Assessment of Mental Health Needs
Clark County Elementary Schools

Presented May 14, 2004 to The Urban Special Education Leadership Collaborative

Clark County School District

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Impetus for Study:
Nevada Legislation AB1, 2001

- Nevada legislation Assembly Bill 1 (AB1) created a Mental Health Consortium. Participants are composed of members from Division of Child Family Services, Children’s Welfare Agency, health care financing, school district, juvenile probation, private Mental Health provider, BADA, Parent Advocacy Organization, CASA, 8th Judicial Court, foster care provider, and a parent of a child with emotional disturbance.

- The consortium charged the three major children agencies (children’s welfare, juvenile justice, school district) in the state of Nevada with an Annual Plan for Mental Health Services including:
Annual Plan for Mental Health Services

- An assessment of the need for mental health services in the jurisdiction;
- A description of the types of services to be offered to children with emotional disturbance based on the amount of money available within jurisdiction of the consortium;
- Methods for obtaining additional money and services for children with emotional disturbance from private and public entities; and
- Documentation of the number of children with emotional disturbance who are not currently being provided services,
- The costs to provide these services
- The obstacles to providing services to these children and
- Recommendations for removing those obstacles
School District’s Charge...

- Develop a Plan for this Year’s Legislative Session;
- Develop a Service Model to Address Needs and Gaps;
- Determine School’s Service Responsibility and;
- Planning for Future Growth of Model Throughout District.
Description of Sample Population

- Disproportionate Stratified Sample
- In each region, one school from each SES level, (high, middle, low) was randomly selected by the region superintendent.
- Three schools in each of the five regions of the school district were identified and four additional low SES schools were added to the study due to their status as participants in the Safe Schools/Healthy Students Initiative.
- At each school, all children in one class for each grade, K-5, were screened.
Description of Sample Population

2097 Child Sample of Clark County Elementary Students from 18 schools

- 409 Kindergarten Students
- 262 First Grade Students
- 266 Second Grade Students
- 310 Third Grade Students
- 430 Fourth Grade Students
- 420 Fifth Grade Students
Sample Population by Demographic: SES

<table>
<thead>
<tr>
<th>SES Level</th>
<th>Number of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower</td>
<td>592</td>
</tr>
<tr>
<td>Lower SSHS</td>
<td>409</td>
</tr>
<tr>
<td>Middle</td>
<td>517</td>
</tr>
<tr>
<td>Upper</td>
<td>579</td>
</tr>
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</table>
Sample Population by Demographic: Race

- Caucasian, 37.6%
- Hispanic, 38.9%
- African American, 12.3%
- Native American, 0.5%
- Asian Pacific Island, 5.8%
- Bi Racial, 3.6%
- Other, 1.3%
Sample Population by Demographic: Gender
Sample Population by Demographic: Age

<table>
<thead>
<tr>
<th>Age of Child</th>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>350</td>
</tr>
<tr>
<td>6</td>
<td>300</td>
</tr>
<tr>
<td>7</td>
<td>250</td>
</tr>
<tr>
<td>8</td>
<td>200</td>
</tr>
<tr>
<td>9</td>
<td>150</td>
</tr>
<tr>
<td>10</td>
<td>100</td>
</tr>
<tr>
<td>11</td>
<td>50</td>
</tr>
<tr>
<td>12</td>
<td>0</td>
</tr>
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</table>
Assessment Process Outline

- Screening Tools: Tool Administrator
  - Mental Health Screening Tool (MHST): Teacher
  - CALOCUS: School Counselor
  - Known Received Services, Report: Counselor

- Screening Process
  - Staff receive training
  - Teachers complete the MHST for all pupils
  - Counselors complete CALOCUS and Known Received Services Report for all children who score positive on MH Screen
Mental Health Screening Tool*

- A brief tool intended for use by non-mental health professional to rapidly screen children and youth ages 5 through adult.
- Developed by California Institute for Mental Health (CIMH), modified for use in Clark County School District.
- Assesses 11 Broad Risk Factors
- Sources of information
  - Personal knowledge
  - Past teachers
  - School medical files
- Scoring
  - Response of “Yes” or “Don’t Know, (DK) on any one item indicates a positive screen.

