

# **School-Linked Mental Health Services:**

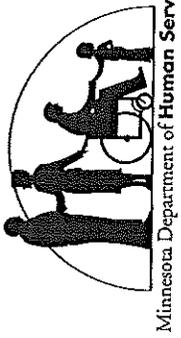
**Outcomes, Success  
Stories & Letters of  
Support**

## Table of Contents

Map, School-Linked Mental Health Grants by county.....	1
Map, Number of students served by county (2009).....	2
Feedback and outcome data from Washburn Center for Children, Hennepin County.....	3-6
Letters of Support	
Parent, Southwestern Mental Health Center, Rock County.....	7-8
Licensed Marriage & Family Therapist, Southwestern Mental Health Center, Cottonwood, Jackson, Nobles, Rock and Pipestone Counties.....	9-10
Special Education Instructor, Mesabi East Schools, St. Louis County.....	11
Special Education instructor, Mesabi East Schools, St. Louis County.....	12
School Psychologist, Pipestone Area Schools, Pipestone County.....	13
Youth Services Unit Director, Woodland Centers, Kandiyohi County.....	14
Mental Health Practitioner, Mesabi East Schools, St. Louis County.....	15
Chief Operating Office/Program Director, Washburn Center for Children, Hennepin County.....	16
Director of Family Support & Preservation, Children’s Home Society & Family Services, Ramsey County.....	17
Scott County Mental Health Center.....	18
Hennepin County Board of Commissioners/Public School Superintendents.....	19-20
School MH Social Worker, Hills-Beaver Creek & Luverne School Districts.....	21
Associate Principal, Wayzata Public Schools, Hennepin County.....	22
School Social Worker, Edgerton & Falcon Heights Elementary Schools, Ramsey County.....	23-24
School Social Worker, Mounds View Schools, Ramsey County.....	25
Ramsey County Children’s MH Collaborative & Suburban Ramsey Family Collaborative...	26-28
Director of Children & Family Services, Northern Pines Mental Health Center, Crow Wing, Cass, Aitkin & Morrison Counties. ....	29-30
Parent, Northern Pines Mental Health Center, Aitkin County.....	31
Director of Home-Based Services, Associated Clinic of Psychology, Dakota County.....	32-33
Success Stories	
Greater Minnesota Family Services, Brown County.....	34

## Table of Contents

Relate Counseling Center, Hennepin County.....	34
Range Mental Health Center, St. Louis County.....	34
Scott County Mental Health Center.....	34-35
Woodland Center, Kandiyohi County.....	35
Isaac's Story.....	36
News Reports	
“Unique mental health program will expire unless Legislature extends grant”, West Central Tribune, January 18, 2011.....	37
“Tough math: 759 kids, only 1 counselor”, Star Tribune, October 31, 2010.....	38-41



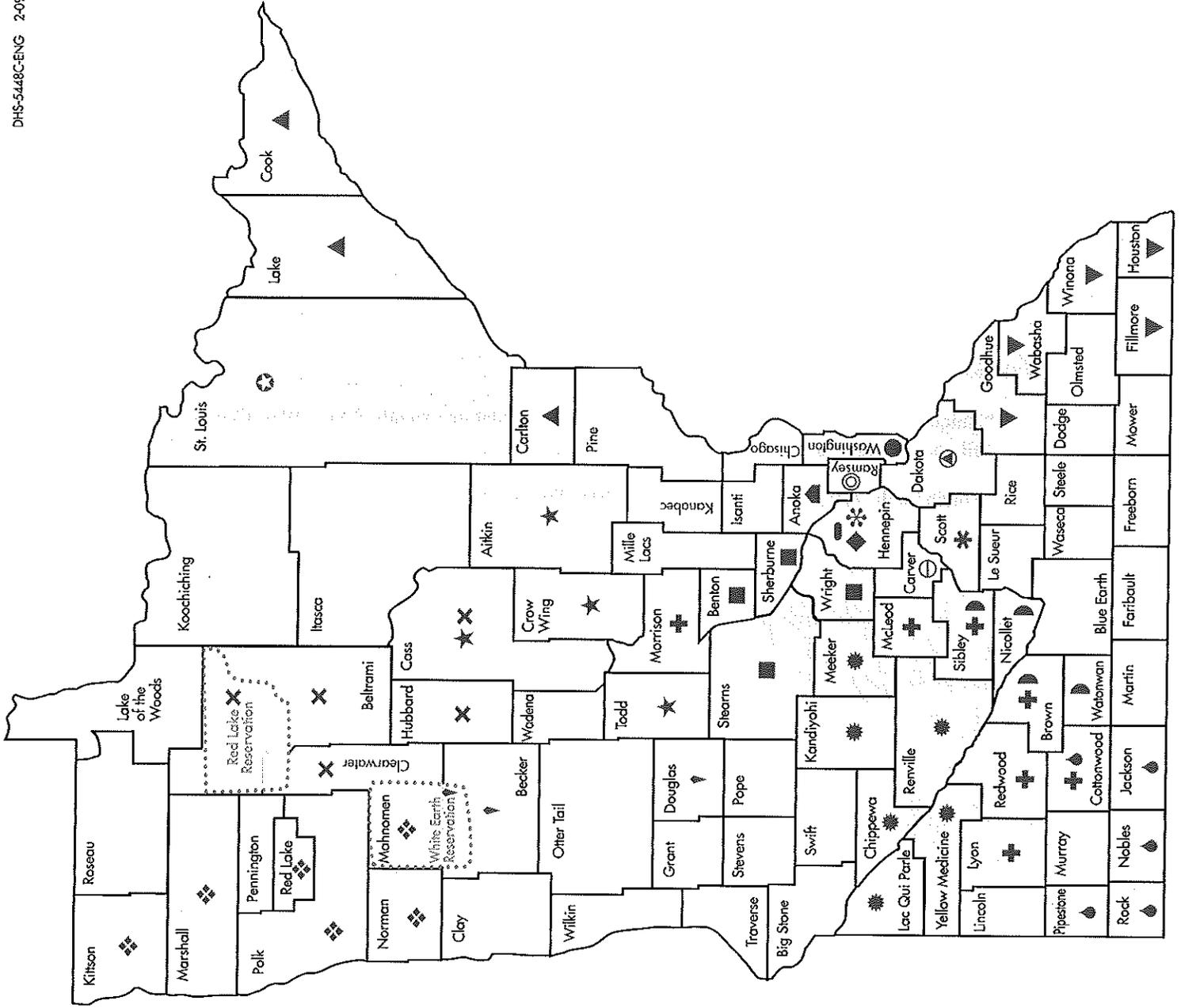
Minnesota Department of Human Services

# Children's Mental Health School-Linked Mental Health Grants

Effective February 2009

3-year grant ending SFY 2011

	Countries with school-linked mental health grants
<b>SUMH Grantees</b>	
	Associated Clinic of Psychology
	Carver County MHC
	Central MN MHC
	Family Networks, Inc.
	Fraser
	Greater MN Family Services
	Hiawatha Valley MHC
	Human Development Center
	Human Services, Inc.
	Northern Pines Mental Health
	Northwestern MHC
	Range MHC
	Relate Counseling
	Scott County MHC
	Sioux Trails MHC
	Solutions, Inc.
	Southwestern MHC
	Upper Mississippi MHC
	Washburn Center for Children
	Wilder Child Guidance
	Woodland Centers







Data compiled February 2010 for NAMI

**1) Washburn feedback from Principals and School Social Workers:**

- I enjoyed working with the school-based clinician. The therapist role that she took at our school provided clear boundaries for school and staff.
- I feel it is helpful having an in-house agency, as another option to refer families to. This has been helpful in reducing the wait time for families to be seen.

**2) Washburn feedback from Principals and Social Workers about attendance, suspensions,**

Survey of Principals and Social Workers Winter 2010		
	%	Response
In your opinion, did the mental health services prevent a student receiving special education services from being referred to a citywide special education program (i.e., SEPP referral)?	100%	Yes
In your opinion, did the mental health services prevent a student from being referred for an initial special education services evaluation?	50%	Yes
In your opinion, did the mental health services contribute to a:		
• Reduction of office referrals	100%	Yes
• Reduction in suspensions	100%	Yes
• Reduction in disruptive classroom behavior	100%	Yes
• Increase in academic achievement	100%	Yes
• Increase in attendance	100%	Yes
Would you recommend this program to another Principal/Social Worker?	100%	Yes
In your opinion, if district investment was necessary to sustain and/or expand this program, would you recommend the district's investment?	100%	Yes

**3) Referral Process**

In each school one full-time mental health professional provides prevention, early intervention, teacher consultation, assessment and treatment services for students. The children served are all experiencing a social, emotional or behavioral difficulty which is affecting their success in school. School Social workers identify students they are concerned about and make a referral by working with the parents. The mental health professional is right on-site, so they can see the child and family quickly in a place that is familiar and convenient. Informed Parental Consent is secured before any services are provided.

#### 4) Washburn feedback from families of School-Based Clients:

- Excellent therapist! She helped our entire family; not just our son - gave us so many ideas to implement at home.
- Highly knowledgeable, responsive
- I have recommended clinician to a friend. My clinician has been a positive resource for us and has helped us with conflict resolution.
- I have recommended Washburn.
- I would recommend Washburn because of the amazing services
- I would recommend Washburn because they care and don't really have to.
- In the little bit of time we were blessed with our clinician my relationship with my little girl has improved 1000%. She helped me think how my daughter thinks. When we started with our clinician I was at my wits end.
- Our clinician came into our lives when we were into some serious transition. Me and my little girl love her. She found us a new therapist and we are doing good. I am very thankful and grateful to have been able to work with her.
- Our clinician has been a life saver to our family. She is easy to reach, has wonderful real life strategies to help our family and the most important thing of all is that my children LOVE her. I think the home visits are nice as well when needed.
- Our clinician is a wonderful therapist. Thank you for all the help.
- Our clinician was very open minded, understanding and very helpful to WHOLE family - sweet and soft-spoken!
- Professionals care and supportive; extremely concerned and professional
- She listened to our needs. She understood what my child was going through. I felt heard for the first time about my son's needs and the struggles we were dealing with. Our clinician is the best.
- The progress my daughter made in a few months was amazing.
- The quality of care was wonderful and the ease of meeting in my son's school was convenient and comfortable for my child

Words/stories from a client (actual names are changed):

"I looked upon today's events with \*Kyle and wanted to share with you. A year ago, \*Kyle couldn't leave the yard to catch the school bus without running back in tears, riddled with fear. He couldn't get past his fear of what was for lunch (what if it was something he didn't like) enough to focus on his schoolwork, and by lunch was so agitated and upset that he couldn't see the positive in anything. Forget about any afterschool activities or sports--there was no way he could function after a day of the stresses he encountered.

