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Implementation and Data Tracking of School-Linked Mental Health Services at a Rural Mental Health Agency

Jim Redmond
Minnesota State University - Mankato

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IMPLEMENTATION AND DATA TRACKING OF SCHOOL-LINKED MENTAL HEALTH SERVICES AT A RURAL MENTAL HEALTH AGENCY

BACKGROUND/PLANNING

In late December of 2007 Tom McNeely, the clinical director for the Sioux Trails Mental Health Center, received a Request for Proposals (RFP) from the Minnesota Department of Human Services soliciting grant applications for a new school-linked mental health program. The school-linked program would provide students (K-12) attending public schools full therapeutic services in an effort to reduce mental health issues as a barrier to learning. This approach mirrored Sioux Trails' belief that a holistic philosophy incorporating prevention and early intervention is the most effective healthcare service. Since the RTF seemed a good fit for the agency, Mr. McNeely, along with the executive director and business manager, spent the next month writing a proposal.

The process for writing the proposal turned out to be time-consuming and complex. The administrative team created a school-linked program, developed a budget, and received letters of support from area schools interested in participating. To receive these letters Mr. McNeely presented the tenets of the program to school superintendents at conferences, or individually over the telephone. While DHS accepted the Sioux Trails grant proposal, they requested answers to additional attachments and clarifications on items such as timelines and measurement of outcomes, which took additional re-writes and several months to satisfy.

The final proposal called for the implementation of school-linked mental health services to 16 area schools in Brown, Nicollet, Sibley, and Watonwan counties. The services would include crisis intervention, diagnostic assessments, individual/family/group counseling, skills training, interpretive services, and consultations, among others. Perhaps the most important part of the proposal called for Sioux Trails to develop a collaborative history with schools in providing holistic services. This history would create a connection between Sioux Trails and the schools that would help promote the success of the program after the grant ceases its funding.

