

SCHOOL-BASED SOLUTIONS TO THE MENTAL HEALTH CRISIS



About Our Presenter

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“Partners In School-Based Mental Wellness”



Zack Schwartz has been with Sage Day since 2004. He is responsible for oversight and supervision of all Sage Thrive programs in NJ. He recently completed his post-graduate training to become a certified psychoanalyst.



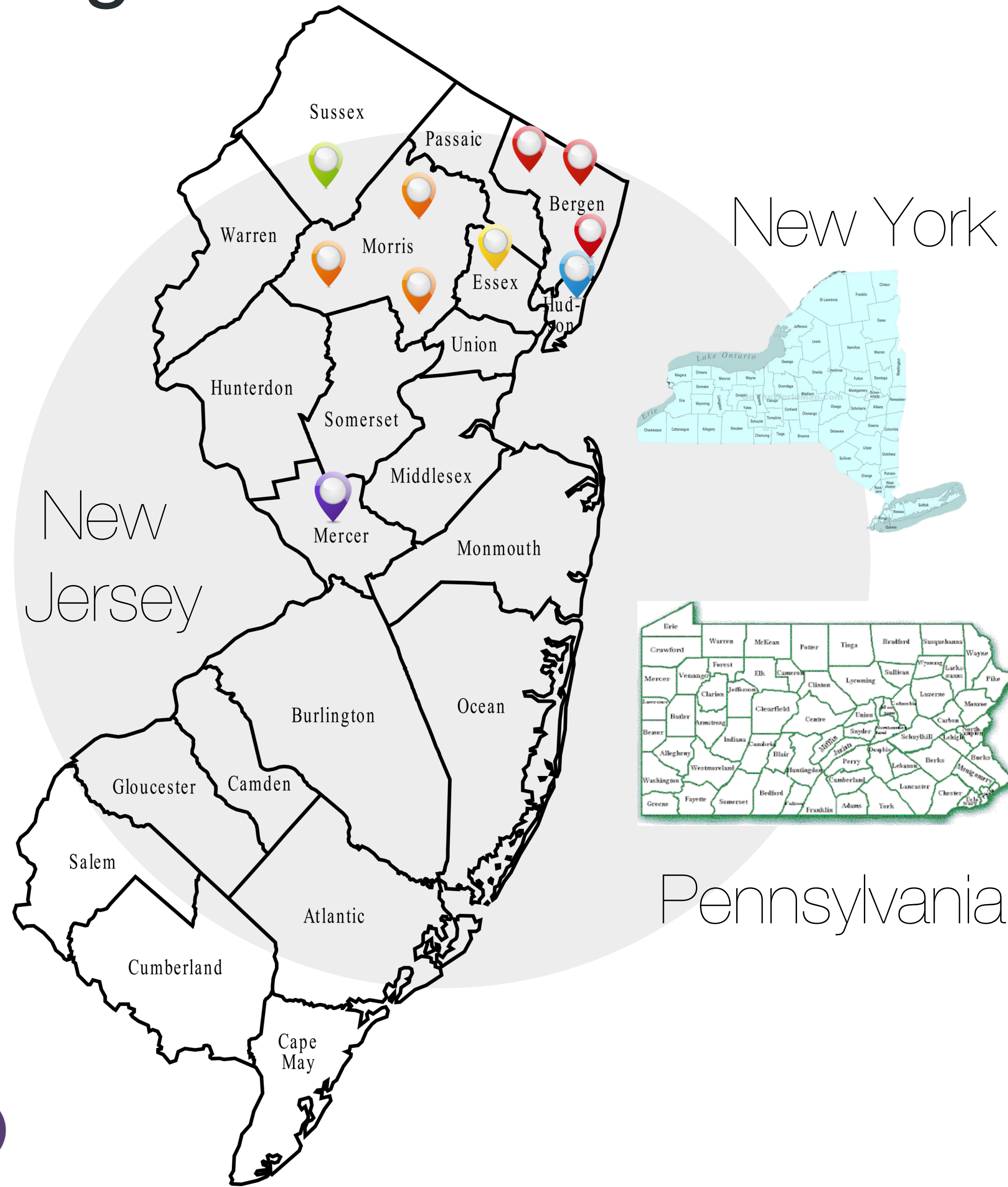
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Sage Thrive Locations



