



South Community School Programs Valley View Schools

Valley View Board of Education
July 7, 2019



Introduction

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- Our history with **Valley View Schools**
- Services we provide and meeting the needs of the district
- Staffing
- Referral Process

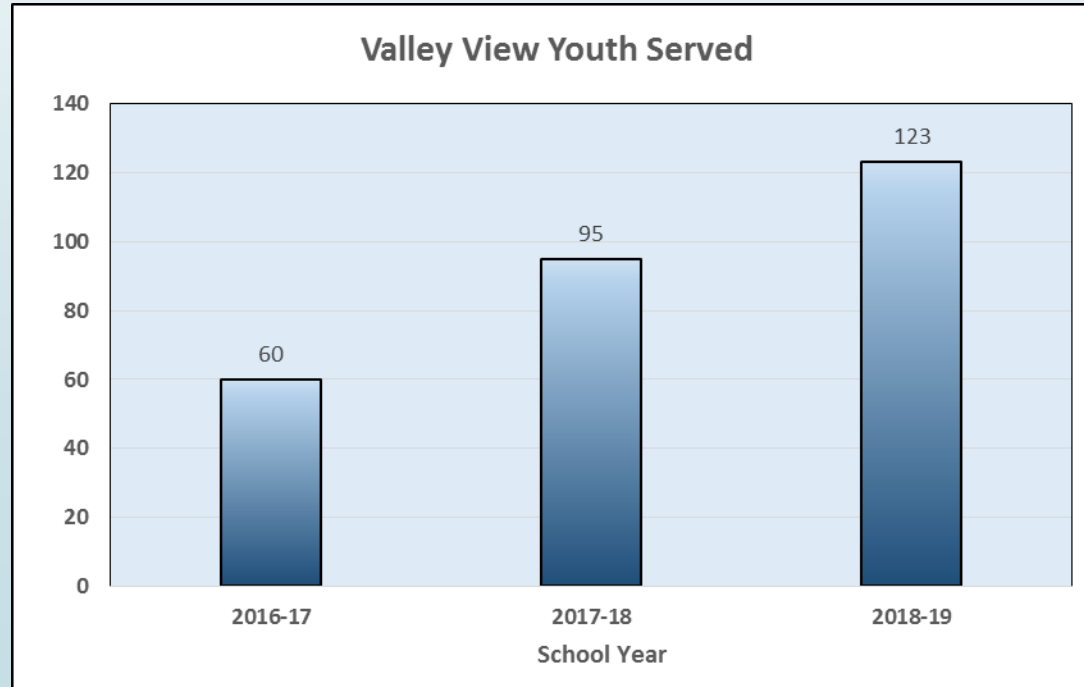


The Youth We Serve



The Youth We Serve

- We served **123 Valley View Youth** in the schools this past school year; almost 300 over the past three years
- We served an *additional* 21 Valley View Youth in 2018-19 NOT in this program



