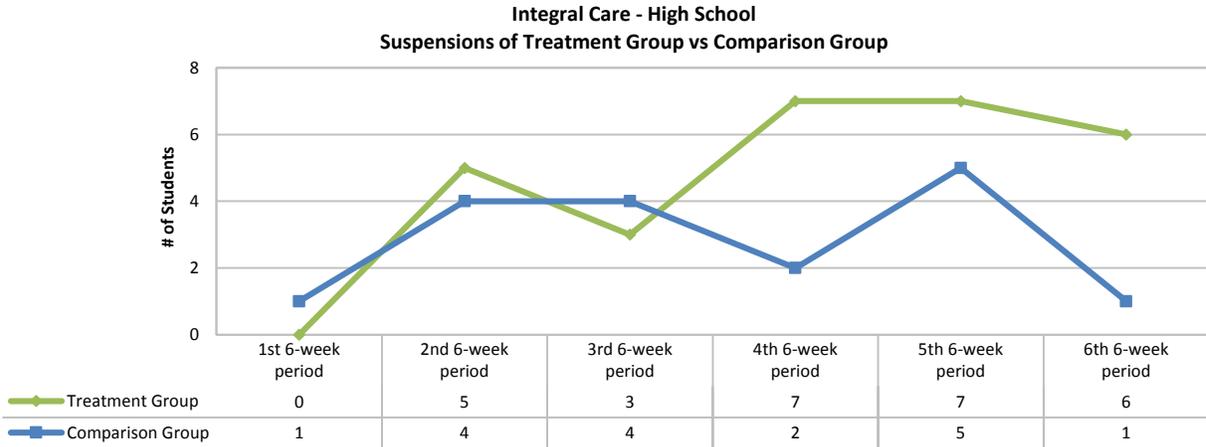
For the 2016-2017 school year, none of the students enrolled in the treatment group experienced a substance offense, while 2 students in the comparison group had a reported substance offense during the school year.



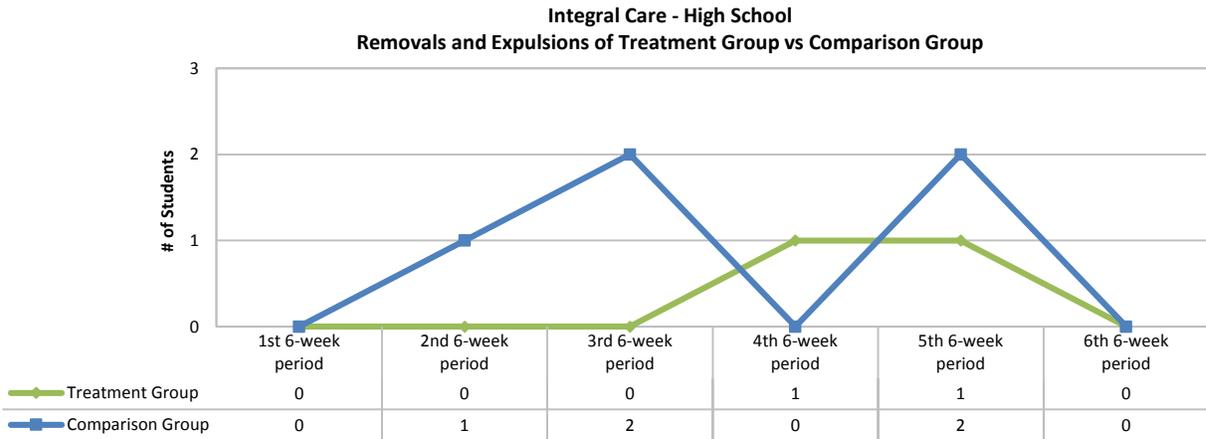
The number of aggressive behavior offenses reported among the students who received services from Integral Care's program was twice the number reported for the comparison group, 28 and 14, instances respectively. Aggressive behavior offenses include gang related activity, physical aggression/assault, lewd contact, being rude to adults or other students, and aggravated robbery.



There were 28 instances of suspensions among the treatment group students during the school year, compared to only 17 among the comparison group.



There were 2.5 times as many removals and expulsions among students in the comparison group than there were in the students receiving treatment through Integral Care.



Summary of Outcomes

High School: Data suggest positive outcomes for students who received school-based mental health services via Integral Care in the 2016-2017 academic calendar year. Students who received mental health services through Integral Care achieved high attendance rates throughout the school year. Similarly, students in the treatment group also attained positive results in academic performance. There were zero substance offenses reported for students receiving services through Integral Care. In addition, students receiving treatment experienced fewer removals and expulsions compared to students in the comparison group. The following were utilized as matching criteria for the comparison group: ethnicity, economically disadvantaged status and special education. These outcomes suggest that students who receive intensive, school-based mental health services have improved outcomes on their attendance, academic performance and disciplinary offenses.

Middle School: Data suggest that students who received school-based mental health services via Integral Care in the 2016-2017 academic calendar year did not experience positive outcomes compared to students in a comparison group. The following were utilized as matching criteria for the comparison group: ethnicity, economically disadvantaged status and special education. While in general, students who received mental health services through Integral Care did not demonstrate improved outcomes, treatment group students did attain positive academic performance results in Writing and Science.

Areas for Further Exploration

- 1) This report suggests there is need for more information regarding the difference in impact on attendance, behavior and academic performance for middle school students versus high school students. High school students tended to respond better to treatment strategies. Further information would inform adjustments of service delivery strategies for middle school students.
- 2) Further exploration is indicated regarding formation of comparison groups. Students with pre-existing behavioral, academic and attendance challenges may be more likely to be referred for therapy. These challenges may therefore be overrepresented in the treatment group. Perhaps comparison with past treatment group student performance in areas measured in this report would be helpful to assess overall impact of services.
- 3) Individuals served within AISD have varying levels of economic, system and social factors that influence their health. Understanding these variations between schools will be helpful to adjust treatment strategies and future program development that are sensitive to the complex environmental factors that exist. This is particularly true for the population served by this project, which is classified as economically disadvantaged.