

Fond du Lac County Mental Health Survey:
An Assessment of Mental Health Services for School-age Children
2007

Prepared for:

Comprehensive Service Integration (CSI)
Fond du Lac School District Board of Education

Marian Sheridan—CSI Project Director

Melissa Hayes—CSI School Coordinator
Christie Reese—CSI Community Coordinator
(920)906-6548

Prepared by:

JKV Research, LLC
Janet Kempf Vande Hey, M.S.
W4443 Moore Road
Hilbert, WI 54129
(920)439-1399

Funded by:

U.S. Department of Education, Division of Safe and Drug Free Schools

Table of Contents

<u>Section Title</u>	<u>Page Number</u>
Purpose.....	1
Methodology.....	1
Summary.....	3
Key Findings.....	6
Priority One.....	6
Priority Two.....	13
Priorities Three & Four.....	17
Priority Five.....	20
Appendix A: Questionnaire Frequencies.....	22

<u>Table Title</u>	<u>Page Number</u>
Table 1. Screening Tools Used.....	6
Table 2. Listed a Screening Tool by Demographic Variables.....	7
Table 3. Mental Health Services Currently Available.....	8
Table 4. Listed a Mental Health Service Available by Demographic Variables.....	8
Table 5. Mental Health Services Would Like to Have Available.....	9
Table 6. Listed a Mental Health Service Would Like to Have Available by Demographic Variables.....	9
Table 7. Mental Health Services Available During Non-Working Hours.....	10
Table 8. Listed a Mental Health Service Available During Non-Working Hours by Demographic Variables..	10
Table 9. Listed a Barrier by Demographic Variables.....	11
Table 10. Reported Not Enough Communication by Demographic Variables.....	13
Table 11. Issues Taken Into Account with Academic or Legal Difficulties by Demographic Variables.....	14
Table 12. Chapter 51 NOT Accessed/Used Properly by Demographic Variables.....	15
Table 13. Continuum of Care for Mental Health Services.....	16
Table 14. Listed at Least One Option on the Continuum of Care by Demographic Variables.....	17
Table 15. Mental Health Areas Would Like Additional Training by Demographic Variables.....	18
Table 16. Parent Education or Community Mental Health Trainings.....	19
Table 17. Listed a Parent Education or Community Mental Health Training by Demographic Variables.....	19
Table 18. Mental Health Services for Culturally Diverse Populations by Demographic Variables.....	21

<u>Figure Title</u>	<u>Page Number</u>
Figure 1. Community Position of Respondents.....	1
Figure 2. Services Provided to Students.....	2
Figure 3. Barriers.....	11
Figure 4. Not Enough Communication.....	12
Figure 5. Issues Taken Into Account with Academic or Legal Difficulties.....	14
Figure 6. After Chapter 51, Developed Safe Plan For.....	15
Figure 7. Mental Health Area Trainings.....	18
Figure 8. Mental Health Services for Culturally Diverse Populations.....	20

Purpose

The purpose of this project is to provide Fond du Lac with an assessment of the mental health service system for students in Fond du Lac County. The primary objective is to assess gaps, obstacles, service availability and opportunities as defined by five priority areas.

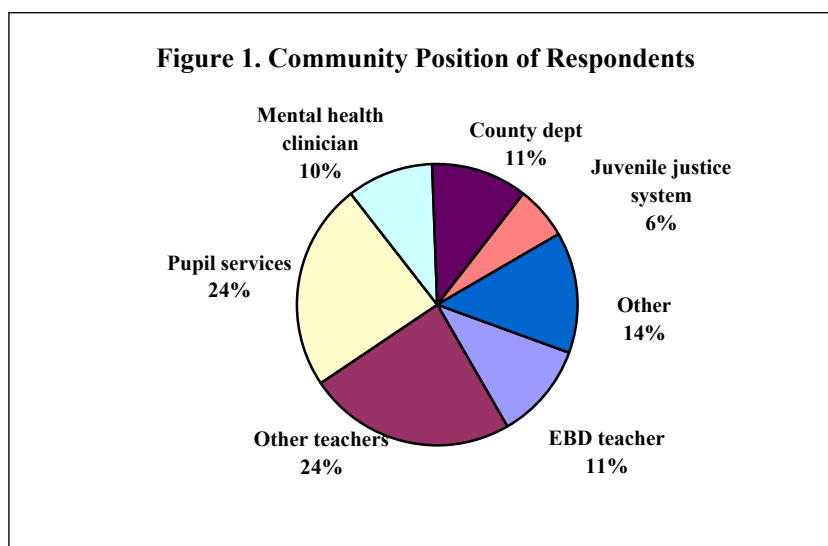
- Priority 1: Collaborative efforts between school-based and mental health systems to improve prevention, diagnosis, and treatment services.
- Priority 2: Enhancing the availability of crisis intervention, appropriate referrals for students in need, and ongoing mental health services.
- Priority 3: Provide training for CSI program school personnel and mental health professionals.
- Priority 4: Provide technical assistance and consultation to school and mental health systems and families participating in the program.
- Priority 5: Provide linguistically appropriate and culturally competent services.