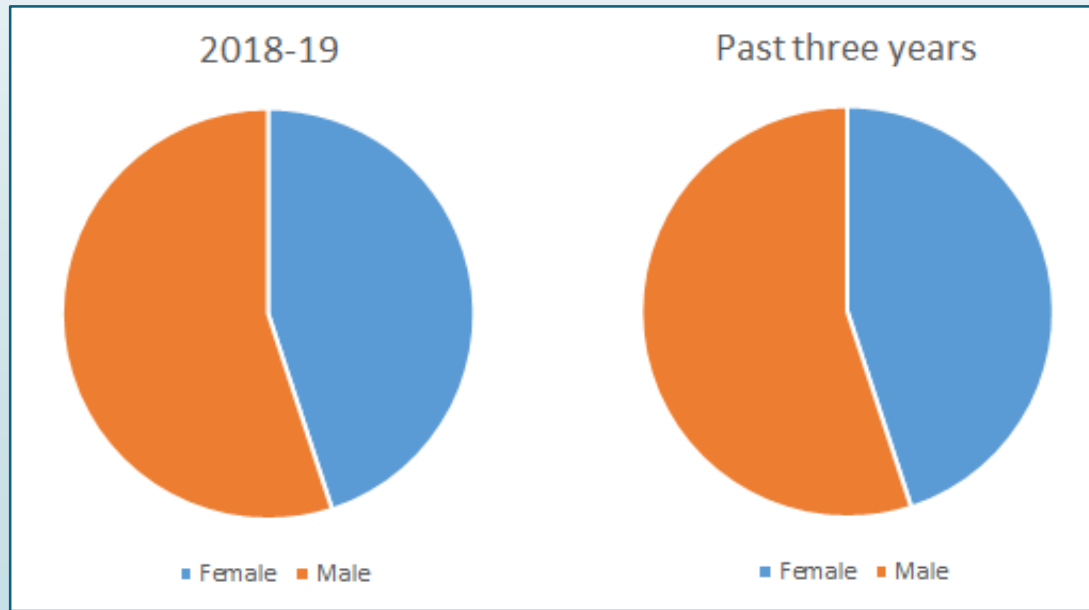
School Year	#
2016-17	60
2017-18	95
2018-19	123



The Youth We Serve

By Gender

- Consistently, we serve slightly more males than females



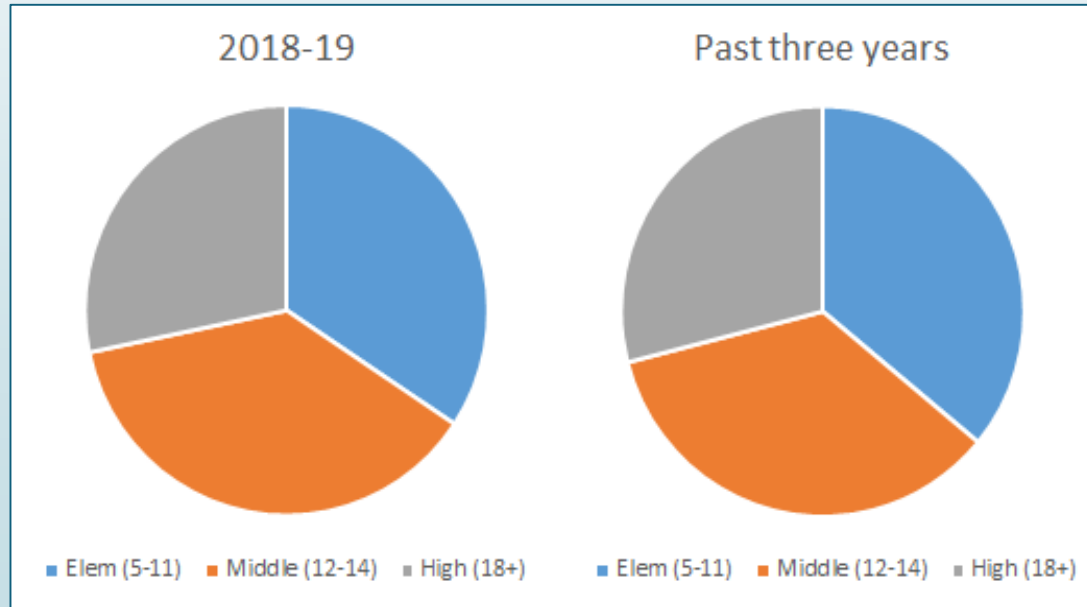
Gender	2018-19	Past three years
Female	45%	45%
Male	55%	55%



The Youth We Serve

By Age

- This shows the age of the Valley View Youth served'
- Clients are fairly evenly distributed by age with 71% in Elementary & Middle Schools