Today, he skips to the bus stop, excited to socialize with his friends before the bus comes. He enjoys his school day and the friends he keeps close. He doesn't think twice about the food (planned ahead for the month. He skips home telling me about the fun he had at school, the things he learned and is anxious to head to a friend's house to play. I pick him up from said friend just in time to change and make it to a soccer practice for which he has a substitute coach tonight. Another parent calls to ask if \*Kyle can go out for dinner with them after practice, and I get to say "yes" without one worry.

Never in a million years would I have thought we would be where we are today. He is truly an entirely different boy. He is so proud of his progress and himself. He believes in himself now and that he can do so many things.

He has been able to mature emotionally and have the childhood that he should. You have no idea, the gift you have given to our family. I will never be able to forget how you saved him...you really did...that's how I feel. He has embraced every word you have spoken and continues to follow through with your strategies at home. He made a "distraction jar" this weekend and placed trinkets, etc, and a photo of himself in it--he said it was to remind him that he is bigger than all of his worries."

#### **5) How does Washburn involve families in treatment**

During the last three years, Washburn has invested significant resources in providing the highest quality individual treatment plans and increasing parent involvement in the treatment planning process. This started with the agency developing and implementing its own child specific electronic treatment plan which is fully integrated into the agency's electronic health record system. All agency clinicians receive intensive training on clinical documentation and how to develop, implement and review Treatment Plans with strong family participation. A Treatment Plan Training Manual was also developed as part of the training process and to provide a written resource to therapists.

The treatment plan is developed collaboratively with the family after the initial assessment is completed. Goals and objectives are developed and strengths and concerns are identified along with clear, practical interventions that connect directly with the needs identified in the diagnostic assessment. Strategies, interventions and progress are reviewed during each meeting and the treatment plan is formally reviewed, rated and signed by the parent and therapist every 90 days. At that time standardized instruments, such as the Strengths and Difficulties Questionnaire, are also completed to provide the therapist and the parent additional information on the child's progress.

Program staff also spend extensive time listening, developing trust and understanding what each client's culture means to them and working with them to identify additional community resources. In our experience, having conversations with families at the start often leads to rich and useful information about resources, assets and family and community strengths

#### **6) How many families does Washburn have with high deductibles that can't afford to pay**

Unfortunately this is common and Washburn works with families with high deductibles to set up affordable payment plans so that there is not a financial barrier to receiving services. Each year the agency loses thousands of dollars for services provided that clients were unable to pay for.

#### **7) Outcomes Data**

500 children were served in Washburn's school-based mental health program during calendar year 2010.

90% of children improved or maintained their functional status, as measured by the CASII (Child and Adolescent Service Intensity Instrument)

Data from the Strengths and Difficulties Questionnaire (SDQ) shows parents report improvement in the areas of emotional distress, behavioral difficulties, hyperactive/inattentive behavior, peer problems and overall stress.

**8) Numbers Served, Treatment provided:**

1,868 hours of family therapy

6,178 hours of individual therapy

499 diagnostic assessments

Information on nonbillable services attached.

Scott K. Johnson, MSW, LICSW  
Executive Director  
Southwestern Mental Health Center, Inc.  
P.O. Box 686  
216 E. Luverne Street  
Luverne, MN 56156

Dear Mr. Johnson,

I am writing to show my support in the school based program that is run through the Southwestern Mental Health Center. This is an awesome and necessary program that is offered here in Southwestern Minnesota.

My 15 year old son was having mental health issues this past April. He was dealing with depression and anxiety issues. He reached a point in his life that he came to me and told me that he had thoughts of hurting himself. I had never been in this situation before. I immediately contacted the Southwestern Minnesota Crisis Hotline. Their advice was priceless for me at that point. It was about 10 p.m. and they were able to talk with me and educate me regarding what I should be looking for and what I should say and do in this situation to help my son.

Coltin was admitted to Avera Behavioral Hospital in Sioux Falls the last part of April in order to work through a few things. Upon his discharge, it was recommended by Coltin's doctor that he talk to a counselor on a weekly basis. My family was referred to this program that is school based and I am so thankful. Because of this school based program, we are able to meet Coltin's needs. Coltin now talks with Jane Jacobs for one half hour each week and one hour a week in the summer. Since we live in southwest Minnesota our resources are very limited.

Coltin's mental health condition has improved significantly. Last spring he was not able to attend school because of his anxiety. Coltin was able to return to school in late May. He also attended a session of summer school. This fall Coltin has continued to improve. I owe this improvement to Coltin because he has become more aware of his condition because of the things that Jane Jacobs has helped him overcome and talk about at his weekly meetings. I owe a great amount of gratitude to Jane. Jane is there in the school, as a resource that is available to Coltin. He knows that he has someone that is familiar with his mental health issues on his side. He doesn't need her on a daily basis, but he knows that she is there if he should happen to need her. Also, when Jane and Coltin meet they discuss school issues. They check his grades and talk about certain issues concerning school. I don't believe school would be going as good for him if Jane wasn't available to Coltin within the school. Because of being within the school with this program, Jane has additional resources available to her. She is able to check on her clients and talk with the teachers personally for additional input regarding her clients. It is a win win situation for the clients!

My family lives in Adrian, Minnesota. We live approximately 17 miles from Luverne, Minnesota and 16 miles from Worthington, Minnesota. These are the closest locations that are available to make appointments for a counselor to talk with Coltin. My business requires me to work approximately 11 hours per day doing daycare in my home for approximately 12 children and my husband works in Worthington and also works part time for a local farmer. Because of the hours that we work, it is very difficult to make appointments and transport my son. We are not able to take that amount of time off each week to get to these appointments. Sadly, Coltin would not be able to attend a weekly session because of this. We would be lucky to be able to do it once a month.

I strongly recommend this school based program. I have and will continue to recommend this program to other parents that need mental health services for their children. It is very necessary as a resource for parents in southwest Minnesota.

If you have any questions, please feel free to contact me personally by phone (507)827-2189 or email [klost@lw.net](mailto:klost@lw.net)

Sincerely,

Lori Klosterman  
313 Nevada Ave, PO Box 71  
Adrian, MN 56110



December 27, 2010

Dr. Marcia Tippery, Ph.D., L.P.  
 Children's Mental Health Division  
 Department of Human Services  
 P.O. Box 64985  
 St. Paul, MN 55164-0985

Dear Dr. Tippery:

I feel the School Base Grant is very valuable to the students and families we serve because these children would likely not receive mental health services without the availability of this grant.

During this very difficult economic time we are all facing, especially the lower income families. Living in Southwestern Minnesota there are many families in this category. Therefore there are a number of students that do not have any insurance and some have high deductibles. Many parents have shared with me they do not have the money to pay for my services consequently their child could not receive services. When I share with the parent my services are at no cost to them they agree to have their child come in to see me. Not only am I able to work with the child but also the family and this is very important as they are an integral part of the child's issues.

Another great component of the Grant is that students are missing very little time from their academia. I make every effort to ensure the student's appointment is either during a study hall or in a class they have an acceptable grade. I see the majority of my students on a weekly basis and because I'm in the school this cuts down on lost time Mom/Dad have to be absent from their job in order to transport their child to my office.

Jackson Office  
 401 West Street, Suite 0115  
 P.O. Box 27  
 Jackson, MN 56143  
 507-847-2423  
 Fax 507-847-2422

Luverne Office  
 216 E. Luverne St.  
 P.O. Box 688  
 Luverne, MN 56166  
 507-283-9511  
 Fax 507-283-9514

Pipestone Office  
 1016 8th Ave. S.W.  
 P.O. Box 85  
 Pipestone, MN 56164  
 507-525-8888  
 Fax 507-925-5000

Windom Office  
 41385 US Hwy 71 N.  
 P.O. Box 353  
 Windom, MN 56101  
 507-831-2090  
 Fax 507-831-0185

Worthington Office  
 1024 7th Ave.  
 P.O. Box 175  
 Worthington, MN 56187  
 507-378-4141  
 Fax 507-378-4494

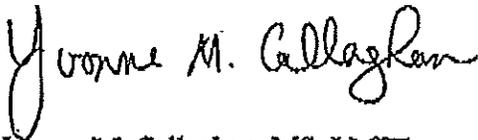
Unity House  
 1224 4th Ave.  
 Worthington, MN 56187  
 507-372-7871  
 Fax 507-378-8909

Page 1

I have had a Superintendent, Principals, Teachers, a School Counselor and School Psychologist share with me they are thankful that I am in the school, as there is such a deep need for children's mental health issues to be addressed. I believe that if it wasn't for the Grant we would have many more students that would go without our services which could lead to more students ending up in our court systems and mental health facilities.

I sincerely hope the Grant will be extended for another three years to help all the children in such desperate need of our services.

Respectfully submitted.



Yvonne M. Callaghan, MS, LMFT  
Licensed Marriage & Family Therapist

I am writing this in support of school-based mental health services. I am a special education teacher and have found this service to be invaluable to many of the students I work with, along with students who are not receiving special education services.

I have personally witnessed the ADAPT counselor in our school system work successfully with students in crisis and help students deal with severe mental health issues. The needs of students who live in broken homes and economic crisis are increasing, and the demands of the counselor are increasing. She also has provided an invaluable resource to staff and parents as we work with families in need.

Please feel free to contact me with any questions. Thanks!

Martha Klekotka  
Special Education Instructor  
Mesabi East Schools  
Aurora, MN 55705

218-229-3321 x 236

The purpose of this e-mail is to outline the vital role school-based mental health services play in our school. I have been teaching elementary special education in the Mesabi East School District for 14 years. I work with students with a myriad of disabilities, including Specific Learning Disabilities, Emotional/Behavioral Disorders, and Autism Spectrum Disorders.

The mental health services (provided by Cindi Klaras through Range Mental Health Center in Virginia, MN) my students receive have made a profound difference in not only their educational success, but also their success in life. Throughout the 14 years I have worked with students, their emotional/mental health needs have sky-rocketed. The mental health program in our school has proven to be an integral piece in addressing the deep-rooted nature of issues our students are often forced to face today. These issues can only be truly addressed by a qualified, licensed mental health professional.