Methodology

The Fond du Lac school district in partnership with local mental health providers, county departments and area hospitals received a U.S. Department of Education, Division of Safe and Drug-Free Schools grant to assess and improve the mental health service system for students in Fond du Lac County.

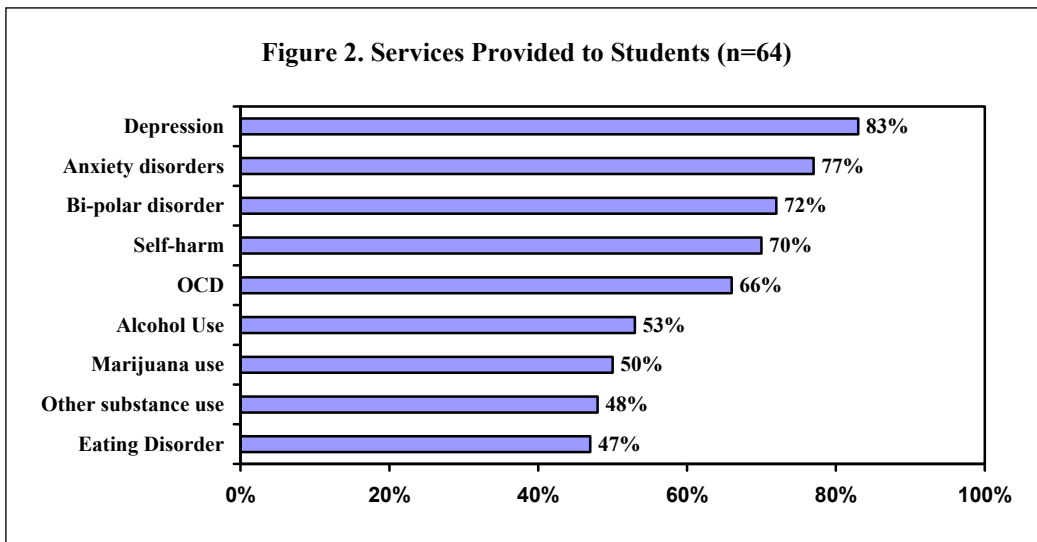
Survey Participants

Survey participants were selected who were knowledgeable about or involved with the mental health service system in Fond du Lac. By using a cross section of individuals, a more complete and accurate measure of the service system will be obtained. Potential survey participants were invited to complete the questionnaire online at their convenience. One-hundred-seventy-four people agreed to participate and were sent an email invitation November 2 with a link to the survey. Approximately one week later, a reminder email was sent to those who had not yet completed the survey. Data collection was closed on November 28. A total of 114 participants completed the survey, for a response rate of 66%. Figure 1 includes the community position of the respondents.



Services Provided

- Fifty-six percent of respondents reported they/their organization provides Fond du Lac students at least one of nine mental health services listed. Depression and anxiety disorders were the most common provided services (83% and 77%, respectively).



Throughout the report, some totals may be more or less than 100% due to rounding, response category distribution and those who did not answer the question. In addition, due to the nature of the sample size, demographic findings are somewhat limited.

Survey management was conducted by JKV Research, LLC. For technical information about survey methodology, contact Janet Kempf Vande Hey, M.S. at (920) 439-1399 or janet.vandehey@jkvresearch.com.

Summary

This research provides valuable information of the mental health service system in Fond du Lac. The following data are highlights; please see the full report for more detailed findings.