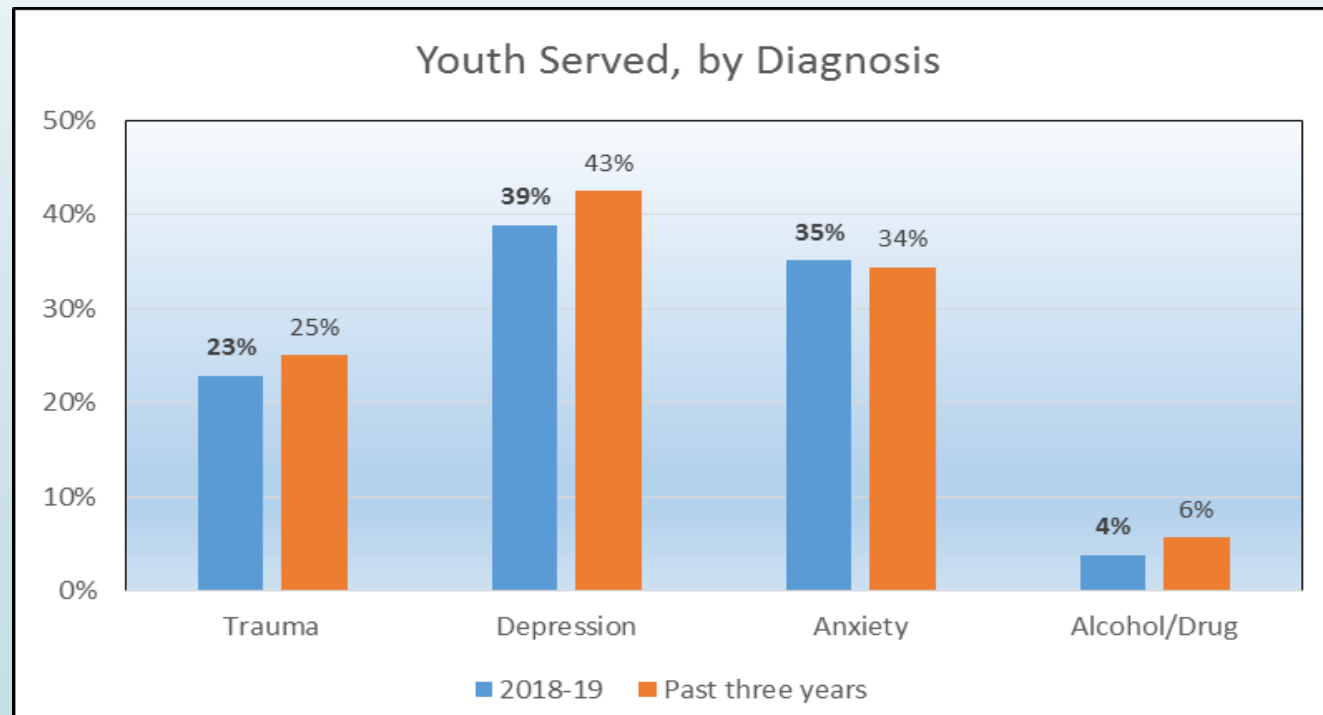
Age	2018-19	Past three years
Elem (5-11)	34%	36%
Middle (12-14)	37%	35%
High (18+)	28%	29%



The Youth We Serve

By Diagnosis:

- This graph shows the diagnostic breakdown of all Valley View students
- Most Youth served had multiple diagnoses



The Youth We Serve

Lethality Assessments:

- What they are & when used
- Lethality Assessments Completed (School Year 2017-18 only): **64**
- Individual Youth Assessed for Lethality this past year: **29**



Satisfaction with Services



Satisfaction with Services

Purpose of Satisfaction Surveys:

To attain valuable feedback from the **Youth and their Parents**. This helps us to assure we are meeting the needs of our clients and providing good customer service.