I have many stories and first-hand examples to share regarding the profound difference this program has made in my students' lives. In this program, students learn life skills/social skills (i.e. anger management skills, friendship-making skills, calming skills to address anxiety, problem-solving skills, etc.) that could not be learned in the regular education or special education setting. Students learn not only how to survive in school/life, but also how to thrive and be successful, contributing members of society.

If school-based mental health services are taken away, our children will pay the price. The ramifications would extend beyond their school years, and I strongly believe that the effects would be played out into adulthood.

Without school-based mental health services, I believe a majority of the students' mental health needs would not be addressed. We simply cannot afford to lose such an important program. Our childrens' success depends on it!

Please feel free to contact me if you have any questions.

Best Regards,  
Christi Sickel  
Special Education Teacher  
Mesabi East Elementary School  
218-229-3321 Ext. 234

February 3, 2011

To Whom It May Concern:

Pipestone Area Schools has received CTSS services for the past two years and we have seen a huge impact from this program, with much credit given to the superior expertise of the counselor, Stacy Schepel. Stacy has worked with some of our toughest students and with families who would have minimal, if any, involvement to their child's progress otherwise. The school-based CTSS program has given an outlet to help bridge the gap between school, home and community services and we have been very happy with the success of the program. We as educators often work with students with tremendous mental health stress and often find follow-through difficult between home and the mental health services in which these students need. Not only do we not know if the student is getting those needs met outside of school, but we also do not have access to important information that would be helpful in supporting those needs at school. Through the CTSS program, students have a full diagnostic assessment performed and the school receives a copy of those records (under signed parental permission, of course). The school is also able to consult with Stacy and vice versa on the student's ongoing progress. This makes the student's progress much more holistic, as we are able to address concerns in and outside of school and also receive frequent strategies on how to help support the therapeutic strategies in the classroom as well. Since Stacy works with students throughout the school day during their study halls, this service does not interfere with the student's learning and the student is able to consistently obtain the mental health service, without interrupting the parent's busy schedule. Stacy does meet with parents consistently and provides helpful parenting strategies to families who would have otherwise gone without.

I would highly recommend sustaining this program in the future and it is my opinion that Pipestone has benefited tremendously as a school and as a community, because of it.

Sincerely,

Renae Christensen, Ed.S.  
School Psychologist

To whom it may concern;

Woodland Centers is a Community Mental Health center located in west central Minnesota. We serve six counties in this area. Prior to School Linked Mental Health, Woodland Centers provided very little school based services. We are now providing mental health services in ten districts within six counties. To date we have served over 400 children in School Linked MH; 40-50% are new clients to Woodland Centers. Although Woodland Centers has satellite offices in each of the six counties, some are not open every day of the week and some are a distance to travel within the county. School Linked MH has greatly improved access, especially in the rural communities where it was not uncommon for a family to spend half of the day traveling to obtain mental health services. This would mean time off of school and work for all family members. Woodland Centers has a clinician and a practitioner in each of the ten districts 2-3 days per week due to the SLMH grant.

SLMH allows for a continuum of care for the child and family in which mental health needs are met within the school. Woodland Centers maximizes third party billing, however some of the important collaboration, consultation and attendance in meetings is not a billable service and was not happening prior to the grant. Now clinicians and practitioners are participating in these events with school staff and other providers and parents. The child and family are better served and a least restrictive environment is provided for the child to remain in the school and community.

Although Woodland Centers has focused on sustainability, we recognize the grave need to have some sort of grant funding to provide the ancillary services. Schools have become willing and supportive partners but they too face difficult financial times.

I will close with some comments from our surveys that we distribute quarterly to referral sources and families:

- "The program is awesome! Keep up the great work."
- "Attendance at our weekly student service meetings has been very helpful in maintaining communication"
- "Thanks for all you do"
- "Very pleased with their [SLMH staff] professionalism and easy access to talk to them about students"
- "Very good communicator. Positive."
- "The program is awesome! Keep up the great work."

Thank you for your time.

Kim

Kim Hanson  
Unit Director, Youth Services  
320-235-4613x423

I am sending this email because I am very concerned about maintaining school-based mental health services. I am a Mental Health Practitioner working in a school on the Iron Range of Minnesota. I currently work with 52 children in the elementary of our school. I meet with these children on a weekly basis. This does not include those I see on a crisis basis due to traumatic event in their home and/or community. I have several children who have experienced the death of a parent or sibling through accident or suicide), many children whose parents have or are getting a divorce, parents who are deployed over-seas, children who have been abused in many different ways, children who are ADHD, autistic, and developmentally delayed, children who have never known their father, a boy who lives with his father and recently their home was foreclosed on by the bank and are now they are house hoping with family and friends, a young girl who has lost hope and has resorted to self-abuse by cutting herself, and I could go on and on.

It blows my mind that those who represent the people in our state, knowing that this country has and is going through very difficult times, would not consider the affect that school-based mental health has on the youngest of people. I would ask that discussions about school-based mental health would not exclude those who need it the most, our children, who are our future.

Thank you for your time in reading this email. Please stand up for our children and fight for continued mental health services in the schools. Without school-based many of these children would never receive the help they so desperately need.

Sincerely,  
Cynthia Klaras, Mental Health Practitioner  
Mesabi East Elementary  
Aurora, MN 55705



**WASHBURN**  
CENTER FOR CHILDREN

where to turn for help

December 27, 2010

To whom it may concern:

The School-linked Mental Health Services projects supported by the Minnesota Department of Human Services have been highly effective in improving access to needed mental health services for children in Minnesota, supporting effective, integrated, co-located children's mental health services and ensuring those services are available to all children and families in need regardless of their ability to pay or insurance status.

Data collected for the 18 public schools in Bloomington, Minneapolis and Eden Prairie served by Washburn Center for Children supports the effectiveness of school-based mental health services.

For example:

- Demographically, the children served reflect the demographics of their district and building.
- For 59% of the children served, it was their first time receiving mental health services.
- Over the course of the last year nearly 8,600 hours of billable assessment and treatment services were provided.
- The average time from initial request of services to first service provided was 9 days, within national quality assurance benchmarks for timely access and significantly less than most clinic-based children's mental health outpatient services.
- Research supports the effectiveness of integrated care and the importance of providing coordinated care. The non-billable "ancillary and supportive services" supported through this project, which include teacher, administrator, student support, and parent consultation, trainings, and care coordination have been essential to the effectiveness of school-based services. Over the last year at Washburn sites, a total of 22,854 non-billable supportive services were provided totaling 7,271 hours of time.
- Parent satisfaction with the program has been outstanding. 100% answered "Very Satisfied" to the question "Overall, this is how we felt about the services we received at Washburn," and 100% stated that they would recommend Washburn to a friend in need of similar help.
- Outcomes data from the standardized instrument used, the Strengths and Difficulties Questionnaire (SDQ), reflects student progress in the areas of behavioral, attention/hyperactivity, and peer problems.

The impact of these services is enormous, particularly in helping children who would otherwise fall through the cracks, and not receive needed mental health services.

Sincerely,

Tom Steinmetz  
Washburn Center for Children  
Chief Operating Officer / Program Director

MAIN: 2430 Nicollet Ave. S., Minneapolis, MN 55404 Tel: 612.871.1454 Fax: 612.871.1505  
NORTHWEST: 9100 85<sup>th</sup> Ave. N., Suite 100, Brooklyn Park, MN 55445  
WEST: Brenwood Office Park I, Suite 310, 5720 Smetana Dr, Minnetonka, MN 55343

[washburn.org](http://washburn.org)



1695 Eustis Street  
Saint Paul, MN 55108  
651.646.7771

2230 Como Avenue  
Saint Paul, MN 55108  
651.646.6393

January 7, 2011

Marcia Tipperly, PhD, LP  
Children's Mental Health Division  
Department of Human Services  
P.O. Box 64985  
St. Paul, Minnesota 55164-0985

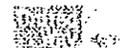
Dear Dr. Tipperly:

I would like to take this opportunity to summarize, from my perspective, the importance of the State Grant in providing effective school based/linked mental health services. As you are aware, because of this grant we are able to have therapists in both the Robbinsdale and Osseo School Districts. Based on our experience, the services provided through the School Linked Mental Health initiative have the following impact:

- **Grant funding provides increased access:** Students whose families are uninsured or underinsured are able to access mental health services with support from State grant funding. Many of the kids we see have never accessed mental health services. For many families, transportation to mental health appointments is difficult or impossible. School based services provide easy access for students to receive the mental health services they need.
- **Consultation for school staff and caregivers:** Because of the State grant funding for ancillary and support services, we are able to assist school staff and caregivers in developing environments and relationships that help students with mental health issues. This increases the chance that students will benefit from the education while supporting the adults who interact with them.
- **Early intervention:** Students are able to access mental health services earlier. Early intervention can prevent the need for more intensive services such as hospitalization. There are many depressed and suicidal children and adolescents who go undiagnosed and untreated. School linked services often identify and help these children.

Thank you for providing this critical support for school linked mental health services.  
Sincerely,

Ginnee S. Engberg MA, MBA, LP  
Director of Family Support and Preservation



The positive impact of the School Linked Mental Health Grant upon students and families in Scott County is significant and wide reaching:

- Many students with a long history of significant mental health issues but with an equally long history of no previous access to services due to lack of insurance or family resources are now receiving services.
- Because mental health diagnostic and therapy services are offered on-site in the schools, access and quality has increased dramatically for example:
  - Economically stressed families who have been unable to leave work to bring students to services no longer have that burden.
  - Students are seen consistently because transportation is not an issue and thus therapeutic progress is significantly improved and more efficient.
  - Communication and coordination between mental health provider and school staff is direct, efficient and much more likely to occur.
  - Consistent behavior and mental health plans can be developed and implemented with mental health and school staff co-located.
  - Due to the proximity of school and mental health staff interventions for students are complimentary and comprehensive reducing redundancy in service and inefficiency in communication, travel and service delivery.
  - Outcomes such as school attendance; school performance and discipline problems can be more precisely monitored and measured with the mental health provider on-site in schools.
  - Diagnostic assessments are more efficient, comprehensive and accurate because classroom and peer observations are possible.
  - Cooperation and planning among school and mental health staff results in less redundancy and more efficient testing and evaluation.
  - More provider time can be spent on direct services vs. travel to schools.
  - Some families are more open to accessing mental health services for their children in a school vs. clinic setting.
  - Being on-site in the schools, the Mental Health Professional becomes integrated into school culture reducing stigma for seeking services, increasing access to consultation and training for school staff and early identification and prevention services and information for students, parents and school staff.