Respondent Service Sector		Services Provided (Of 64 Who Provide MH Services)	
EBD teacher	11%	Depression	83%
Other teacher	24%	Anxiety disorders	77%
Pupil services	24%	Bi-polar disorder	72%
County department (DSS, Health dept)	11%	Self-harm	70%
Mental health clinician	10%	Obsessive-compulsive disorder	66%
Juvenile justice system	6%	Alcohol use	53%
Other	14%	Marijuana use	50%
		Other substance use	48%
		Eating disorders	47%

Priority 1: Collaborative efforts between school-based and mental health systems to improve prevention, diagnosis, and treatment services.				
Screening Tools Used		Mental Health Services Available		
4 to 10 Years Old (n=26)		Children	Adoles	Families
BASC	58%	MH outpatient	37%	32%
Child Development Inventory	12%	DCP	18%	16%
Conners Rating Scales	12%	Medical outpatient	11%	10%
11 to 14 Years Old (n=27)		Mental Health Services Would Like to See Available		
BASC	44%	Children		
TeenScreen	19%	More service providers		
Beck Depression Inventory	11%	Mental health outpatient		
Child Development Inventory	11%	ISP		
15 to 18 Years Old (n=34)		Adolescents		
TeenScreen	41%	More service providers		
BASC	29%	Mental health outpatient		
Beck Depression Inventory	15%	Greater access to services		
MH Services Available During Non-Working Hours		Families		
DCP-gatekeeper for out-of-county placement	12%	Greater access to services		
Mental health clinic	12%	More service providers		
Law enforcement	11%	In-home treatment		
Emergency room	10%	Training for parents		
Hotlines/warmlines	10%			
Barriers that May Delay/Prevent Access		Not Enough Communication		
Lack of money	31%	Schools & MH—prevention, diagnosis & treatment services		
Lack of insurance	30%	Community MHP—referral status & follow-up with family, school & other providers		
Lack of knowledge	26%	School, family and service provider—MH concerns in child's life: follow-up & ongoing communication		
Waiting list/too few providers	23%			
Negative perception/stigma	17%			
Lack of providers accepting MA	9%			

Priority 2: Enhancing the availability of crisis intervention, appropriate referrals for students in need, and ongoing mental health services.

Issues Taken into Account When Student Experiencing Academic/Legal Issues		Chapter 51	
		Not Accessed/Used Properly	33%
Cognitive ability	63%	After Chapter 51, Developed Safety Plan for...	
Mental health status	60%	Student (n=52)	62%
Teaching strategy	46%	School classmates and personnel (n=46)	39%
Criminal activity	46%	Family (n=46)	37%
Alcohol use	42%	Community members (n=40)	15%
Other drug use	40%		
Tobacco use	23%		
		Continuum of Care	
		Listed an option on the continuum scale	46%
		Listed an option to fill in the gaps on the scale	39%

Priority 3. Provide training for CSI program school personnel and mental health professionals.

Priority 4. Provide technical assistance and consultation to school and mental health systems and families participating in the program.

Adequately Trained		Would Like Additional Training	
Social & emotional development	45%	Prevention & early detection	48%
Behavior management strategies	41%	Characteristics of MH disorders	47%
Crisis intervention	37%	Suicide prevention	38%
Implementing student safety plans	25%	Implementing student safety plans	37%
Characteristics of MH disorders	24%	Behavior management strategies	36%
Suicide prevention	23%	Social & emotional development	31%
Prevention & early detection	18%	Crisis intervention	29%
Parent Education & Community MH Trainings		Trainings Would Like to See Offered	
	Org Offers	Other Org Offer	
Parent, fam sup/train	14%	11%	Mental health topics/training
MH topics/training	6%	5%	Parent, family support or trainings
Child/adoles support	4%	<1%	Child/adolescent support
Printed information	2%	<1%	Printed information

Priority 5. Provide linguistically appropriate and culturally competent services.

Organization Has...			
Trained interpreters who are not mental health professionals (n=79)	68%	Refer clients to MH professionals who are bilingual & culturally appropriate (n=76)	38%
Materials translated (n=79)	67%	Culturally appropriate crisis intervention plans (n=79)	22%
Family member translates for client (n=77)	47%	On-site MH professionals who are bilingual & culturally appropriate (n=77)	10%
Different strategies based on community or culture (n=80)	45%		

Key Findings

BASC was the most common screening tool for children 4 to 10 years old and 11 to 14 years old while TeenScreen was the most common tool for teens 15 to 18 years old. Very few respondents reported a screening tool they would like to use. Current services for children, adolescents and families were mental health outpatient, DCP and medical outpatient services. The most common services respondents would like to see available involved more providers, better access, and outpatient services. Barriers that may prevent or delay access to mental health services revolved around financial issues, provider issues and the perceived stigma of mental illness. Over half reported schools and mental health providers do not communicate enough about prevention, diagnosis and treatment services. Over one-third reported community mental health providers do not communicate enough about referral status and follow-up with family, school and other providers. One-third reported that school, family and service providers do not communicate enough about mental health concerns in a child's life including follow-up and ongoing communication. The most common reasons for the lack of communication were confidentiality and HIPPA laws.