What We Measure:

- *Overall Satisfaction; Helpfulness of Services; Involvement in the Treatment; Respect by Staff*
- Both Youth and Parents are asked if they would *Recommend the Services to Others* – this has been documented as a strong indicator of overall satisfaction
- We compared these measures based on the *frequency and duration* of the services for each Youth

Scaling and Target Goals:

Youth and their Parents are asked to rate each measure from “1” *Completely Dissatisfied* to “5” *Completely Satisfied*. **The agency set a Target Goal of 4.0 overall score**

Survey Administration:

Surveys are provided to the Youth and their Parents at the end of treatment (typically end of the school year)



Satisfaction with Services

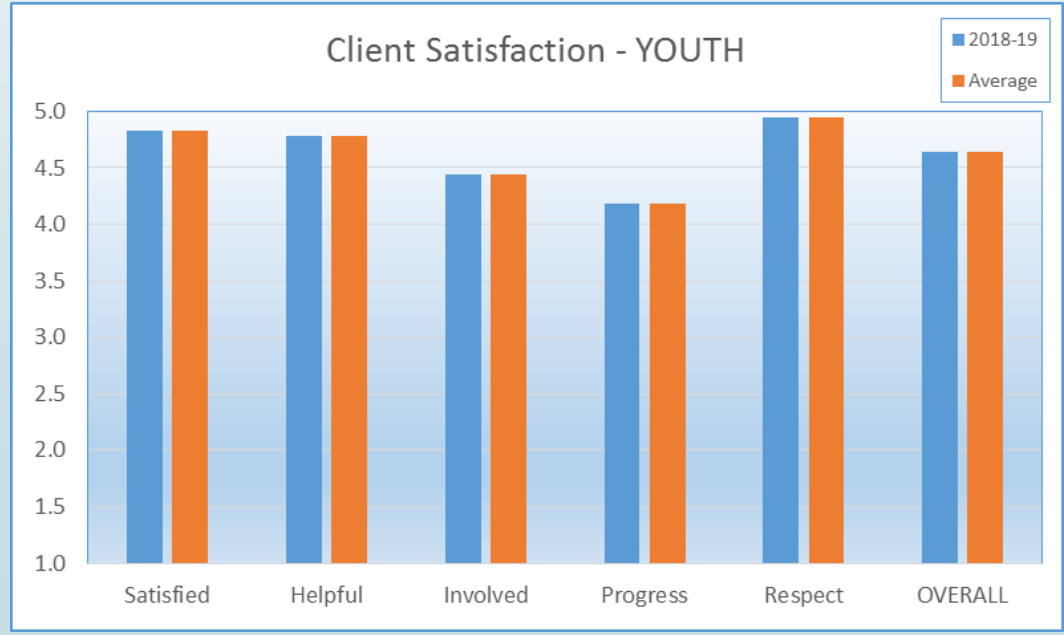
Here is what we found

- **Surveys returned:**
about 61% of YOUTH and 31% of Parents completed and returned a survey
- **By Frequency/Duration of Services:**
 - typically, Youth and their Parents tend to rate services more positively when they receive more frequent services for a longer period of time
 - We saw no trends based on these factors this year.
- **By Youth's Choice to Receive Services:**
 - It is common that Youth who reported they voluntarily sought out treatment to rate services more positively than those who did not
 - Although those with at least some say in participating rated services as more helpful, there was very little differences in the other measures