\*From Scott County Mental Health Center

MIKE OPAT  
CHAIR



612-348-7881  
FAX 612-348-8701  
mike.opat@co.hennepin.mn.us

## BOARD OF HENNEPIN COUNTY COMMISSIONERS

A-2400 GOVERNMENT CENTER  
MINNEAPOLIS, MINNESOTA 55487-0240

November 2, 2012

The Honorable Mark Dayton  
Governor of the State of Minnesota  
130 State Capitol  
75 Rev. Dr. Martin Luther King Jr. Blvd.  
St. Paul, MN 55155

Governor Mark Dayton,

The Hennepin County Board of Commissioners and the Hennepin County Public School Superintendents urge you to increase the State funding for school-linked mental health services in the 2014-2015 Minnesota budget. We understand a proposed increased to school-linked mental health services is being considered as part of the Minnesota Department of Human Services' (DHS) budget proposal and we strongly support an increase in funding to provide continued and expanding services to Hennepin County youth and families.

In October 2006, the Hennepin County Board of Commissioners passed a resolution calling for a long-range plan to ensure all Hennepin County youth graduate from high school. The subsequent creation of AGRAD (Accelerating Graduation and Reducing Academic Disparities) brought the county and schools together in commitment to this goal. Through our partnership, we have recognized that addressing the mental health needs of students is critical to school success and high school graduation.

The Minnesota Department of Human Services has been providing grant funds for school-linked mental health demonstration programs since 2006, awarding over \$4.7 million annually beginning in 2008. In the period 2008-2010, over 420 schools in 168 school districts in 63 counties received funding through DHS' grant programs, resulting in 8,400 children receiving services statewide. Through a combination of increased health plan reimbursements, DHS grants, LCTS funds, and other education and foundation grants, Hennepin County school-linked programs serve over 2,300 students who attend 81 schools within 14 school districts. (2010-11 school year). While providing simplified potential access to mental health services to over 70,000 students, representing over 35% of all school-age children in Hennepin County, our school-linked mental health programs have dramatically increased access to effective mental health care, increased school success with signs of increased attendance and fewer suspension, and show a reduction in academic achievement disparities for students with mental health needs. The State's school-linked mental health services grant program has been a critical component in this success and we wish to see it continued AND increased to sustain and expanded our current programs throughout Hennepin County.



November 2, 2012

Page 2

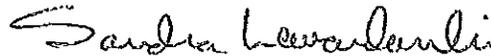
These programs have begun to achieve a high level of self-sufficiency through health plan reimbursements, local contributions from school districts and counties, and grants and contributions. However, State funding is also a critical component in this effort and is essential in sustaining these services and establishing new programs. Current DHS grants are set to expire at the end of school year 2012-2013 (at the end of June, 2013), and the current state appropriation is not sufficient to maintain current efforts and also expand the school-linked mental health services initiative to additional schools, districts, and counties.

Please support the recommendations of your staff and include additional funding for school-linked mental health services in your budget proposal for the upcoming biennium. Our work to date has demonstrated that school-linked mental health programs are an efficient and effective way to assist students in receiving the mental health care necessary to achieve school success. We strongly support this effort and welcome the opportunity to meet with you or your representatives to discuss this successful work and to assist you and your administration in securing additional funding during the upcoming budget process.

Sincerely,



Mike Opat, Chair  
Hennepin County Board of Commissioners



Sandra Lewandowski, Ed.S.  
Superintendent, Intermediate District 287

cc: Hennepin County Public School Superintendents

cc: Commissioner Brenda Cassellius

cc: Commissioner Lucinda Jesson



# Hills-Beaver Creek, I.S.D. 671

---

DISTRICT OFFICE  
205 E. 2nd St.  
P.O. Box 547  
Hills, MN 56138  
507-962-3240  
507-962-3238 (fax)

ELEMENTARY SCHOOL  
404 S. 4th St.  
P.O. Box 49  
Beaver Creek, MN 56116  
507-673-2541  
507-673-2550 (fax)

HIGH SCHOOL  
205 E. 2nd St.  
P.O. Box 547  
Hills, MN 56138  
507-962-3240  
507-962-3238 (fax)

January 24, 2011

To Whom It May Concern:

I am writing this letter in support of the School-Based Mental Health Services that have been provided at the Hills-Beaver Creek Public School District since 2008. I am the school mental health social worker for the school district two days a week. In this position, I often am one of the initial professionals to begin working with a student and their family when mental health concerns arise in the school and/or home environment. Having the opportunity to utilize the School-Based Mental Health Services for elementary, middle, and high school students at Hills-Beaver Creek schools has shown to be most positive for a number of students and their families.

Often the families I work with face many barriers, including transportation and financial resources, when attempting to access mental health services. When I have been able to refer a family and their child to the School-Based Mental Health Services, many of the potential barriers to services are removed. The availability and flexibility of the mental health professional to be able to come into the school environment and work with the student allows for families to feel less of a burden in making sure their child attends outside appointments. Moreover, partnering between the mental health professional and the school staff has created more consistency and unity in the development of treatment and education goals for the students. The mental health professional, Ms. Stacy Schepel, that has been working in our school has been a helpful resource to our teachers and staff. Her willingness to collaborate and provide feedback with staff has increased our school's ability to address mental health in the school environment.

The School-Based Mental Health Services has been an open door for treatment and skill building for children with mental health concerns. The students involved in the services have made positive strides in many areas including social skills development, coping strategies, parent/child relationship, and attention and impulsivity control. Families have seemed satisfied and comfortable knowing that mental health services are being provided within the schools. Furthermore, I believe families feel even more supported knowing there are consistent links between the school, mental health services, and their home.

Sincerely,

Alison Ceynowa-Breuer, MSW, LGSW  
School Mental Health Social Worker  
Hills-Beaver Creek & Luverne School Districts



To whom it may concern,

I have been working at Wayzata East Middle School for the past 6 years and we have implemented a whole school model of PBIS. The past two years we have made a strong push to get Trojan Pride(PBIS Model)into the hands of our families at East Middle School.

Part of the challenge was to meet with families that needed support creating a Home plan with using the School-wide Trojan Pride plan. We have had many successful stories from the project but I will give you on specific example of how Trojan Pride has helped our families and supported our students in and out of school.

The student is a 7<sup>th</sup> grade male and was struggling with grades, behavior and attitude towards staff. He had 5 office referrals, was failing 4 of his 7 classes and was kicked off the bus for a total of 8 days. When the school contacted his mom about the situations she reported that they had major problems at home with attitude and behavior also. It was time to implement our family support model and she accepted the support.

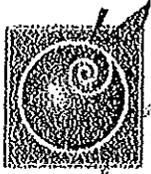
We called the mom and asked her to come to school for a meeting. Not a meeting to talk about all the things that are wrong but to look at what expectations we have for her son and how we can use the same language at home to get better results. We implemented a Check In/Check Out system for the student. The system gives feedback to the student after every class during the school day. The student would check in and out with the Associate Principal and a copy of the paper would go home each night after school. The process gave the student timely feedback. The student could see the growth and progress each day and took a lot of pride in the process. After 2 weeks we had a chance to see some major growth in homework, he had 0 behavior problems at school. The mom still reported that home was a challenge and that she was not seeing any change. We had another meeting with her to talk about putting her expectations in a positive form and make sure she posted the expectations in an area that would be visible for all to see. The other step we took was to create a point sheet for home that his mom would fill out each night and send it to school for Mr. Slater to see. Mr. Slater set up some positive acknowledgment for him at school. The student's favorite was to get a front of line pass for lunch.

After 6 weeks of working the plan we had a chance to see some major improvements at school and home. The student made the B honor roll, had no office referrals from school but had two bus referrals. The student talked about how he felt better about himself and really didn't like all the attention at first but did appreciate at the end of the process.

The mother of the student was very thankful and really appreciated all the information on PBIS. She used it with her 2 other children and was surprised how simple it was to change rules from DON'T DO THIS and changing it to what you expect and put it in a positive form.

Sincerely,

Curtis Slater  
Associate Principal, Wayzata East Middle School



# Roseville Area Schools

*Quality Teaching & Learning for All*

*Serving:*

*Arden Hills*

*Falcon Heights*

*Lauderdale*

*Little Canada*

*Maplewood*

*Roseville*

*Shoreview*

February 22, 2011

Marcia Tippery, Ph.D., L.P.  
Mental Health Program Consultant  
Children's Mental Health Division  
Minnesota Department of Human Services  
St. Paul, MN 55164-0985

Dear Ms. Tippery and the Minnesota Department of Human Services:

I am writing to support the importance of school linked mental health services in the Roseville Area Schools. I am most familiar with the services provided by Northwest Youth & Family Services to students and families within the district. I have been employed as a school social worker in the Roseville Area Schools for the past twenty years. I currently work in two elementary buildings with a diverse population of students. One of the agencies to which I refer students and families is Northwest Youth & Family Services. They have assisted me in addressing a wide range of mental health and psychosocial concerns in the students I serve (e.g., school adjustment and attendance problems, emotional upset, behavioral and relationship difficulties, ADHD, anxiety, depression, and family change).

School-based and school-linked programs have been developed for purposes of early intervention, crisis intervention and prevention, treatment, and the promotion of positive social and emotional development. When families with whom I work have requested and welcomed referral to school-linked programs students are able to get services to address their needs and it has resulted in students being able to function more satisfactorily and successfully in school.

Recently I have been able to closely collaborate with a mother and the Northwest Youth and Family Services STAR therapist who is working with her son through school-linked mental health services. I also provide this student with school social work services. Our close working collaboration has resulted in better management of this student's ADHD, has led to the development of best practice school programming that is aimed at addressing his challenging behaviors within the classroom, and has assisted to support this child within his home by providing his parent with necessary skills to address his challenging home behaviors. As a result of this close collaboration and these supportive services

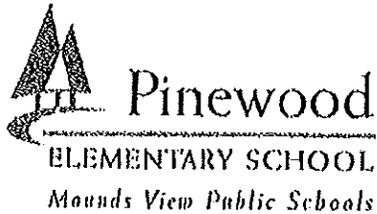
he is able to more effectively function within the school setting as well as learn and perform more successfully than he had been able to do previously. Without these services it is my belief that this youngster's problems would be further exacerbated as it is likely that he would internalize the debilitating effects of performing poorly at school and may have resulted in his developing greater social and emotional difficulties within the school and the home.