Out of seven issues that may be taken into account when a student has academic or legal difficulties, 63% of respondents reported they consider a student's cognitive ability while 60% reported considering a student's mental health status. One-third of respondents reported that Chapter 51 (emergency detention) was not accessed or used appropriately, with reasons including youth do not fit the criteria, but there are no other options and more training for police and teachers who do the assessments. After a Chapter 51, about two-thirds reported a student safety plan is developed while other safety plans for school classmates and personnel, family or community members do not happen as often. On the continuum of care for mental health services, there were fewer options the higher on the scale (more restrictive options). When asked to fill in the gaps, again, there were fewer options listed as the scale number increased.

More respondents felt they were adequately trained in the social and emotional development of students (45%), behavior management strategies (41%) and crisis intervention (37%). Respondents would like additional training in prevention/early detection as well as characteristics of mental health disorders (48% and 47%, respectively).

As diversity in Fond du Lac increases, over two-thirds of respondents reported they have trained interpreters who are not mental health professionals or they have materials translated. Nearly half reported a family member translates for the client. Twenty-two percent reported they have culturally appropriate crisis intervention plans while 10% reported they have on-site mental health professionals who are bilingual and culturally appropriate.

Key Findings

Priority 1: Collaborative efforts between school-based and mental health systems to improve prevention, diagnosis, and treatment services.

(Figures 3 & 4; Tables 1 – 10)

KEY FINDINGS: BASC was the most common screening tool for children 4 to 10 years old and 11 to 14 years old while TeenScreen was the most common tool for teens 15 to 18 years old. Very few respondents reported a screening tool they would like to use. Current services for children, adolescents and families were mental health outpatient, DCP and medical outpatient services. The most common services respondents would like to see available involved more providers, better access, and outpatient services. Barriers that may prevent or delay access to mental health services revolved around financial issues, provider issues and the perceived stigma of mental illness. Over half reported schools and mental health providers do not communicate enough about prevention, diagnosis and treatment services. Over one-third reported community mental health providers do not communicate enough about referral status and follow-up with family, school and other providers. One-third reported that school, family and service providers do not communicate enough about mental health concerns in a child’s life including follow-up and ongoing communication. The most common reasons for the lack of communication were confidentiality and HIPPA laws.

Screening Tools Currently Using

- Of the 54 respondents who reported using a screening tool for at least one age group, 48% reported they use screening tools for 4 to 10 year olds, 50% reported screening tools for youth 11 to 14 years old while 63% reported screening tools for teens 15 to 18 years old.
- BASC was the most often listed screening tool for 4 to 10 year old children (58%) followed by Child Development Inventory (12%) and Conners Rating Scale (12%).
- BASC was the most often listed screening tool for children 11 to 14 years old (44%) followed by TeenScreen (19%), Beck Depression Inventory (11%) and Child Development Inventories (11%).
- TeenScreen was the most often listed screening tool for children 15 to 18 years old (41%) followed by BASC (29%) and Beck Depression Inventory (15%).

Table 1. Screening Tools Used

4 to 10 Years Old	11 to 14 Years Old	15 to 18 Years Old
<ul style="list-style-type: none"> • BASC-58% • Child Development Inv-12% • Conners Rating Scales-12% • Reynolds Adolescent Dep Scale-8% • Child Behavior Checklist-8% • Non-specific observation tool-15% • Non-specific student interview-12% • Non-specific teacher interview-8% • Non-specific depression/anxiety screen-8% • All others-54% 1 response each N=26	<ul style="list-style-type: none"> • BASC-44% • TeenScreen-19% • Beck Depression Inv-11% • Child Development Inv-11% • Conners Rating Scales-7% • Child Behavior Checklist-7% • CIT-7% • Prob Oriented Inst for Teen-7% • AODA survey-7% • School nurse-7% • All others-41% 1 response each N=27	<ul style="list-style-type: none"> • TeenScreen-41% • BASC-29% • Beck Depression Inv-15% • CIT-9% • Child Development Inv-6% • Conners Rating Scales-6% • Child Behavior Checklist-6% • Prob Oriented Inst for Teen-6% • Non-specific student interview-6% • All others-41% 1 response each N=34

- Mental health clinicians appear more likely to report using a screening tool, and in each age category.