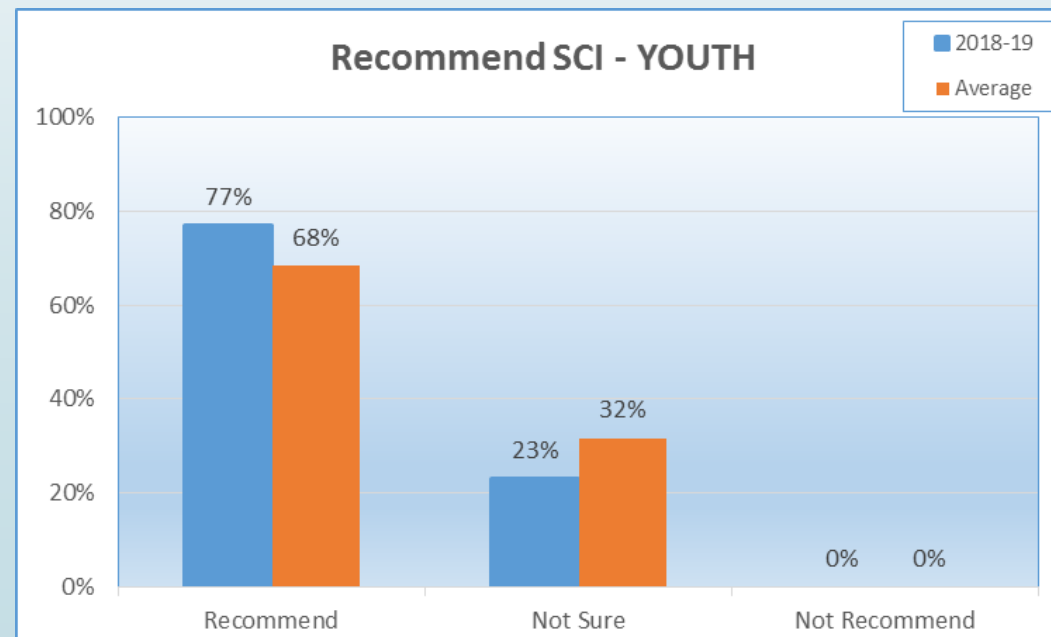
Satisfaction with Services - YOUTH

- The graph below shows you the average score for each of the five measures AND the Overall Satisfaction Score
- It is clear that the agency easily met the 4.0 Target Goal (4.6) for YOUTH
- Strengths: *Respect, Satisfied with Services, Helpful*



Satisfaction with Services - YOUTH

- The large majority of YOUTH – 77% this past year – indicated that they would recommend services they received to others in need
- This rate is slightly higher than the average over past years
- NO Youth indicated they would NOT recommend services!
- **YOUTH Comments** are on the next slide



Positive Comments

1. It was really nice to finally have someone to talk to.
2. South Community has really helped me over the years, especially after my really close friend passed away.
3. I recommend South Community for others in need.
4. My counselor understands me. I highly recommend South Community.
5. Seeing Lathe honestly was a really good decision.
6. It has been really nice to be able to talk to him and to have help from SCI.
7. I've always been respected and I've always gotten the proper attention/treatment I've needed.
8. Have never let me down.
9. It's very helpful and I can be myself.
10. It helped a lot.
11. I couldn't ask for a better service. This is everything I could hope to gain
12. He is very kind and is a good listener.
13. It helps to talk about what goes on when feeling alone.
14. If you have major problems they are good.
15. I'M DOING THIS IN HIGH SCHOOL.
16. they help me not get mad or sad.
17. I get stress off my chest.
18. It helps me and takes all my problems out.
19. I THINK IT IS HELPFUL.
20. I love Mrs. Linsey as my therapist.
21. Whenever I need help it is easy for me to just ask.
22. I feel good telling her things.
23. They will help you with stuff.
24. Lathe is great to talk to, been awesome to have a therapist like him.