- Byram Elementary School
- Byram Middle School
- Glen Rock Middle School
- Glen Rock High School
- Great Oaks Legacy Elementary School
- Great Oaks Legacy Middle School
- Lawrence Middle School
- Lawrence High School
- Mountain Lakes Elementary School
- Mountain Lakes Middle School
- Mountain Lakes High School
- Paramus High School
- Indian Hills High School
- Randolph Middle School
- Randolph High School
- Roxbury Elementary School
- Roxbury Middle School
- Roxbury High School
- Weehawken Elementary School
- Weehawken High School





Sage Day Therapeutic Approach

The Sage Day Schools are private, accredited, therapeutic schools located in Rochelle Park, Boonton, Mahwah and Hamilton, NJ for students in grades 4 through 12 who need a small, personalized learning environment. We complement our strong academics with a comprehensive clinical program in which intensive individual, group and family therapy are fully integrated into the school curriculum.



Post-Webinar Survey Link

<https://www.surveymonkey.com/r/H37DZY7>



Agenda

In This Webinar We Will Be Covering..

History & Evolution of School-Based Mental Health

Child & Adolescent Mental Health Statistics

Traditional vs. Intensive School-Based Counseling

Negotiating Parent/Guardian School-Based Mental Health Expectations

Comprehensive School-Based Counseling Program

Tiered System of School-Based Counseling

Strategies For Program Implementation

Collecting and Utilizing Data



Evolution of School-Based Mental Health Timeline

During the Progressive Era, mental health introduced into schools



Special education programs became mandatory through IDEA

Comprehensive Mental Health Services for Children & Families Program

Origin of Sage Thrive Services

1890s-1930s	1950s-1960s	1975	1980s	1992	LATE 1990s	2008
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Students sent to mental health clinics (vs. schools)

School-Based Health Centers institutionalized-45,000 nurses in schools



Proliferation of school-based mental health programs
>Emotional issues acknowledged



Child and Adolescent Mental Health Statistics

20%

of youths aged 13-18 live with a mental health condition

50%

of all mental illness begins by age 14

25%

Emotionally Disturbed classification increased by 25% from 1976/77 (283,000)-2013/14 (354,000)

24%

Rate of suicide in teenagers from 1999 to 2014 has increased by 24% from 10.5 per 100,000 people to 13 per 100,000 people

22%

of HS students have been offered, sold or given illegal substances on school premises

2-5%

School refusal: 2%-5% of students nationally



School-Based Counseling: General Indicators & Specific Issues



>General Indicators

- Deterioration in academic grades/work completion
- Decrease in school and/or class attendance
- Increase in behavioral incidents
- Social withdrawal or isolation
- Unaffected by consequences

>Specific Issues

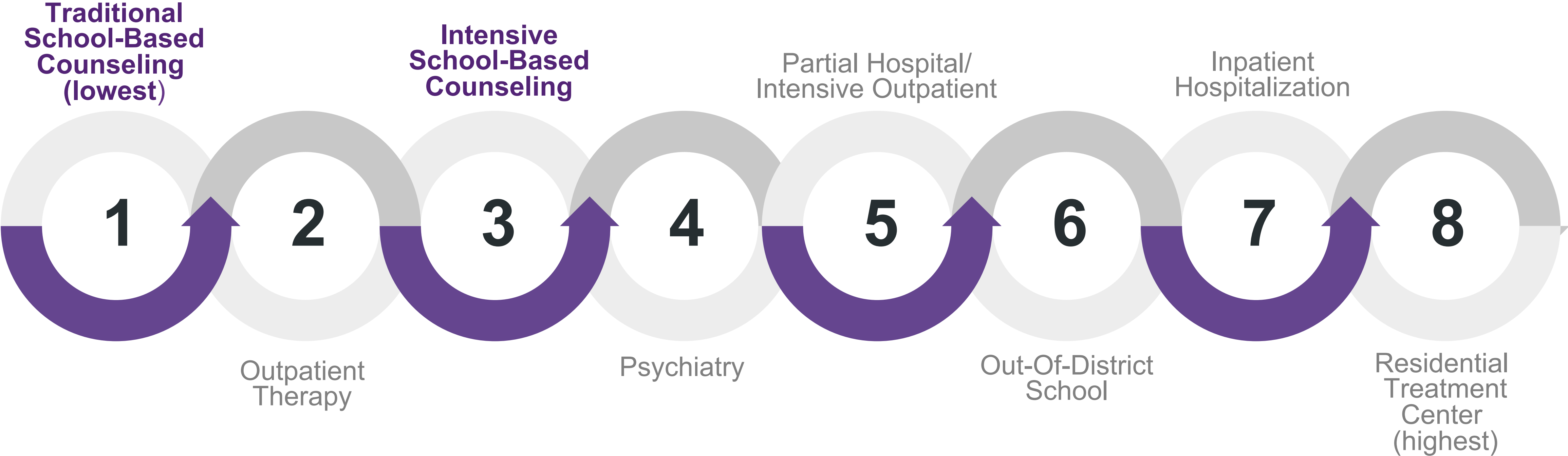
- Depression, Anxiety, School Refusal, Mood Dysregulation, Self-Injury, Impulsivity, Oppositional Defiance, Attention/Focus Struggles, Peer/Family Conflict, etc.