Table 2. Listed a Screening Tool Used by Demographic Variables

	4 to 10 Years Old	11 to 14 Years Old	15 to 18 Years Old
Service Sector			
EBD teacher	23%	23%	23%
Other teacher	11	4	15
Pupil services	37	33	41
Mental health clinician	55	64	73
County department	0	15	15
Juvenile justice	29	43	43
Services Provided ¹			
Depression	30%	34%	43%
Bi-polar disorder	28	30	41
Eating disorders	27	40	60
Self-harm	31	40	51
Anxiety disorder	31	33	43
AODA	18	36	54

¹Data provided for informational use only. No conclusions made since services provided are not mutually exclusive.

Screening Tools Would Like to Use

- Fifteen respondents reported a screening tool they would like to use for at least one age group. Nine respondents reported a screening tool they would like to use for students 4 to 10 years old, nine reported a screening tool for youth 11 to 14 years old while seven respondents reported a tool they would like to use for teens 15 to 18 years old.
- Although very few respondents reported a screening tool they would like to be using, BASC, TeenScreen and Conners Rating Scale were the most often listed.

Mental Health Services Currently Available

- Respondents were asked to list the mental health services provided for children, adolescents and families in Fond du Lac. The most often listed were the same for all three groups: mental health outpatient services, DCP and medical outpatient services.

Table 3. Mental Health Services Currently Available

Children	Adolescents	Families
<ul style="list-style-type: none"> • Mental health outpt svcs-37% • DCP-18% • Medical outpt svcs-11% • Sch counselor, social work-6% • DSS Family Services-4% • Project Youth/LSS-3% • ISP-3% • Assess, screen, ref-2% • Juvenile justice sys-2% • Mental health inpt (out of cnty)-2% • All others-11% (1 response each) 	<ul style="list-style-type: none"> • Mental health outpt svcs-32% • DCP-16% • Medical outpt svcs-10% • Sch counselor, social work-5% • Assess, screen, ref-5% • DSS Family Services-4% • Project Youth/LSS-4% • Mental health inpt (out of cnty)-3% • Emergency detention-2% • Faith-based svcs-2% • ASTOP-2% • ISP-2% • All others-10% (1 response each) 	<ul style="list-style-type: none"> • Mental health outpt svcs-32% • DCP-16% • Medical outpt svcs-9% • DSS Family Services-3% • Project Youth/LSS-3% • Community based sup grps-3% • Sch counselor, social work-2% • Mental health inpt (out of cnty)-2% • In-home tx-2% • FAVR-2% • All others-11% (1 response each)

- Forty-six percent of respondents listed at least one mental health service provided for children. Forty-four percent listed at least one service for adolescents while 36% listed at least one service available for families. A total of 54% of respondents reported at least one mental health service available for any of the three groups.
- Not surprising, mental health clinicians appear more likely to report a service in each group.

Table 4. Listed a Mental Health Service Available by Demographic Variables

	Children	Adolescents	Families
TOTAL	46%	44%	36%
Service Sector			
EBD teacher	54%	54%	23%
Other teacher	22	19	11
Pupil services	63	56	48
Mental health clinician	82	73	73
County department	62	54	54
Juvenile justice	14	14	14
Services Provided ¹			
Depression	53%	53%	40%
Bi-polar disorder	61	59	46
Eating disorders	57	63	50
Self-harm	58	60	47
Anxiety disorder	57	57	43
AODA	46	54	41

¹Data provided for informational use only. No conclusions made since services provided are not mutually exclusive.

Mental Health Services Would Like to Have Available

- Respondents were asked to list any mental health services they would like to have available for children, adolescents and families. The services listed revolved around the need for more providers, more access for all and mental health outpatient services.