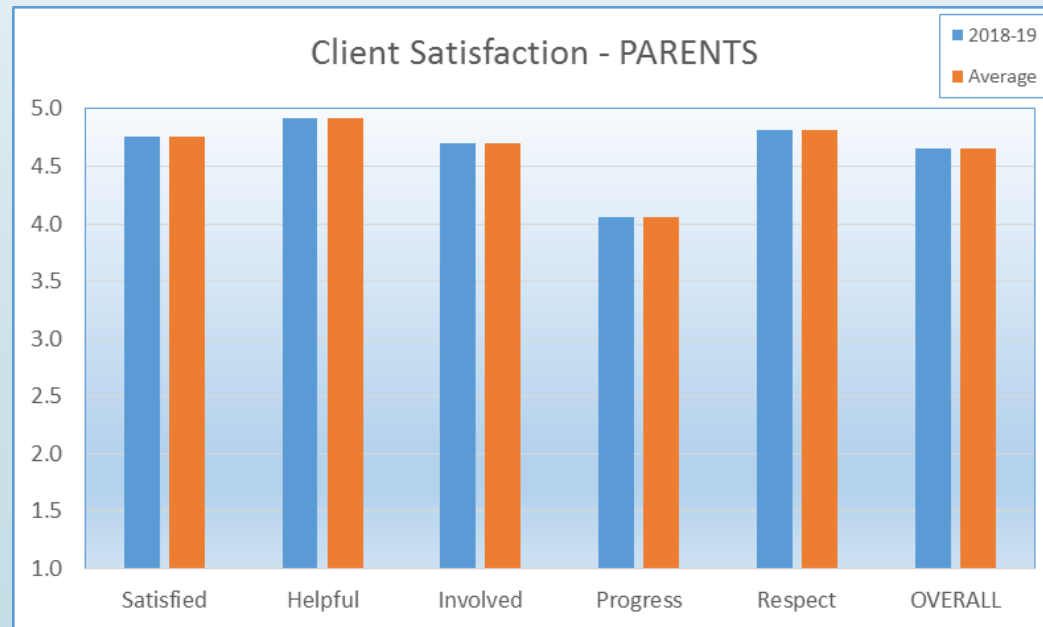
Recommendations for Improvement

1. I don't meet as often as I would like.



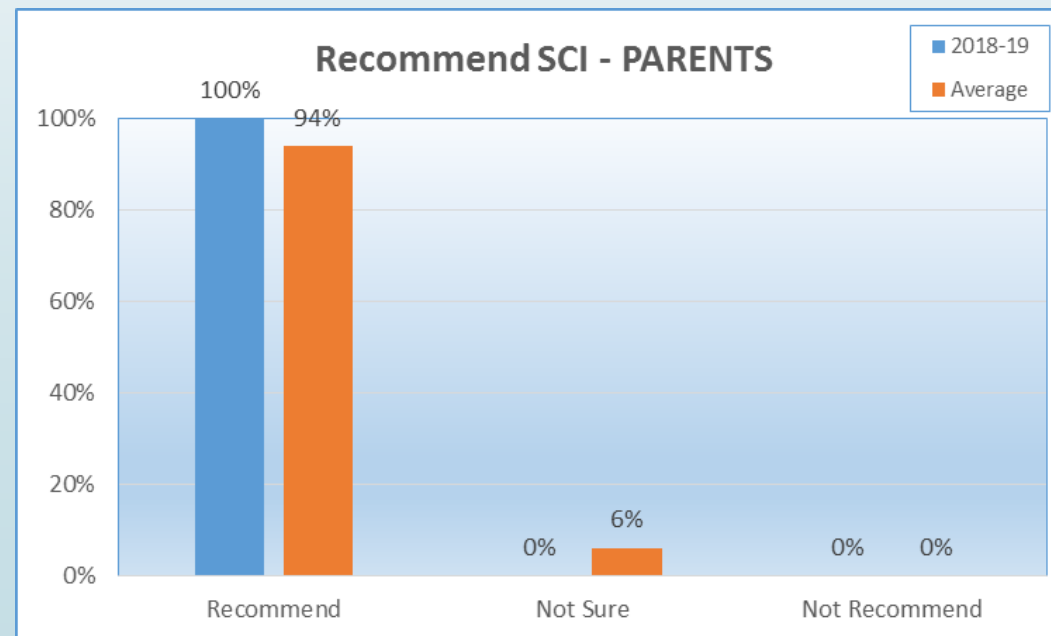
Satisfaction with Services - PARENTS

- The graph below shows you the average score for each of the five measures AND the Overall Satisfaction Score for PARENTS
- Similar to the Youth, ratings tended to be very positive and again easily met the 4.0 Target Goal (4.6)



Satisfaction with Services - PARENTS

- ALL of the Parents – 100% this past year – indicated that they would recommend services their child received to others
- This rate is slightly higher than the average over past years
- **PARENT Comments** are on the next slide