*See page 8 of packet for sample tool
Mental Health Screening Tool Items

1. Danger to him/herself
2. Physical or sexual abuse
3. Difficult child behaviors
4. Bizarre or unusual behaviors
5. Psychotropic medication
6. Problems with social adjustment
7. Problems with healthy relationships
8. Problems with personal care
9. Functional impairment
10. Problems managing his/her feelings
11. Abuse, alcohol and/or drug
Overall Screening Results

Positive 20.4%  
Negative 79.6%  
N= 2097
Positive Mental Health Tool Screens by Demographics

Percent Positive Screen

- Lower
- Lower SSHS
- Middle
- High

Percent Positive Screen

- Kindergarten
- First
- Second
- Third
- Fourth
- Fifth
Positive Mental Health Tool Screens by Item

<table>
<thead>
<tr>
<th>Item on MH Screening Tool</th>
<th>Number of Children with Positive Response</th>
</tr>
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<tbody>
<tr>
<td>MH 1</td>
<td>41</td>
</tr>
<tr>
<td>MH 2</td>
<td>64</td>
</tr>
<tr>
<td>MH 3</td>
<td>100</td>
</tr>
<tr>
<td>MH 4</td>
<td>50</td>
</tr>
<tr>
<td>MH 5</td>
<td>42</td>
</tr>
<tr>
<td>MH 6</td>
<td>132</td>
</tr>
<tr>
<td>MH 7</td>
<td>100</td>
</tr>
<tr>
<td>MH 8</td>
<td>45</td>
</tr>
<tr>
<td>MH 9</td>
<td>56</td>
</tr>
<tr>
<td>MH 10</td>
<td>159</td>
</tr>
<tr>
<td>MH 11</td>
<td>2</td>
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</table>
Results of MHST

- The MHST showed in 427 children positive screens, indicating a potential problem.
- Positive MHST resulted in a subsequent administration of the CALOCUS by school counselor.
CALOCUS*

- Child and Adolescent Level of Care Utilization System
- Designed for use by experienced child, adolescence, and family clinicians
- Appropriate for ages 6-18
- Thoroughly tested for validity & reliability
  - Valid when compared with Child and Adolescent Functional Assessment Scale (CAFAS) and the Child Global Assessment Scale (CGAS).

*See page 9 & 10 of packet for sample tool & Info.
CALOCUS

- Underlying structure is derived from the Level of Care Utilization System for Adults (LOCUS).
- The CALOCUS takes into account the importance of the parents and care giving support system for children and adolescents, as well as the ability to consider developmental disorders.
- The CALOCUS links a clinical assessment with standardized levels of care.
Eight Dimensions Assessed by the CALOCUS

1. Risk of Harm- to self or others
2. Functional Status- Is the disorder impacting their ability to do normal things
3. Co-Morbidity- Children with 2 or more problems (i.e., depressed & develop. delayed)
4. Recovery Environment (Stress)
5. Recovery Environment (Strengths) {Amount of Support / Stress from home environment}
6. Resiliency and Treatment History
7. Engagement (Parents/Caregivers)
8. Engagement (Youth)
CALOCUS Tool Predicts the Following Levels of Care

Zero   No Mental Health Need
One    Resiliency and Health Management
Two    Outpatient Services
Three  Intensive Outpatient Services
Four   Intensive Integrated Services
Five   Non-Secure 24 Hour Services
Six    Secure 24 Hour Services

Can qualify as S.E.D. by NV state Definition
### CALOCUS Scores by Predicted Levels of Care

<table>
<thead>
<tr>
<th>Zero</th>
<th>One</th>
<th>Two</th>
<th>Three</th>
<th>Four</th>
<th>Five</th>
<th>Six</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>130</td>
<td>51</td>
<td>97</td>
<td>63</td>
<td>47</td>
<td>16</td>
</tr>
</tbody>
</table>

N = 427

Predicted Level on the CALOCUS
CALOCUS Levels by Grade

N=2097
CALOCUS Levels by SES

Percent of Children

N = 2097
## Predicted Level of Care by Percent of Sampled Population

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Negative on MH Screen</td>
<td>79.6%</td>
</tr>
<tr>
<td>1</td>
<td>Zero No Mental Health Need</td>
<td>1.1%</td>
</tr>
<tr>
<td>2</td>
<td>One Resiliency/Health Mgt</td>
<td>6.2%</td>
</tr>
<tr>
<td>3</td>
<td>Two Outpatient Services</td>
<td>2.4%</td>
</tr>
<tr>
<td>4</td>
<td>Three Intensive Outpatient Services</td>
<td>4.6%</td>
</tr>
<tr>
<td>5</td>
<td>Four Intensive Integrated</td>
<td>3.0%</td>
</tr>
<tr>
<td>6</td>
<td>Five Non-Secure 24 Hr</td>
<td>2.2%</td>
</tr>
<tr>
<td></td>
<td>Six Secure 24 Hr</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