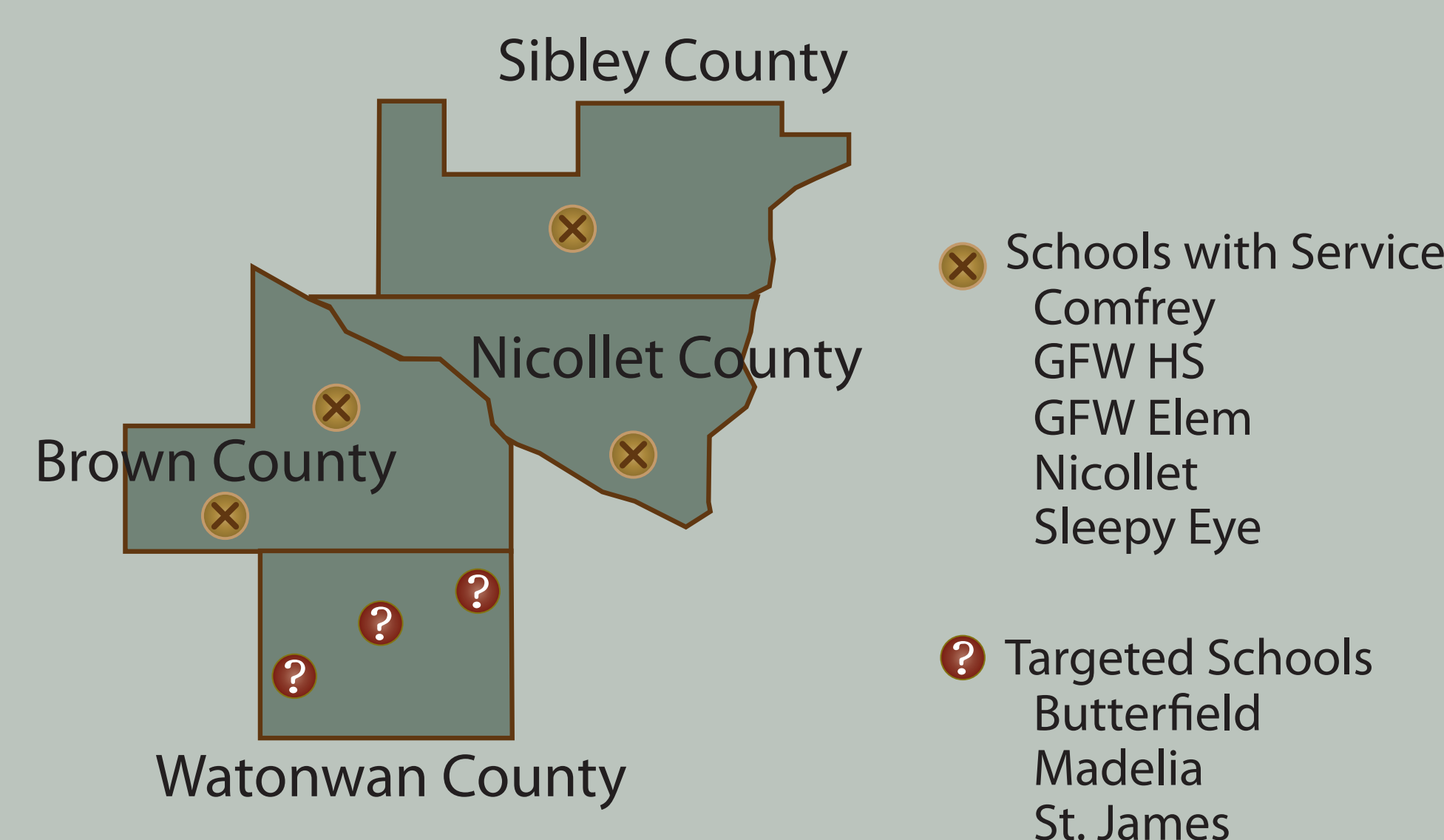


IMPLEMENTATION

To implement school-linked services the Sioux Trails administrative team had planned to hire new staff to fill all positions needed to execute programming under the grant. The team had hoped to begin the recruitment process in April, the initial distribution date for the grant, but couldn't begin until after they signed the final contract with DHS, which occurred in late August, approximately one week before the 2008 school year started. In rural Minnesota, this presented an impossible timeframe to hire new staff. Instead, Sioux Trails changed the duties for several existing staff to include providing services in schools one day per week. One LICSW began working in schools in November, another in December, and a final one in February. A CTSS worker was also assigned to schools to teach various skills to referred students.