>Additional Considerations

- Lack of indicators for higher functioning students

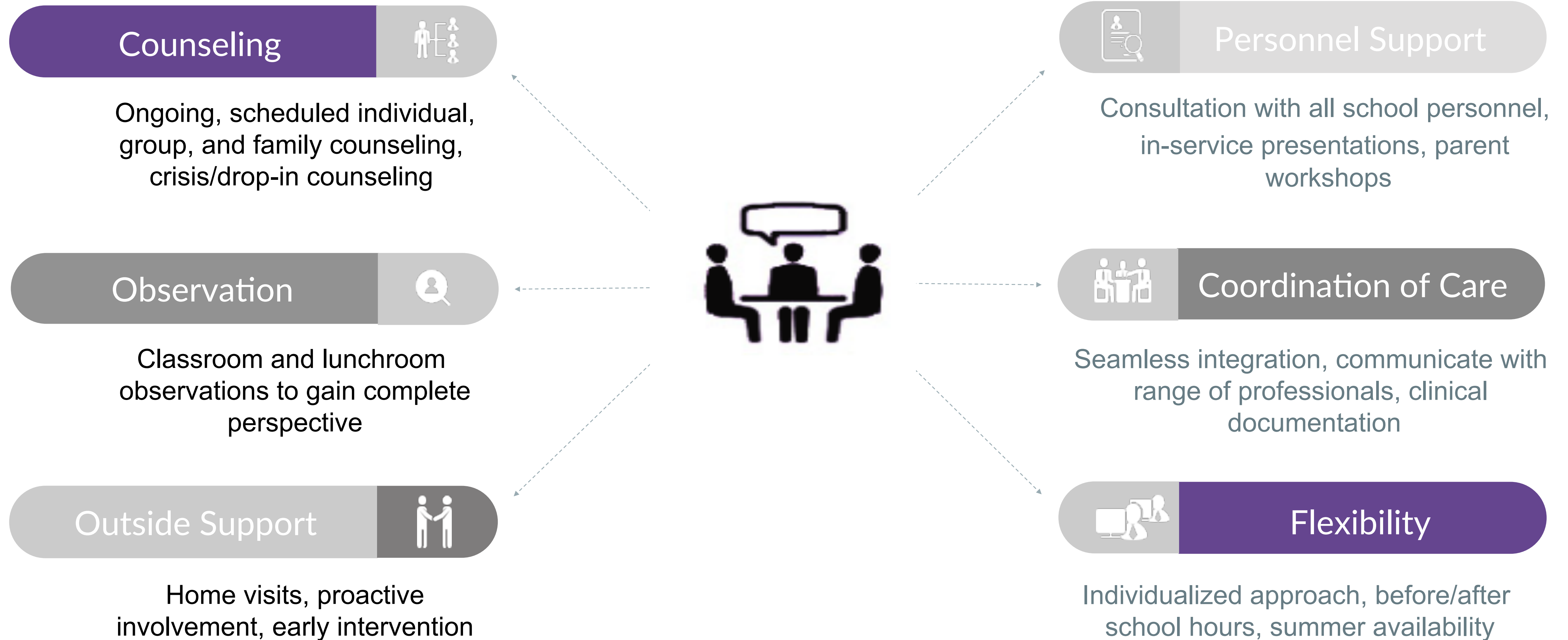


School-Based Counseling & Continuum of Care



What Is Comprehensive School-Based Counseling?