It is my hope that the Department of Human Services will continue to fund school linked mental health services such as those provided by Northwest Youth & Family Services. This agency is one example of school-linked services that provides caring and support to maximize student learning and well being as well as successfully works to strengthen students, families, schools, and neighborhoods.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Walker', written in a cursive style.

Carrie J. Walker, MSW, LICSW  
School Social Worker  
Edgerton & Falcon Heights Elementary Schools



To Whom It May Concern:

February 24, 2011

I am writing this letter to support the STAR program. STAR is the intensive mental health program that Northwest Youth and Family Services provides to students in the Mounds View School district. The students who are seen are children who need therapy but whose parents are unable to pay and/or are unwilling to bring them into an agency for counseling. The students are seen at school during the school day on a weekly basis.

The therapists we have had have been excellent. They do a good job with the students and are helpful in working with the school staff who work with that same child. We have had seven students who benefitted greatly from this program as did their families. After the child and parent become comfortable with the therapist they are more open to going to the agency for counseling.

The students who are served by the STAR program truly wouldn't be served without it. Please give serious consideration in continuing funding for this very important service. It has made a significant impact on our students.

Thank you very much.

Sincerely,

Carol Seidenkranz  
Pinewood Elementary School, Mounds View Schools  
School Social Worker  
5500 Quincy St.  
Mounds View, MN 55112  
Ph: 651-621-7515 Fax: 651-621-7505



February 28, 2011

Marcia Tippery, PhD, LP  
Children's Mental Health Division  
Department of Human Services  
P.O. Box 64985  
St. Paul, Minnesota 55164-0985



Dear Dr. Tippery:

We would like to take this opportunity to express our support for the Minnesota Department of Human Services School Linked Mental Health (SLMH) Grant. For the past five years, the four Independent School Districts in Suburban Ramsey County (621, 622, 623, & 624), and more recently the St. Paul Public School District (625), have had the benefit of receiving and effectively utilizing DHS SLMH grant funds. Six mental health agencies partner to provide services to these districts<sup>1</sup> and all are appropriately billing third party sources, where possible, to leverage these grant funds.

On a student/family level, these resources have helped us both reach families who have needed, but have never accessed services before, expand our efforts to link mental health supports with student and learning supports, which research shows improves health and learning outcomes for students.

On a program/system level, the grant funds for partners in Ramsey County have been instrumental in the *expansion* of school linked mental health services in the suburbs, and the *start-up* of school based mental health services and support for students and families in the St. Paul Public School district.

The families served through these funds are economically disadvantaged, uninsured or underinsured and have children and youth who face significant and many times, multiple stressors in addition to a serious mental health disorder, such as: chronic health conditions, developmental delays or disorders, and/or chemical use/abuse issues to name a few. The SLMH services funded by DHS help prevent serious and oftentimes more costly consequences, such as school disciplinary referrals which can lead to school suspensions, out of home placements, homelessness, emergency room visits and/or psychiatric inpatient visits.

While Wilder is the fiscal agent for the grant, the Suburban Ramsey Family Collaborative and the Ramsey County Children's Mental Health Collaborative co-facilitate Ramsey Countywide DHS School Linked partner meetings with six mental health service providers and schools, to address systemic barriers, and facilitate problem solving with the school and mental health agencies to insure effective and efficient service delivery.

As a result of receiving these DHS School Linked Mental Health resources, we have experienced the following impact:

---

<sup>1</sup> Human Services Inc/New Generations, La Familia Guidance Center, Northwest Youth and Family Services, Thad Wilderson and Associates, White Bear Lake Area Community Counseling Center and Wilder

- **446 children and youth in Ramsey County** who experienced barriers to accessing mental health services, accessed care. **Nearly half of these families accessed mental health services for the first time due to services being offered, linked or provided within the schools.**
- **Strong relationships and robust partnerships** have been forged between mental health providers and school staff, including principals, social workers, psychologists, guidance counselors, deans, and other student services support staff such as chemical health specialists and culturally specific providers.
- **School-linked services have proven to be one of the most effective and efficient pathways to identifying and reaching children, youth and their families in need of critical support.** School social workers, guidance counselors, deans, and school administrators have high awareness of services and trusting relationships with SLMH therapists making for appropriate and efficient referrals. Mental health staff provide regular orientations and mental health trainings and workshops to school staff upon request and school staff are surveyed yearly to determine whether or not the mental health referral process is working smoothly in each district. Each agency has key mental health staff assigned to work with each of these school districts.
- **A foundational piece of our model is that there is buy in from top administration down at the school level in support of the school linked mental health collaborative model.**
  - In Suburban Ramsey County - Superintendents and key top administrative staff actively support and endorse our partnerships by providing partnership contributions to fund the administrative side of SRFC. School Principals encourage school staff to work with community providers, and readily provide appropriate, confidential space on-site at the school to meet.
  - In St. Paul - Through the SLMH mental health services grant La Familia Guidance Center, LLC<sup>2</sup>, Thad Wilderson & Associates and Wilder's Child Guidance clinic were able to offer services in twelve St. Paul Public schools. The impact has resulted in school communities getting a fuller or enhanced understanding about mental health and a presence of community mental health providers in many more urban schools which has increased access to services.
- **As a result of these School Linked Mental Health services, both parents and school staff report better outcomes for children served.** In parent surveys<sup>3</sup>, 87% of parents reported that they are satisfied with their counseling experience, and that as a result of having access to this school linked service,
  - **three out of four reported improvements in their child/youth's behavior,**
  - **nearly two thirds reported improvement in mood and**
  - **more than half report that their relationship with their child has improved.**
 In addition, 50% of school staff surveyed<sup>4</sup> report improvements in behavior, and nearly half reported improvements in social skill development and parent engagement.

**We believe a reduction in funding of School Linked Mental Health grant dollars would impose a significant burden to schools identifying children and youth in need of mental health services as well as create a larger gap in services to these countless children, youth and families who need, but have never**

<sup>2</sup> Going forward, La Familia Guidance will not be a part of this work due to their closing in February of 2011.

<sup>3</sup> Suburban Ramsey Parents, n=55

<sup>4</sup> Suburban Ramsey School Staff, n=55

accessed mental health supports until this grant. Furthermore, because these early intervention and intervention services often stave off the need for more crisis-oriented services, we believe a reduction in funding would result in a significant increase in costly emergency and inpatient medical costs and result in more school detentions and suspensions.

On behalf of the partners in Ramsey County who are funded by the DHS School Linked Mental Health Grant; the Suburban Ramsey Family Collaborative and the Ramsey County Children's Mental Health Collaborative, we thank you.

Sincerely,



Traci Warnberg-Lemm  
RCCMHC Director



Mary Sue Hansen  
SRFC Director

December 27, 2010

Marcia Tippery, Ph.D., LP  
Children's Mental Health Division  
Department of Human Services  
PO Box 64985  
St. Paul, MN 55164-0985

Dear Marcia,

I am writing you in regards to the School Linked Mental Health Services Grant and the impact it has had in our service area which consists of Todd, Aitkin, Morrison, Crow Wing and Cass Counties.

This grant allowed us to solidify our services in the Pillager and Pequot Lakes Schools. Those programs employ four mental health staff and have an enrollment of eighty youth with mental health diagnosis. These programs are very close to meeting their goals of sustainability.

We were able to launch services within the Todd County Schools. We have five employees who service youth in 12 schools. The Staples Motley Schools have sent referrals to justify having 2.2 full time staff allocated there. Our Todd County School Programs have approximately 100 clients. They expect eighty youth to participate in the intensive summer program.

There is a high rate of poverty within Todd County. There is also a large number of underserved Hispanic youth. This grant has strengthened our connections with schools, public health, social services and corrections. We have come together to offer translation services. We provided a "multi-agency continuing education" day that provided networking, training and a desire to provide more multi-agency trainings; we jointly applied for a grant to serve our minority population; we have trained parenting education facilitators who now offer Nurtured Heart Parenting classes. The grant allowed us to bring psychiatry to this rural area. Our psychiatric nurse travels there two days per month and is in high demand. The next closest option for psychiatry is over an hour drive.

The Aitkin High School allowed us to co-locate at their High School. The first practitioner's caseload filled within the first three months. We now have 2.5 staff there and are fielding questions about how we can bring these services to some of the other schools in their county. We have heard very positive reports from clients, staff and administrators. Options for mental health services are very minimal in Aitkin County. It is my understanding that there are only two other mental health professionals that practice within Aitkin County.

The Schools in Brainerd have revamped their expectations for related counseling and co-located services. This grant literally saved services to hundreds of youth as well as our contract with the Brainerd Schools. An RFP process threatened to replace our experienced and recognized program of seventeen years with an unknown program full of promises. This grant had been preparing us for sustainability. We were able to expedite our sustainability plan as well as rely on the grant funds to help us transition to the reduced contract with the school district. In the end, our co-located programs here have been given new founded appreciation and recognition.

I have many examples of youth who would have gone un-served without this grant. I have many touching stories of how the therapeutic relationships and interventions have changed lives and saved lives.

The most recent story I was told was of a seventeen year old homeless boy. Our team was able to see him through a long period of "couch hopping" and the current living arrangement with a sibling. Despite not having secure housing – he has been coming to school. He has every intention to graduate, albeit a year later than his peers. He recently accepted staff's gift of some new undergarments and clothing. His primary counselor was brought to tears when he received a handwritten note from this boy, signed by him, his older sister and the sister's boyfriend. The note was full of gratitude and hope.

In closing, I need to say thank you to the Department of Human Services for the SLMHS grant. These dollars have indeed changed lives and saved lives.

Sincerely,

Julie Leikvoll, MSSW, LICSW  
Director of Children and Family Services  
Northern Pines Mental Health Center

Hi, my name is Janet Bessette. I am a paraprofessional at Aitkin Public Schools and also a parent of a child with learning disabilities. I have seen the impact of mental health services professionally and personally.

My youngest daughter Kristen has ADHD, learning disabilities, and anxiety. She has always had to deal with being left out, frustrated, and anxious because she can't do the same things that her sisters and everyone else can. In the past she has been made fun of and this of course can make a mother feel helpless. Since starting Kristen at Northern Pines, she is learning how to deal with her anxiety and frustrations. She has problems with not letting things go and has a negative attitude. Northern Pines has helped her deal with past problems and helped her to be more positive and think better about herself. As soon as she feels frustrated or anxious, she knows that there is always someone at school qualified to help her deal with these emotions and she has learned strategies that she can use to help herself. There are times when kids do not feel like they can talk about certain things with their parents, and the Northern Pines office is a place that Kristen can go for this type of discussion. It has also been helpful to have the program right in our school. We live 20 miles out of town which makes it hard when having to make appointments around school time. If we had to leave school for an appointment, there would be the cost of mileage and lost time from work and school.

