Behavioral Health Matters: Policy, Program, and Practice-Level Changes Supporting College and Career Readiness in Kentucky

Conference on Advancing School Mental Health

New Orleans, Louisiana

November 5, 2015
Session Overview

• Introductions
• Kentucky’s Policy Landscape
• Prevention & Early Intervention Initiatives
• Intensive Interventions
• Lessons Learned & Opportunities
Introductions
Kentucky’s Executive Structure

Governor

Health & Family Services
- Behavioral Health
- FRYSC
  - Child Welfare
  - Medicaid

Justice & Public Safety

Education & Workforce
- Department of Education
- Economic Development
- Finance & Administration
- Public Protection
- Transportation

Energy & Environment

Personnel

Tourism, Arts & Heritage
Kentucky’s Landscape
Total KY Population: 4.4 million

Total Minor Population: 1 million

- Children in Poverty: 365,000
- Children Enrolled in Medicaid: 406,072
- Children with Emotional/Behavioral/Developmental Conditions: 220,000
- Pre-Adjudicated Youth Diversion Program: 34,000 annually
- Children in Child Welfare OOHC: 7,700
- Children Committed or Confined in JJ: 496
120 Counties

60 Judicial Districts

172 School Districts

Medicaid Expansion

Successful State-Run Healthcare Exchange (kynect)

Managed Care Environment

Outgoing Democratic Governor

Democratic House

Republican Senate

#120counties
Recent Levers of Change

2011
- Shift to Medicaid managed care

2013
- Restraint and seclusion legislation

2014
- Expanded Medicaid eligibility
- Expanded behavioral health service array
- Expanded provider network

2015
- Focus on substance use services
- Bullying prevention task force
- Juvenile justice reform
### Kentucky Youth Risk Behavior Survey 2015

<table>
<thead>
<tr>
<th>Middle School Students</th>
<th>High School Students</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>12.5%</strong></td>
<td><strong>13.9%</strong></td>
</tr>
<tr>
<td>• do not have an adult in their life that they trust and can talk to about serious problems</td>
<td>• do not have an adult in their life that they trust and can talk to about serious problems</td>
</tr>
<tr>
<td><strong>16.9%</strong></td>
<td><strong>20.8%</strong></td>
</tr>
<tr>
<td>• did something to purposely hurt themselves without wanting to die</td>
<td>• did something to purposely hurt themselves without wanting to die</td>
</tr>
<tr>
<td><strong>13.4%</strong></td>
<td><strong>31.0%</strong></td>
</tr>
<tr>
<td>• made a plan about how they would kill themselves</td>
<td>• reported feeling sad or hopeless almost every day for 2 or more weeks in a row</td>
</tr>
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</table>
### Kentucky Incentives for Prevention 2014 Survey

The purpose of the KIP survey is to anonymously assess student use of alcohol, tobacco, and other drugs as well as a number of factors related to potential substance abuse (school safety, mental health, bullying, dating violence).

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>32%</td>
<td>• of 8th graders reported that they had been bullied on school property within the past year</td>
</tr>
<tr>
<td>21%</td>
<td>• of 10th graders reported drinking alcohol in the prior 30 days</td>
</tr>
<tr>
<td>15%</td>
<td>• of 10th graders reported having suicidal thoughts</td>
</tr>
<tr>
<td>12%</td>
<td>• of 10th graders reported the use of marijuana in the prior 30 days</td>
</tr>
<tr>
<td>8%</td>
<td>• of 10th graders reported a past-year suicide attempt</td>
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Prevention & Early Intervention Initiatives
Bullying Prevention

• Governor established a Youth Bullying Prevention Task Force in October 2014
• Task Force members recognized that to comprehensively address the issue of bullying, the Commonwealth must recognize it as a **community-wide public health issue**, rather than a school-specific one.
• Final Report recommendations, based on the public health model
  — Adopting a standard definition
  — Continued support of EBP supporting a positive climate and culture within schools
  — School districts, as a preventive measure, invest in and support mental health counselors at the local school level
  — Establish and fund a sustainable state-level agency or office that both coordinates and supports community-driven efforts to promote bullying prevention and community programs
Reducing Seclusion & Restraint