N=2097
Levels by 8 CALOCUS Dimensions

Risk of Harm
Functional Status
Co-Morbidity
Home Env Stress
Home Env Strengths
Resiliency of Child
Parents Engagement
Youth Engagement

N= 427
51 Children Assessed at CALOCUS Level 2

- 13 receiving school services
  - 5 Guidance
  - 4 Group Counseling
  - 6 Individual Counseling
  - 3 Speech (2 only speech)

- 1 receiving medications

- 1 receiving outside counseling

N=427  
Ratio 13:51
223 Children Assessed at CALOCUS Level 3 & Above

- 76 receiving school services
  - 21 Guidance
  - 43 Group Counseling
  - 28 Individual Counseling
  - 1 Family Counseling
  - 4 Behavior Contracts
  - 5 Anger Management
  - 5 Speech (4 only speech)
- 15 Receiving medications
- 10 Receiving outside services

N=427  Ratio 76:223
Projected Needs of Entire Elementary Population

- Level 2 Services for 3119
- Level 3 Services for 5978
- Level 4+ Services for 7797

Total District Elementary Need:

16,894 Students are in need of some level of care. Approximately 2/3 (11,150) are currently receiving no school services.
Immediate Outcomes of Study

- Increased Teacher and Counselor awareness at participating schools
- Immediate services for some children identified through the study
- Identified specific levels and areas of need in district
Long-Term Outcome of Study

Proposed Improvements to Delivery of Service System For Elementary School-Aged Children
Proposal Goals & Objectives

Goal: Remove barriers to academic achievement.

Objectives:
- Early identification of social-emotional and behavioral needs of elementary school-aged children
- Increased access to student intervention services (classroom modeling/small group and individual counseling)
- Seamless delivery of services
- Connect to parents of children with needs
- Establish linkages to community services
Description of Problem

- Areas Showing the Most Need
  - Child behaviors
  - Problems with social adjustment
  - Problems with healthy relationships
  - Problems managing his/her feelings

If these areas remain unaddressed a child’s chances of success in the areas of academic achievement and healthy social development are greatly decreased. Additionally, unmet social-emotional and behavioral needs of students result in costly correctional and mental health interventions.
Strengths Assessment

- Collaboration exists across all agencies
  - Safe Schools Healthy Students Project/Neighborhood Care Centers/Mental Health Consortium/Truancy Diversion Project

- The Student Intervention Team (SIT)*
  - Currently exists at elementary school sites and the process includes a multidisciplinary problem-solving model and includes pre and post assessments, as well as intensive interventions.

- SIT includes teachers, related services staff, and administrators.

*See page 11 of packet for Sit flow chart
Weaknesses Assessment

- A pattern of increasing resources at a lower rate than growth result in an actual decrease in availability of resources.
- CCSD does not meet staffing standards of other urban School districts.

<table>
<thead>
<tr>
<th>District</th>
<th>Chicago</th>
<th>Miami-Dade</th>
<th>Clark County (Las Vegas)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Population</td>
<td>438,589</td>
<td>359,191</td>
<td>268,357</td>
</tr>
<tr>
<td># of School Social Workers</td>
<td>Approx. 300</td>
<td>140</td>
<td>10</td>
</tr>
</tbody>
</table>
Plan of Action

- Adopt New Standards
  - Adequate vs. Best delivery of services (Iowa)
  - Delivery of services will be tracked through CCSD information systems (ENCORE).
  - Expanded delivery of services from School Psychologists and Social Workers (intervention focus, beyond the current assessment and referral roles).
Plan of Action cont...:
Additional Resources

- Requested additional resources for this project
  50 additional positions to be filled by a combination of School Psychologists, Social Workers, contract positions.
  Minimal additional facility space, data systems, or administrative supervision will be required

- Benefits:
  All elementary School Psychologists will be assigned one school assignment (2-3 school assignments now exist).
  A broad-based delivery of services will be provided by School Psychologists and Social Workers.
Changing the Cultural of Helplessness

CURRENT CULTURE

Extreme scarcity of resources and available services led to a feeling of futility among school staff. As a result staff have reported the practice of not referring for services.

CHANGE

Increased access and availability for students and school staff through collaborative efforts to expand the community resource pool.
New Picture of School-Community Interaction

- **Prevention Level**: 15% SIT Services
- **Promotion Level**: 80% Supplement Classroom Supports Social Health
- **Intervention Level**: 5% Outside Services

Target Population
District Commitment

- One “delivery of service” day, per week will be devoted to intervention services for elementary-aged students by existing and new staff.
- Ten additional social workers (2 per region) will be assigned full-time school support duties for the elementary students.
- Early intervention (referring to level of severity) will be prioritized.