Positive Comments

1. This service has helped (my daughter) a lot. She finds comfort in being able to talk to Ms. Linsey. She looks forward to it when she's having troubles.
2. Keep up the good work.
3. I think (my son) has made great progress.
4. I love the fact Ms. Linsey goes above and beyond to help kids.
5. I feel that SCI has had a very large role in facilitating the overall wellness of (my son). When he has needed it the most he has been well taken care of!
6. No longer breaks pencil and is able to complete homework with no frustration.
7. IEP meeting had some good reports.
8. I feel ok & have seen a positive change in (my son)
9. Linsey is an amazing resource!
10. IT'S ALL BEEN GREAT FOR (my daughter).
11. Extremely helpful.
12. Amazing!!
13. Always want my input.
14. WE LOVE LINSEY, (My daughter) HAS REALLY CONNECTED AND FEELS "SAFE". MY ONLY WISH IS SHE HAD 80 MORE HOURS A WEEK.
15. (My daughter) has had her best year ever!
16. (My daughter) feels better knowing she has support at home and school.
17. (My daughter) HAS BEEN WITH SCI SINCE 6TH GRADE. SHE HAD DEVELOPED MORE AND MORE EACH YEAR WITH THIS HELP. SHE WOULD NOT BE THE WONDERFUL PERSON SHE IS WITHOUT THEM

Recommendations for Improvement

1. I feel the schools could use twice the counselors to assist the students.
2. I can't find anyone anywhere else and will be unhappy not being able to see Linsey next year.
3. Need to know more to be able to help them at home.
4. NOT SURE WHAT WE WILL DO NEXT YEAR....
5. Would like (my daughter) seen more often.
6. AFTER HAVING A DEATH OF A STUDENT AT OUR SCHOOL I PRAY THEY CAN RECEIVE TWICE THE AMOUNT OF COUNSELORS TO IMPACT OUR STUDENTS



Effectiveness of Services

Effectiveness of Services

DSM-5 Cross Cutting Symptom Measure

- “emerging measure” developed by the American Psychiatric Association
- Designed for clinical and program evaluation
- Administered to both YOUTH and their PARENTS at the start and end of services
- Respondents are asked to rate the degree to which a number of areas may impact the Youth’s emotional and mental health

Effectiveness of Services

The most commonly reported “significant” Problem Areas

- Those reported by YOUTH and their Parents as an area of functioning in which there is either a “*moderate*” or “*serious*” problems
- **Historically**, Youth and their Parents have most commonly identified symptoms commonly associated with *anxiety, depression, anger* and *inattentiveness*
- **This past school year:** the “Top 6” for Youth were VERY similar to their Parents’ concerns and match those of what we have seen in past years

Historically	
Area	%
Nervousness	36%
Sleep	34%
Attention	33%
Irritability	31%
Anger	31%
Worry	27%

Youth, This School Year	
Area	%
Irritability	35%
Attention	32%
Sleep	27%
Anger	26%
Nervousness	23%
Worry	23%

Parents, This School Year	
Area	%
Attention	40%
Irritability	32%
Anger	32%
Sleep	27%
Worry	22%
Nervousness	18%



Effectiveness of Services

HIGH RISK Problem Areas

- The DSM-5 Cross-cutting Measures also let us look at areas of high risk – including **reported substance abuse** and **suicidality**
- **At intake:**
 - 12% of YOUTH indicated some type of **substance use/abuse**
 - 17% of YOUTH indicated that they have had **thoughts of suicide** in the past two weeks
 - 10% of YOUTH indicated that they **attempted to kill themselves** in the past

Effectiveness of Services

Client Improvement

- We are able to determine treatment efficacy by comparing the areas of functioning score at the *start* of services to those *at the end*
- We will share the results we found for the most commonly reported problem areas and those of related to high-risk



Effectiveness of Services

Client Improvement - YOUTH

- The table below shows the rate of improvement reported by Youth for the most commonly reported problem areas
- You can see that Youth reported improvement in each of the six areas (range: +26% improvement to +53%)
- High-risk Behaviors
 - **Substance Use:** decreased from 12% to 9%
 - **Thoughts of Suicide:** decreased from 17% to 6%

YOUTH	
Problem Area	% Improve
Irritability	+45%
Attention	+43%
Sleep	+42%
Anger	+26%
Nervousness	+41%
Worry	+53%