• 704 KAR 7:160 (2013)
• Physical restraint may only be used if a student’s behavior poses an imminent danger of serious physical harm to self or others
• Detailed reporting requirements and data collection
• Required annual training in positive behavior supports and interventions for all school personnel
• Restraint and seclusion actions implemented only by designated, trained Core Team staff
• Focused on prevention
Positive Behavior Interventions and Supports

- 518 of 1233 Kentucky schools are utilizing a school-wide PBIS framework to improve school climate
- KDE provides free technical assistance, coaching, professional education, and fidelity monitoring
- Kentucky schools implementing PBIS are seeing big reductions in out of school suspensions
- Kentucky is encouraging adoption of a school-wide PBIS framework from many angles
  - Restraint and Seclusion legislation
  - Education Cooperative Behavior Specialists
  - Bullying Task Force recommendations
  - Novice Reduction for Gap Closure
Kentucky AWARE

Overview

• Trauma-informed approaches in schools
• Access to behavioral health services
• Enhancement of PBIS efforts
• Efforts to increase community awareness

Youth Mental Health First Aid

• Evidence-based program
• Designed to teach caregivers, teachers, school staff, and other community members how to help a young person (age 12-18) who is experiencing a mental health or addiction challenges
Family Resource & Youth Services Centers

- Established as a component of the 1990 Kentucky Education Reform Act (KERA)
- School-based centers with a goal of assisting academically at-risk students by minimizing noncognitive barriers to learning
- Schools where at least 20% of the student population qualify for free lunch are eligible
FRYSC: Core Components

Family Resource Centers
• Preschool child care
• After-school child day care
• Families in training
• Family literacy services
• Health services and referrals

Youth Services Centers
• Referrals to health and social services
• Career exploration and development
• Summer and part-time job development (HS only)
• Substance abuse education and counseling
• Family crisis and mental health counseling

Combined centers must meet all Components!
Additional Connections

• Strengthening Families Framework
  – Focuses on reinforcing protective factors

• Trauma Informed Care
  – Recognize behaviors that demonstrate need

• Born Learning Academies
  – Recognize the influence of parents in child development
School-Based Behavioral Health Screening Initiative

• Legal settlement with pharmaceutical companies led to funding
• Partnership between Behavioral Health & Education departments
• Recognizing that 20-15% of adolescents experience a diagnosable mental health disorder before age 18
• Helping schools recognize when a student might be showing signs of a behavioral health need…
  – respond to that student appropriately,
  – refer them to a designated trained school-based screener for screening, and based on identified need,
  – refer for services, supports or further assessment, when appropriate
Intensive Interventions
Administrative Arrangements for the Delivery of School Mental Health Services

• School-financed services in which districts hire professional staff to provide mental health services

• Formal agreements between schools/school districts and mental health provider agencies to provide mental health services in the schools

• School-based health centers

• Hybrid models
Investing in High Fidelity Wraparound

Wraparound is an intensive, individualized care planning and management process guided by a set of core principles and defined by phases and activities.

- Creating a state infrastructure to support ongoing training, coaching, and fidelity monitoring HFW across the state
- Will be delivered by community mental health center staff
- Schools will serve as a primary referral source & partner on child and family teams
Suicide Prevention & Care

• Legislation requiring
  – Suicide Prevention Education for Middle and High School Staff
  – Suicide Prevention Information for Middle and High School Students

• QPR, Signs of Suicide, and Lifelines

• School Emergency Management Resource Guide has protocol for suicidal ideation, attempts, and completions

• Enhancing suicide care services among community providers
Lessons & Opportunities
Lessons Learned

• Build expertise in others departments and/or agencies

• Interagency bodies are useful
  – Shared goals
  – Shared populations
  – Cross-agency coordination of initiatives

• Demonstrate success

• Be patient – timelines are goals
Possibilities & Opportunities to Explore

• Use of Peer Support
  – Parent
  – Youth
• Parent Cafes
• Building Bridges Initiative
Thanks, y'all!

Any questions?
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