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Negotiating Parent/Guardian Expectations

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Societal Culture & Expectations

One Stop Shopping-Amazon, Target, Home Depot

Shift in paradigm and perception about parent involvement

“Everyone is responsible, no one is to blame”,
“What is your plan?”, “We need your help”

Getting both parents involved whenever possible

Emails, phone calls, meetings

Change overall framework from
Provider to *Partner*

Work hard, but not harder



Foundational Strategy: Tiered System

Tier	Counseling/ Frequency	Referral Reason	Student Classification	School Personnel
Tier 1 (lowest level)	<ul style="list-style-type: none"> Traditional School-Based Drop-in or as needed 	<ul style="list-style-type: none"> General support, basic problem solving, recent struggles with teachers, peers, homework 	<ul style="list-style-type: none"> Primarily general education 	<ul style="list-style-type: none"> Guidance Counselor with standard training or SAC
Tier 2 (mid level)	<ul style="list-style-type: none"> Traditional School-Based Short-term, weekly 	<ul style="list-style-type: none"> Attendance, grades or discipline issues, moderate emotional or behavioral issues, some history of struggles or emerging concerns 	<ul style="list-style-type: none"> General education with 504 or I & RS Special education to support basic IEP goals 	<ul style="list-style-type: none"> SAC or Guidance Counselor CST Social Worker or Psychologist Additional training or consultation
Tier 3 (highest level)	<ul style="list-style-type: none"> Intensive School-Based Long-term, multiple times per week Multiple modalities 	<ul style="list-style-type: none"> Time consuming, higher risk, school refusal, depression, anxiety, abuse or neglect, suicidal ideation, self-injury, history of higher level of care 	<ul style="list-style-type: none"> Primarily special education with counseling provided as a related service 	<ul style="list-style-type: none"> CST Social Worker or Psychologist with advanced training and licensure Sage Thrive Clinician



Additional Strategies

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IMPLEMENTING A SCHOOL-BASED COUNSELING PROGRAM



Create referral questionnaire based on criteria to determine appropriate tier



Assignment of gatekeeper(s)

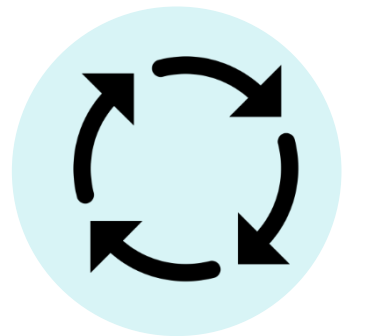


Intake/Assessment Process



Develop Mental Health Provider List

Streamlined Process for Suicidal Ideation
and/or Self-Injury



Funding of Comprehensive School-
Based Counseling Program
>SAMHSA, IDEA/CEIS, Medicaid, ESSA



Program Branding/Awareness



Collecting and Utilizing Data



- Create shared Google Doc to allow for greater access
- Basic Information: Name, Grade, Classification Status
- Reason for Referral: Anxiety, School Refusal, Impulsivity, Social Skills, etc.
- Frequency and modality of counseling
- Changes in grades, attendance or discipline
- Retained in-district or returned from out-of-district
- Change in tiers, discharge or recidivism
- History of suicidal ideation, substance use, screenings