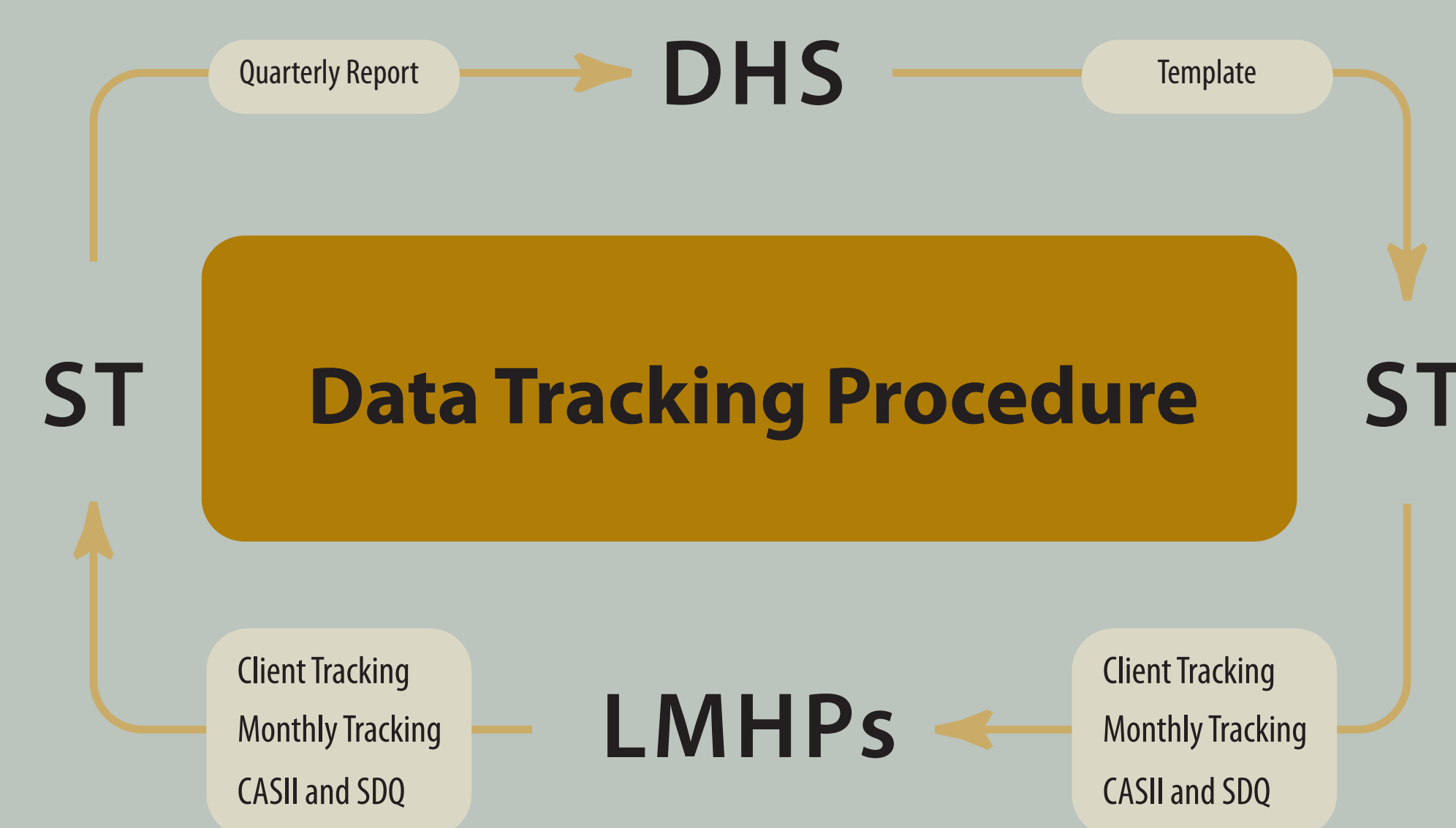
Initially, very few procedures existed for the LMHPs. Much of the first year's implementation process consisted of defining terms and learning what data needed to be tracked. For instance, the SLMH grant has fixed categories for various actions taken by mental health providers in the school. However, each mental health provider had a different understanding of the definitions until a standard interpretation was implemented. This confusion was particularly true in regards to providing ancillary services, such as meetings with teachers and other school personnel that may have focused on a particular student or the SLMH program in general. Also, Sioux Trails needed to develop a standard code list for the LMHPs to implement services into Civer, the agency software that tracks billable service hours.

Currently the implementation of the SLMH grant is a work in progress. The agency hopes to greatly increase school-linked services before the grant ends. In order to create a flux of ideas to streamline the implementation and data tracking processes, the agency hopes to create a new drive on its networking system exclusively for LMHPs who work under the SLMH grant.



EVALUATION

Sioux Trails collects evaluation data for both the agency and DHS. The data tracks information on student demographics, as well as on the types of services the agency provides. Types of student demographic information include age, grade in school, race, ethnicity, and insurance status. Types of service information include diagnostic assessments, therapy sessions (individual, group, or family), skills lessons, translation services, and crisis intervention, among others. Sioux Trails also tracks outcome measures through CASII and SDQ scores. While not required by DHS as a part of the grant, Sioux Trails has established benchmarks for outcomes that include a reduction of one level of care on the CASII, and one standard deviation of the mean on the SDQ.



To standardize demographic and service data tracking methods, DHS developed a template for each agency to complete quarterly reports. These templates, however, needed to be broken down by agencies into smaller segments in order to be useful to mental health providers working at the schools. In order to meet this need Sioux Trails developed individual client service tracking forms that could easily be transposed onto monthly tracking sheets. The monthly tracking sheets, then, would be gathered by administrative staff into a quarterly report, which would include quantitative and qualitative data (data tracking forms and a written report.)

According to a data analyst for DHS, they use the quarterly report in three main ways: to monitor the grant so it meets the legislative intent, to report back to the legislature regarding services and outcomes, and to monitor the services for program improvement. DHS also uses the data collection means as a way to reinforce program expectations. For instance, some information requested tracks grant requirements, baselines, and services they deem essential to providing mental health treatment.