I work in the special education department and most of the students I work with have attended the Northern Pines Program. Prior to Northern Pines I the school, mental health services for kids were not readily available in our area and many of these kids would go along without services. At school we can tell when a student has had a bad night or morning. These kids are able to go to the Northern Pines office, know that someone cares, and come back to class as a more productive student.

This past year one of our students had a mental health crisis that included hallucinations, delusions, and aggressive behavior. This was very scary and challenging for the staff. Northern Pines was able to intervene and gain control of the situation. We have great teachers, but mental health crisis intervention is not their specialty. If Northern Pines had not been in the building, would have had to wait an extend period of time for a mental health professional to arrive at the school and maybe the situation would not have ended as well as it did. The student could have hurt herself or others and Northern Pines staff was able to calm her down and assure she got the medical attention she needed.

I have another student that has had family issues. At the beginning of the school year he had to go into the behavior room for time out or we would have to send him elsewhere because of behavior issues. Now, that Northern Pines has intervened, he is a different kid. I know if he didn't get the help here at school, like so many of our other students, they wouldn't get the help they needed. I can be because of parent's own issues, transportation reasons, lack of health insurance, lack of mental health providers in the area, and even the stigma of seeking out mental health services.

This program helps the whole school, students and staff. We would all lose so much if it were not available to us in the school building.

# Associated Clinic of Psychology

---

Psychotherapy

Testing

Consultation

---

3100 West Lake Street Suite 210 Minneapolis, MN 55416-4510 (612) 925-6033 Fax: (612) 925-8496

December 30<sup>th</sup>, 2010

Marcia Tippery, Ph.D., LP  
Children's Mental Health Division  
Department of Human Services  
P.O. Box 64985  
St. Paul, MN 55164-0985  
[marcia.tippery@state.mn.us](mailto:marcia.tippery@state.mn.us)

RE: Impact of DHS SLMHS Grant

Dear Marcia:

ACP has been providing the School-Linked Mental Health Service (SLMHS) grant in Dakota County for over two years. Prior to the start up of the grant, our mental health agency has had a distant relationship with the 106 schools (kindergarten through 12th grade) within Dakota County. As one of the two mental health agencies within the county, we provide the full spectrum of clinic-based and home-based mental health services. Before the SLMHS grant, we had no formal linkage with any of the schools within the county. However, since the implementation of the grant, ACP formalized a Memorandum of Understanding (MOU) with all 10 school districts within the county to provide mental health services. Our agency also has received referrals from all 10 districts and has provided mental health services to approximately 80% of the schools within the county.

At the start of the grant, we estimated in our RFP proposal that the number of referrals and services provided would be a maximum of 350 students per year (a total of 1,050 students for the first three years of the grant). By the end of the second year, we already provided services to 1,177 students and families! Of those families, at least one-third were uninsured or under insured. We also estimated that the staff FTEs for the first year would be 5.5 and for year three, we are now estimating that the FTEs will be 10. This clearly demonstrates a significant increase in access to and demand for community mental health (CMH) services within the schools.

There have been several reasons why the grant has contributed to the success of increasing CMH services within schools. The main reason for an increase in referrals is that the grant has allowed our agency to see all students regardless of whether they had a previous mental health assessment, or even if they did not have health insurance. Before this grant, schools would not make "referrals" because they felt they were financially at risk of paying for the service. When the MOU distinguished that schools were only "linking" with our agency and they would not be financially at risk for the referral, referrals poured in. In addition, funding for ancillary and supportive services has allowed our staff to open up a closer working relationship within schools, by allowing urgent screening of mental health concerns (identified by school counselors, social workers, teachers, principals, or even directors of special education). This has greatly increased the early identification of potential risks within schools when they have an indication of

possible risk from a student with a behavioral or mental health problem. Colombine and Cannon Falls taught us that early identification of mental health concerns with follow through may make the difference between life and death. Also, the ability to see families initially in the home has helped open up treatment options prior to further behavioral escalations and has helped focus treatment on maintaining students in the least restrictive clinical or educational setting. By having ancillary reimbursement for phone conferences with teachers and parents and funding for attending IEP meetings (these services are not currently part of reimbursement with most health plans) has also helped increase teaming of mental health issues between the family, school, and a mental health provider. All of these special components of the grant have made a tremendous impact on the success of developing and maintaining CMH services with all of the school districts in Dakota County.

Since the start of 2007 ("the Great Recession"), there has been a significant number of families that have lost health insurance. Also, the rise of health savings accounts (HSA's) and high deductible plans have made it very difficult for a growing percentage of the population to access mental health services. With the grant, ACP program data has shown that 84% of the families have health insurance (a good number for sustainability). However, a growing percentage of families have a high deductible or a HSA plan and are not able or willing to access the health plan unless there is some financial support. Also, 16% of the overall referrals had no health insurance. Therefore, because of the grant, our agency was able to accept referrals from schools regardless of whether students had insurance or not. This allowed our agency to provide an initial Diagnostic Assessment to screen for mental health concerns, confer with the teacher and the family on the phone or at a conference, and determine if the student meets medical necessity to access health plans for ongoing services. Lastly, if families didn't have insurance, the grant also allowed our staff to assist families in attempting to obtain insurance.

In conclusion, the impact of the grant has been enormous. The schools have come to depend on our agency to assist them in screening for early identification of mental health concerns, to sort out medical necessity needs required by health plans, and determine if access to health plans are even appropriate. It also allowed us to provide to schools consultation and urgent mental health intervention, whether at school, in the home, or in the community. All of this goes way beyond the limits of health plan reimbursement (by allowing us to attend IEP meetings, confer on the phone with teachers, school administrators, and family when appropriate). In conclusion, these services have provided a mental health safety net for schools and have provided a cost effective means of decreasing "levels of care" by de-escalating mental health situations. This program has been a huge success, and because of that we have all benefitted.

Respectfully Submitted,

Spencer Anton Olson, Psy.D., LP  
Director of Home-Based Services  
Listed in the National Registry of Health Service Providers

Examples of "Success Stories" for School-Linked Mental Health Services  
Submitted on Quarterly Progress Reports

**Greater Minnesota Family Services:** Large reduction in behavioral issues at home and school. Fewer office referrals. Helping multicultural students with mental health issues deal with a new culture. Helped many families deal with distrust of mental health services and receive services that helped their children. Assisted child in dealing with medication issues. Several students have already met their goals and their cases have been closed.

**Relate Counseling Center:** Quarter 2 (April-June). Clinically our program is too young to be able to answer this questions with what the program is doing to possibly effect children and families' lives. However, we believe we have found much success in the development of the program; the identification of the point person in each of the school districts in which we are currently working; the ongoing meetings in the schools; the development of the SLMH specific charts that we are using; getting a central support staff to score the SDQ/CASII and keep scores in a central and retrievable place; ongoing regular supervision of each of the providers and ongoing group supervision of all the SLMH persons; the development of a system of supervision and group consultation that will continue in the fall; the development of a spread sheet that keeps track of all the providers; the schools in which they work, who the point people are, up and coming meetings, and so on.

**Range Mental Health Center:** An improved working relationship with an ICWA staff – more Native American students are being referred for MH skills training. Family nights: To date over 300 family members have attended. The number of staff who report that they love what they do – every day. Students who report that when they grow up they want to be an ADAPT staff (our program's name).

**Scott County Mental Health Center:** School based therapists have reported numerous successes this past quarter. Staff is present and functioning in all the designated school districts. Many referrals have been received and many students have received services. Satisfaction/outcome measures completed by the students indicate very favorable outcomes. Below are two examples. Client X a high school student who was referred for school based mental health services after school staff observed several behaviors interfering with his ability to focus on learning at school. The student was leaving classes several times a day and going to the office with complaints of physical pain, trouble breathing, tearfulness, worry, and an urgent need to discuss his troubles with an adult. At times the student presented with "attention seeking behavior," including an incident in which emergency medics were called because the student collapsed on the floor in an episode of distress and panic. Once referred for psychotherapy, the mental health professional spoke with the student's father, medical providers, and school staff to begin assessment and coordination of care. The clinician was able to conclude that a medical condition the student had been diagnosed with a year prior had created circumstances in which the student was living with chronic pain and ongoing fear about this health. In addition, the student experienced anxiety symptoms and daily concerns about how to

cope with the impact his condition had on a variety of areas of his life. He was diagnosed with generalized anxiety disorder. School staff was informed of the impact of the medical condition, his anxiety symptoms, and suggestions for supporting the student in proactive ways. The clinician began working with the student in sessions to develop healthy coping skills, reduce maladaptive thought patterns, educate him about ways to recognize and manage anxiety symptoms, and discover creative ways to begin building self confidence. Over the next three months the student increased student attendance, reduced absences from class, improved grades and reported a reduction in anxiety symptoms. School staff reported a significant reduction in time spent assisting the student with crisis.

Student Y, a 14 year old female, was truant most days. When she came to school, she stayed in the office crying, refusing to attend class and asking for her mother. She reported sadness, anxiety and suicidal ideation. She had a history of suicide attempts, self abusive behavior and psychiatric hospitalizations. She was referred to the Connect Program school based therapist for diagnostic assessment and individual therapy. The Connect Therapist also worked with Student Y's mother, school staff and hospital emergency room staff (where she frequently presented in crisis). Student Y is currently attending class regularly, reporting decreased symptoms of depression and anxiety, no suicidal ideation nor attempts, increased coping skills and has not presented at the ER in crisis.

Success story #2: Seventeen year old female referred to the Connect Program due to difficulties with depression, anxiety and worry, trauma recovery, dropping grades, and identity development issues, re: gaps in parental ability to support her and help her launch into adulthood in American society. She is a first generation child from Cambodian immigrant family. She had experienced war trauma and lots of family loss. She was raped as a child (repeated several times by family member). Through therapy her anxiety was reduced, she found a voice through involvement in social justice issues in her community, found ways to communicate and connect better with parents, and she graduated from high school successfully. She plans to begin college in the fall.

**Woodland Center:** Our success story is that of access. We have over 200 open School Linked MH cases to date (end of 3<sup>rd</sup> quarter of year 1). Over half of these students have never been Woodland Center's clients. What this means is that over 100 youth and children are receiving MH services that never have been served before or have not followed through with other service providers.