Effectiveness of Services

Client Improvement - PARENTS

- The table below shows the rate of improvement, this time reported by Parents
- Parents, like the Youth, reported improvement in each of the six areas (range: +17% improvement to +67%)
- High-risk Behaviors
 - **Substance Use:** decreased from 27% to 14%
 - **Thoughts of Suicide:** There were no follow-up surveys to those students who initially reported suicidal thoughts

PARENTS	
Problem Area	% Improve
Attention	+22%
Irritability	+25%
Anger	+27%
Sleep	+17%
Worry	+17%
Nervousness	+67%



Mental Health & School Performance



Mental Health & School

National Institute of Health (NIH)

- Many studies by the NIH have found a negative effect of *anxiety, depression and trauma* on school performance and behavior
- The impact of these problems is greatly increased in incidence of co-morbidity and accompanying substance use
- *What impact do these problems have?*



Mental Health & School

National Institute of Health (NIH)

Studies have found a strong and consistent correlation between between *anxiety, depression and trauma* for Youth and

- Poor Academic performance – up to one letter grade on average
- Bullying
- Acting out
- School tardiness and absences
- High-risk behaviors
- Increased incidence of self-harm and self-destructive behaviors



Mental Health & School

National Institute of Health (NIH)

Suicide is a preventable cause of death, and any public health relevant effort to prevent youth suicide must include improving access to effective care for at-risk youth as a strategy.

Current Opinion in Pediatrics. 21 (5):628–634, OCT 2009

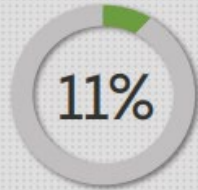


Mental Health Facts CHILDREN & TEENS

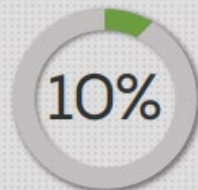
Fact: 1 in 5 children ages 13-18 have, or will have a serious mental illness.¹



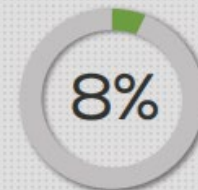
20% of youth ages 13-18 live with a mental health condition¹



11% of youth have a mood disorder¹



10% of youth have a behavior or conduct disorder¹



8% of youth have an anxiety disorder¹

Impact



50%

50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.¹



10 yrs

The average delay between onset of symptoms and intervention is 8-10 years.¹

37%



37% of students with a mental health condition age 14 and older drop out of school—the highest dropout rate of any disability group.¹

70%



70% of youth in state and local juvenile justice systems have a mental illness.¹

Suicide

3rd



Suicide is the 3rd leading cause of death in youth ages 10 - 24.¹



90%

90% of those who died by suicide had an underlying mental illness.¹

¹ This document cites statistics provided by the National Institute of Mental Health, www.nimh.nih.gov

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South



Community

Positive Health Options

Mental Health Facts

CHILDREN & TEENS

Warning Signs

- ! Feeling very sad or withdrawn for more than 2 weeks (e.g., crying regularly, feeling fatigued, feeling unmotivated).
- ! Trying to harm or kill oneself or making plans to do so.
- ! Out-of-control, risk-taking behaviors that can cause harm to self or others.
- ! Sudden overwhelming fear for no reason, sometimes with a racing heart, physical discomfort or fast breathing.
- ! Not eating, throwing up or using laxatives to lose weight; significant weight loss or gain.
- ! Severe mood swings that cause problems in relationships.
- ! Repeated use of drugs or alcohol.
- ! Drastic changes in behavior, personality or sleeping habits (e.g., waking up early and acting agitated).
- ! Extreme difficulty in concentrating or staying still that can lead to failure in school.
- ! Intense worries or fears that get in the way of daily activities like hanging out with friends or going to classes.

4 Things Parents Can Do



Talk with your pediatrician



Get a referral to a mental health specialist



Work with the school



Connect with other families

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twitter.com/NAMIcommunicate



Questions?