Retention & Savings Data

437

Students received
counseling during the
2016-2017 school year

97.7%

Students were
retained in their
school district

\$500K

Average district net
savings per year

427

Students
remained in-
district

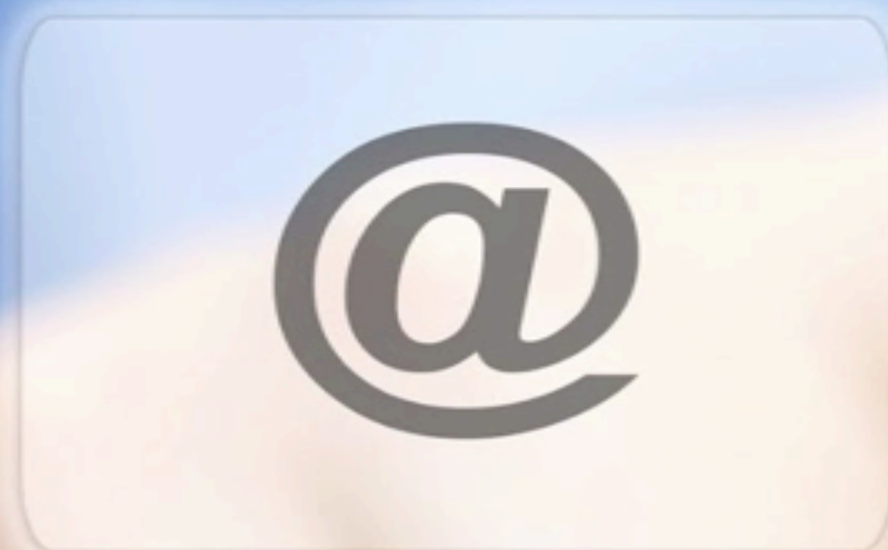
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Average student
caseload per
Sage Clinician



Q&A

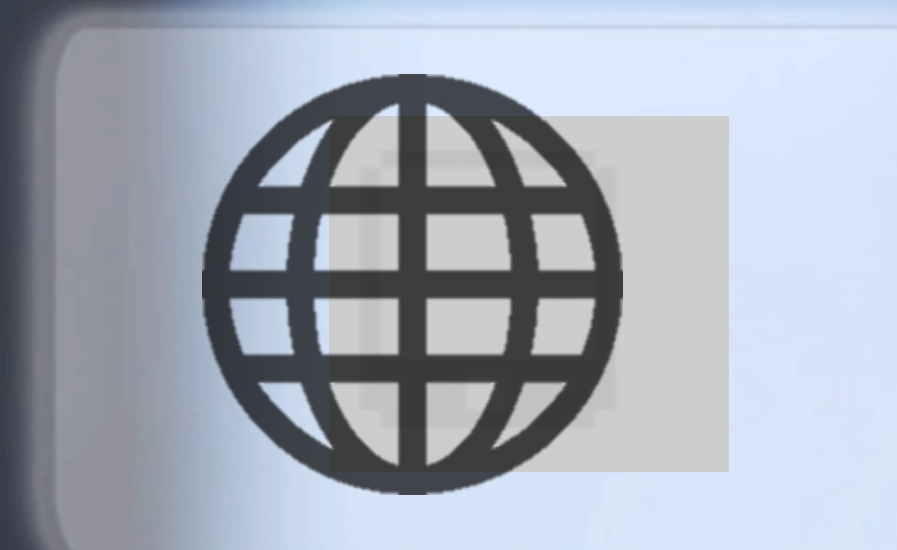
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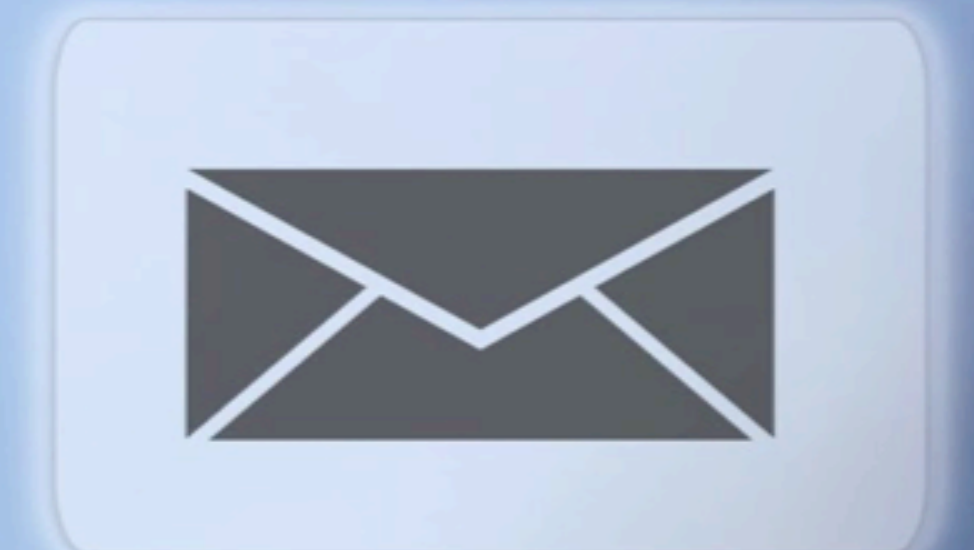
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