## SUCCESS STORY

Isaac is an 11-year-old European American male who was referred to the school based program by his aunt, and legal guardian, in October, 2009. This referral was made in order to address Isaac's separation from his mother, who had recently completed treatment for substance abuse and was living in a transitional setting unable to care for her children.

Upon initiation of services, Isaac had a standing diagnosis of Autistic Disorder and Attention Deficit Disorder, Combined Type. Isaac presented to therapy with limited social skills, oppositional behaviors, limited focus, and limited frustration tolerance. He often expressed his emotions through behavioral outbursts, defiance with his aunt, and defiance in the school setting. Because Isaac was struggling greatly with expressing feelings related to his separation and loss from his mother, play therapy was used to enhance his expression and process his sense of loss and anger toward her. As therapy progressed it was clear that trauma was the root of his struggles as he had witnessed his mother's substance abuse and been subject to inadequate care as a result. Isaac utilized play therapy to work through his trauma and began to grieve his mother's absence and limitations. His play indicated themes of being wounded, betrayed, and forgotten while simultaneously portraying his conflicting feelings of loving the one that wounded him. A primary object of Isaac's play was a bear that had been named Jacob. Isaac utilized Jacob as a main source and target of his anger. There were often times when Jacob was wounded in battle by Isaac and even killed. However, Isaac also tended to him and cared for him after these battles. Jacob proved to be an instrumental object throughout his work and appeared to represent Isaac's mother as well as extensions of himself.

At this time Isaac appears to have reached a level of acceptance about his mother's limitations and is no longer expressing violent anger toward her. He no longer demonstrates unmanageable behavioral outbursts in the school or home. Isaac continues to struggle with compliance but has learned to work things out through conflict resolution and mediation. Although Isaac is not completely done with treatment, he will be moving from the area in order to live with his father permanently as it is clear his mother will be unable to care for him due to chronic relapses in her recovery. Isaac is currently grieving the losses he will experience upon the move. Jacob, the bear, is being utilized to help Isaac through this transition. He is very attached to the bear and frequently said that he would like to have Jacob with him forever as he has helped him with his "problems". Given Isaac's attachment to this bear, this therapist and Isaac agreed that it would be helpful for him to take Jacob with him when he leaves therapy. During a recent therapy session, Isaac made Jacob a blanket out of crumpled and softened paper. He later commented that he would do whatever he had to in order to care for Jacob as "nobody" else could and he deserved it. He was even able to tolerate this therapist commenting that he also deserved that kind of care, a comment that would have earlier made him irritable and withdrawn.

## Unique mental health program will expire unless Legislature extends grant

For a rural student who has mental health issues, just getting to appointments with a mental health professional whose office is miles away can be a challenge. "It can be very labor intensive for the parent and it also causes the kids to miss a lot of school," said Sherrri Broderius, superintendent of the Atwater-Cosmos-Grove City School District.

By Carolyn Lange, West Central Tribune

For a rural student who has mental health issues, just getting to appointments with a mental health professional whose office is miles away can be a challenge. "It can be very labor intensive for the parent and it also causes the kids to miss a lot of school," said Sherrri Broderius, superintendent of the Atwater-Cosmos-Grove City School District.

The routine is pretty typical, she said. A parent has to leave work, drive to the school, take their child out of class, drive to the hour-long appointment, drive the child back to school and then return to work.

The excursion can easily involve 100 miles and two to four hours of time.

With \$3 gas, concerns about a parent losing a job and lost school time for the child, it's no wonder mental illness can go untreated in children.

That's why area school officials including Broderius have been so pleased with a school-linked mental health program that brings services to the students rather than making students come to them.

In a partnership with area schools and Woodland Centers, a mental health center based in Willmar, practitioners and professionals conduct counseling sessions at the individual schools with students diagnosed with mental health issues.

The program also involves vital communication between school officials and Woodland Centers about the child's health and needs and family involvement.

"It's got every component we need to get these services to kids," Broderius said. "I cannot say enough good about that program."

Because students are able to walk down the school hall for appointments, they miss very little class time and improve their mental health wellness at the same time. It results in healthy children who have a better chance of succeeding academically, she said.

"We've reduced barriers," said Kim Hanson, unit director for youth services at Woodland Centers. "Kids are getting more consistent care in some cases. Schools are very pleased with what we're doing," Hanson said.

A \$1 million grant from the Department of Human Services has allowed Woodland Centers to bring the services to 10 area schools districts — Litchfield, ACGC, BOLD, Renville County West, Willmar, New London-Spicer, Montevideo, MACCRAY, Lac qui Parle Valley and Yellow Medicine East.

But that grant runs out June 30.

Hanson is hoping the Legislature will approve a two-year extension for the grant.

If that doesn't happen, Broderius said she's hoping her cash-strapped district can find grants or a local private sponsor to pay the financial gap to sustain the program at ACGC.

Karen Norell, the high school principal at YME, is doing the same thing.

"We absolutely don't think we can operate without the service," Norell said.

"It's valuable for our families and our kids," she said, because it helps families "stay united and stay local and address the needs that they have."

Norell said she's "quite worried" that when the grant ends, students at YME will not have adequate services.

She's hoping that with Woodland's third-party billing, YME can find the dollars to support the program if the Legislature does not allocate a two-year grant extension.

Schools are learning they "can't count on the state and we can't count on the feds to help with kids like this," said Broderius, who is asking for individuals or business owners who may have been helped by mental health care to step up financially and keep the program going at ACGC.

"I see how many kids they're helping," said Broderius, adding that the number of students using the service has increased since it started. She credits that to the convenience of having mental health practitioners and professionals close by and thus easily accessible.

The end result, she said, is students with mental illness are getting healthy and staying in school. "That's what we want," she said.

Tags: news, local, school, mental, health, woodland, centers, willmar, acgc, yme, legislature, family, hanson, broderius, norell, fcnetwork

# Tough math: 759 kids, only 1 counselor

· School guidance counselors juggle many critical roles on front lines of high schools.

By CURT BROWN · [curt.brown@startribune.com](mailto:curt.brown@startribune.com) □

One by one, the students stream into Anoka High School guidance counselor Kim Nelson's shoebox-sized office, grab a chair and unload. "I mean, 10 problems a night? Every night? That's like an hour," says one stressed-out boy, venting to Nelson after snapping at his honors trigonometry teacher. "I have a life, you know." The next two girls wear blank, dazed faces. Both were close friends of boys who've died during this young school year — one took his own life; the other was struck by a car while on his bike.

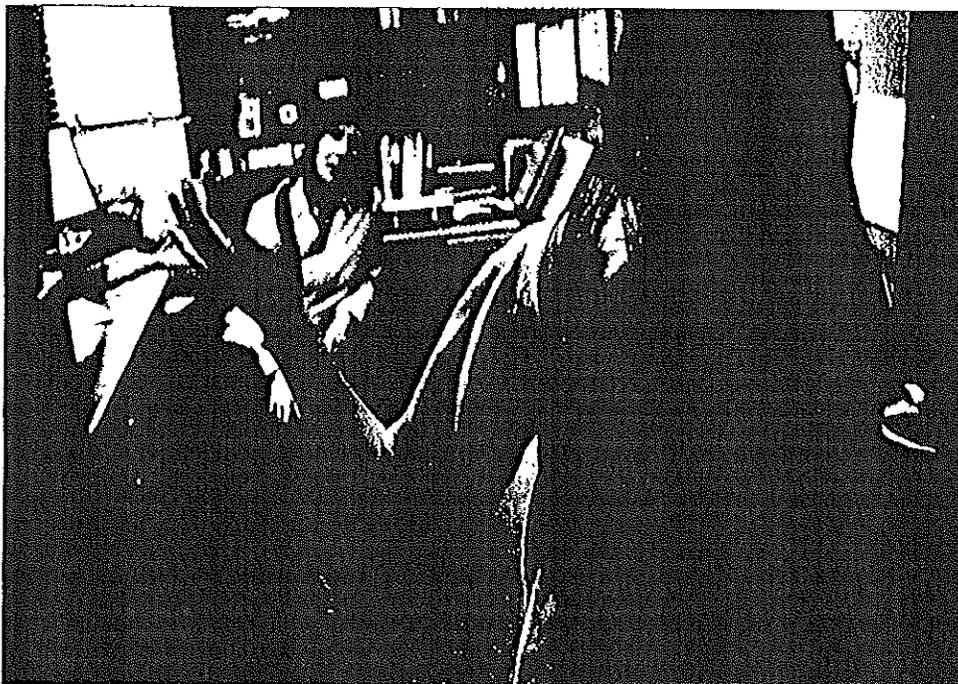
"I helped clean the stuff out of his room over the weekend, and that was really hard," says one girl, looking at her knees.

Nelson checks on the girl's attempts to secure grief counseling, commends her for catching up on assignments, then gives her a long hug.

"A lot of these kids are not just dealing with one of their friends passing away," Nelson said. "They're kids trying to handle two or three."

Anoka High has been hard hit by death in the past year, losing six students, including two to suicide and two in car crashes. But its counselors, "stretched beyond thin," in Nelson's words, exemplify the new normal in Minnesota high schools, which have 1,086 guidance counselors to deal with an entire state of teenagers. The state's ratio of 759 students to each counselor has ranked among the nation's worst for years and is currently 49th, ahead of only California. Anoka Principal Mike Farley brought in an expert recently who counseled disaster workers in Haiti and New Orleans to discuss "compassion fatigue" with his five guidance counselors and staff from across the state's largest school district.

"We're not used to seeing these tired faces in October, and June is a long way off," Farley said. "Our staff gives so much, and you multiply that with all the losses we've been through. It's tough to make a difference in children's lives when there's nothing left in the gas tank."



Photos by DAVID JOLES  
· [djoles@startribune.com](mailto:djoles@startribune.com) !

Anoka High counselor Kim Nelson is on the front lines of a battle that has her and her colleagues dealing with typical student matters — as well as teen suicide and depression. Six students at Anoka High have died since last Thanksgiving. Above, a girl whose friend was killed while biking stopped by to show off a T-shirt she had made as a tribute.

## 'They're overwhelmed'

Anoka's heart-wrenching start to the school year, and the Oct. 12 suicide-pact deaths of two Oak-Land Junior High School students in Lakeland, hit front-line counselors hard.

Nelson and her counterparts across the state are trained to guide students through academic challenges, college and career planning and personal and social issues.

"But they're overwhelmed because they're getting sucked into these bigger mental health issues that really go beyond their job description — yet there's this understanding that they should just step up and do whatever they can," said Tom Ellis, who runs the Center for Grief, Loss and Transition in St. Paul. He'll make a second trip to Anoka to meet with students this week.