LITERATURE REVIEW

Up to 12% of US children under age 18 have a chronic physical, developmental, behavioral, or emotional condition (Benedict & Farel, 2003.)

"Children are at risk when they are likely not to live up to their full potential as parents, citizens, and workers. Institutions, in contrast, are at risk when they are likely to fail at doing what they receive public money for doing: providing services and support to children and families so that they can transcend the risk factors in their lives and become successful parents, citizens, and workers" (Gardner, 1993, p. 142-143.)

A review of 47 studies found that school-based mental health services directed toward changing specific behaviors and learning new skills associated with the intervention presented the strongest evidence of impact (Rones & Hoagwood, 2000.)

Collaborations between mental health agencies and schools can decrease fragmentation of services by establishing a continuum of care (Franklin & Streeter, 1995.)

Systems should sign formal contracts that define the purpose of the agreement, the goals of the effort, the assets that each provides, the time period of the agreement, and how it can be refined (Aguire, 1995.)

Agencies providing school-linked mental health services should hold school trainings to avoid confusion of roles between the agency and school personnel (Caffery, Erdman, & Cook, 2000.)

Much of a new program's success depends on the salesmanship of the program director and the staff implementing it (Lee, 2009.)

Line staff should be incorporated into program development because their daily work ultimately determines its success or failure (Gardner, 1993.)

An agency must collect both process information and information about effectiveness (Wandersman, Imm, Chinman, & Kaftarian, 2000.)

It is helpful for an agency to develop a community of agencies who provide services under the same RFP in order to see how other agencies resolved problems (Lee, 2009.)

Factors that predict the likelihood of a sustained program:

"(1) the extent to which the host agency has "bought into" the program; (2) whether the program demonstrated positive outcomes; (3) whether the program has a diversity of funding streams from the outset; (4) whether multiple staff are trained to run the program; (5) whether the program has an advocate ("program champion"); (6) the extent to which the program meets the host agency's political needs" (Wandersman, Imm, Chinman, & Kaftarian, 2000, p. 394.)

Rapid staff turnover causes a loss of previous learning and connections, and is detrimental to a program's success (Lee, 2009.)

ANALYSIS

Implementing programs such as those proposed under the School-linked Mental Health grant can be a difficult proposition for rural mental health agencies. For instance, schools spread out over multiple counties causes logistical difficulties in providing access to services. Agencies must either have satellite offices nearby, or require staff to travel to the schools. Rural agencies already have difficulties recruiting staff due to low pay, and a travel requirement can add additional stress to hiring efforts.

Despite these factors, Sioux Trails has utilized many of the procedures the literature identifies as successful. Their biggest asset appears to be the combined investment of the management team and the mental health staff providing services. Catherine Job (executive director) and Tom McNeely (clinical director) proposed, wrote, and helped implement the grant. Judi Nelson (business manager) has become instrumental in the evaluation process by working to streamline data tracking methods for DHS and the agency. Licensed mental health practitioners Chris Davis, Ann Wheaton, and Samantha Wright not only provide services to students, but also work to ensure effective collaboration between themselves and the schools. Everyone on the Sioux Trails team is highly invested in the program and works tirelessly to ensure it remains on a path to success.

PROGRAM SUCCESSES

- + Provide a needed/wanted service
- + Identified schools appropriate to service
- + Has a clinical director who is a program champion
- + Has a clinical director who understands all aspects of program
- + Have dedicated, highly-trained staff providing services
- + Implemented benchmarks for outcome evaluations
- + Provided training and data tracking methods for LMHP
- + Provided trainings to school staff
- + Continued evaluation/improvements
- + DHS flexible/helpful
- + Has clear program goals that utilize evidence-based practices

PROGRAM DIFFICULTIES

- Difficult to recruit staff
- Unable to incorporate direct care staff into planning
- Unable to set up SPSS program
- No formal contracts
- Slow implementation
- Tracking of insurance payments
- Staff turnover

RECOMMENDATIONS

- Incorporate current LMHPs in streamlining the implementation process for target schools.
- Streamline evaluation process through a drive on a local network.
- Continue recruiting efforts in order to provide more staff to more schools.
- Provide refresher trainings to school personnel to define roles and increase collaboration.
- Create community of agencies who responded to RFP in order to help each other with problem resolution process.
- Expand to charter schools.