"Anytime there's a student death, it sends an emotional shockwave through the community because kids are so deeply connected, and some of mine are really struggling," said Chris Otto, the president-elect of the Minnesota School Counselors Association.

She works at Stillwater Junior High School, near the St. Croix River neighborhood park where the Oak-Land students died.

Otto said the tragedies come at a time when her fellow guidance counselors and their students are under added stress from mortgage foreclosures and job loss. Some kids are even homeless. Meanwhile, social networking and texting have reshaped bullying into a more public and viral problem. And school funding crunches have shifted more responsibilities to counselors.

"We have kids with greater needs for support in tremendously tough economic times," said Otto, who spent a chunk of one recent morning proctoring tests. "But we're so busy out there playing piecemeal and putting Band-Aids on kids."

## A mandated freeze

Minnesota law prohibits school districts from cutting the number of jobs held by counselors and other student-support people, such as nurses, social workers and psychologists, from one year to the next. Counselors are paid, like teachers, through union-negotiated contracts, with salaries ranging from \$38,000 for those starting out to \$80,000 a year for experienced counselors in the metro area with advanced degrees.

"Districts want more flexibility, but we decided not to budge," said state Rep. Mindy Greiling, DFL-Roseville, chairwoman of the K12 Finance Division. She points out that Minnesota's "abysmal" counselor-student ratio is three times worse than the 1-to-250 ratio the American School Counselor Association recommends.

"It's nothing to be proud of, that's for sure," Greiling said. "But when you have to cut, and class sizes are readily noticed by parents, support staff can be seen as an easier option."

## GRIM RATIO

Minnesota ranks second-worst nationally in the ratio of student guidance counselors to students.

### Student to counselor ratio Bottom 10 states, 2008-'09

41. Nevada	511:1
42. Oregon	522:1
43. Indiana	540:1
44. New Jersey	613:1
45. Michigan	638:1
46. Illinois	672:1
47. Utah	733:1
48. Arizona	743:1
49. Minnesota	759:1
50. California	814:1

Source: [www.schoolcounselor.org](http://www.schoolcounselor.org)

Star Tribune

State Rep. Tom Tillberry, DFL-Fridley, works as a counselor at Roseville Area High School, juggling a caseload of 400-plus students when he's not on leave for the session.

"I calculated the minutes in a year and it comes out to less than an hour per kid a year," he said. "How can we best reach our kids, given all that?"

Yet the Minnesota Association of School Administrators has tried to repeal the law that maintains counselor funding despite the 1-to-759 ratio.

"When you look at the statistics, sometimes you go: 'Oh my goodness, how could it be?' " said Charlie Kyte, director of the superintendents' group.

He said those numbers can be misleading because "an array of people" — including nurses, social workers, psychologists and chemical health specialists — share the counselors' front-line load. When all those people are counted, Minnesota's ratio jumps from 49th to 35th nationally, according to Stephanie Ochocki, a social worker at McKinley Elementary School in Ham Lake and the leader of the state school social workers' associations.

"That still doesn't give us as many people as we need," Kyte said. "But right now we're in a cutting-back-staff mode, and we didn't want to take certain categories off the table."

He said the state law that maintains counselor funding "locks your problem into place. It's not going to get worse, but it's not going to get better."

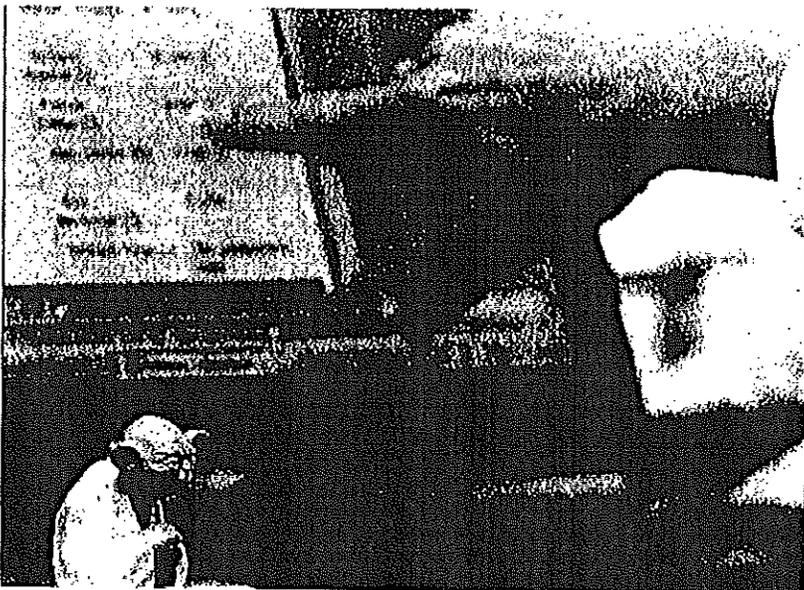
When one-time federal jobs money was available last year, Kyte said, "it would have been an ideal time" to add counselors. "But we couldn't, because when the money ran out, you were stuck having an obligation to continue those jobs."

A survey prepared last year by the policy analysis group Minnesota 2020 found that state lawmakers have cut state aid to schools by 13 percent since 2003. Those cuts, according to Minnesota 2020, have shifted the duties of jettisoned teachers, administrators and others to counselors.

Half the counselors surveyed spend at least 10 days a year directly administering government-mandated tests. Ten percent said they spent 30 days a year on testing.

Counselors say they're being pulled away from helping kids with emotional pressures even as cyber-bullying and suicides grab the headlines.

"If these mental health issues aren't addressed, how in the hell do you expect kids to go in and pass the test if they didn't get breakfast or Dad beat up Mom last night?" said Kris Moe, a counselor at Park High School in Cottage Grove and the president of the state counselors group.



Nelson keeps a tiny Yoda figure on her desk to remind herself to remain calm. Minnesota ranks 49th in the nation in a student-to-counselor ratio: 759 students to one counselor.

## 'We run at 750 mph'

Back at Anoka High, the kids keep filtering into Nelson's tiny office. Among her tasks: tracking down the sender of a morbid text message.

Then there's a slew of college recommendations to write, parental e-mails to send and a remedial class to juggle into place for kids who flunked the basic English test required to graduate.

Nelson will also help families navigate the "saturated" mental health bureaucracy, sort out insurance and county aid issues, and mend other scheduling problems big and small.

The little Star Wars Yoda toy on her desk reminds her to be calm and, she hopes, wise.

"We run at 750 miles per hour until June, and sometimes I feel like a squirrel in a cage," she said. "But when kids come in, I try to give them calmness, warmth, humor and friendliness."

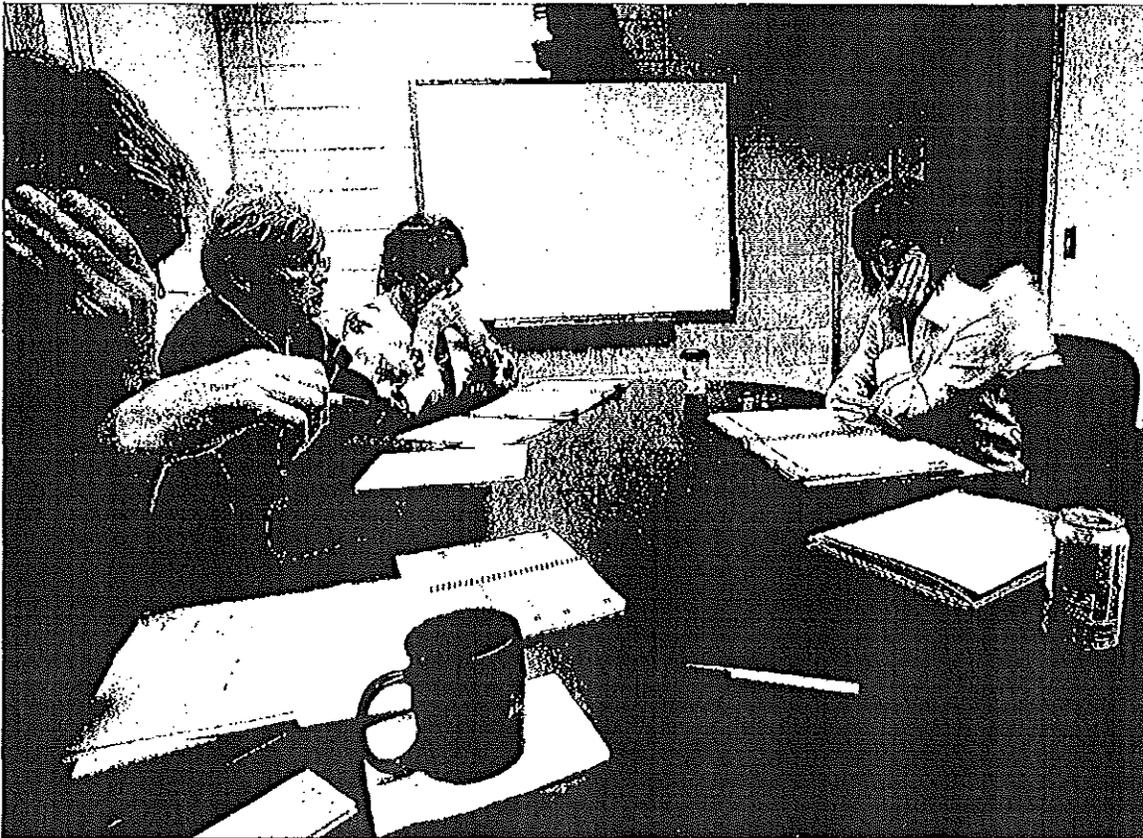
Nelson, 54, with three grown kids of her own, has been working in schools for 30 years. Often, when she glances away, she knows kids are using the moment to take a suicide prevention card from her desk. The stack she keeps there has steadily dwindled.

"About once a week, we talk to kids who are having those thoughts," she said.

"Kids are so good at wearing those masks, so you try various counseling methods to peel back the layers of the onion. We try to be proactive, but sometimes it feels like crisis mode all the time."

Just then, the girl who had cleaned out her late boyfriend's bedroom walks in, beaming. She's sporting a new orange T-shirt she designed with an image of the two of them together.

"That's as up as I've seen her in a long time," Nelson said. "And moments like that are what make this job so fun and so extremely interesting."



Clockwise from left, counselors Barry Terrass, Teresa Savage, Deb Marquette, Nelson and Amy Gardner discussed graduation requirement tests at their weekly meeting.