Table 5. Mental Health Services Would Like to Have Available

Children	Adolescents	Families
<ul style="list-style-type: none"> • More service providers-11% • MH outpatient svcs-7% • ISP-5% • Mental health inpt (local)-5% • Greater access to svcs-5% • Day tx-4% • Respite-4% See Appendix for entire list	<ul style="list-style-type: none"> • More service providers-11% • MH outpatient svcs-5% • Greater access to svcs-5% • Temp alt housing-4% • ISP-4% • Assess, screen, referral-4% • Mental health inpt (local)-4% • Day tx-4% See Appendix for entire list	<ul style="list-style-type: none"> • Greater access to svcs-8% • More service providers-5% • In-home tx-5% • Training for parents-5% • Community based sup grps-4% • Respite-4% • ISP-4% See Appendix for entire list

- Forty-two percent of respondents listed a mental health service they would like to have available for children. Forty-three percent listed a service they would like to have available for adolescents while 35% listed a service they would like to have available for families. A total of 55% of respondents reported at least one mental health service they would like to have available for any of the three groups.
- Mental health clinicians appear more likely to list a service they would like to see available for each group.

Table 6. Listed a Mental Health Service Would Like to Have Available by Demographic Variables

	Children	Adolescents	Families
TOTAL	42%	43%	35%
Service Sector			
EBD teacher	46%	38%	38%
Other teacher	11	19	15
Pupil services	56	52	33
Mental health clinician	82	73	55
County department	38	46	46
Juvenile justice	57	57	43
Services Provided ¹			
Depression	43%	49%	42%
Bi-polar disorder	48	54	46
Eating disorders	40	60	43
Self-harm	44	56	44
Anxiety disorder	47	51	45
AODA	33	56	38

¹Data provided for informational use only. No conclusions made since services provided are not mutually exclusive.

Local Mental Health Services Available During Non-working Hours

- The most common listed services available during non-working hours included: DCP (12%), mental health clinics (12%) and law enforcement (11%). Ten percent of respondents each reported ER and hotlines/warmlines.

Table 7. Mental Health Services Available During Non-working Hours

	Percent
DCP-gatekeeper for out-of-county placement	12%
Mental health clinic	12
Law enforcement	11
Emergency room	10
Hotlines/warmlines	10
DCP—Comprehensive Community Services Program	9
Hospital outpatient	7

- Fifty-four percent of respondents listed a mental health service that was available during non-working hours.
- Mental health clinicians and county departments appear to be more aware of services during non-working hours.

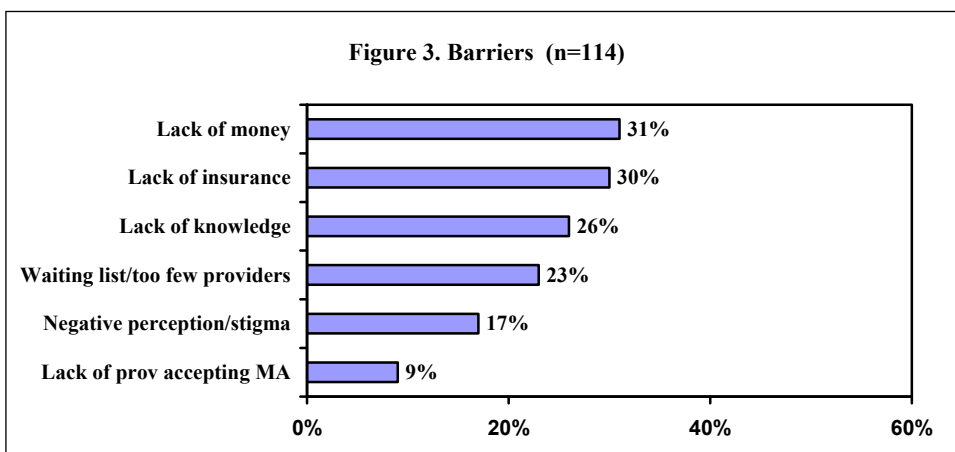
Table 8. Listed a Mental Health Service Available During Non-working Hours by Demographic Variables

	Percent
TOTAL	54%
Service Sector	
EBD teacher	54%
Other teacher	33
Pupil services	63
Mental health clinician	100
County department	77
Juvenile justice	43
Services Provided ¹	
Depression	64%
Bi-polar disorder	70
Eating disorders	77
Self-harm	69
Anxiety disorder	67
AODA	62

¹Data provided for informational use only. No conclusions made since services provided are not mutually exclusive.

Barriers that May Delay or Prevent Direct Access

- Respondents were asked what barriers may delay or prevent direct access to community-based mental health services. The most common involved financial barriers, too few providers and misperceptions/misunderstandings about mental illness. See Appendix for the entire list of barriers.



- Seventy-five percent of respondents listed at least one barrier that may delay or prevent direct access to community-based mental health services. Mental health clinicians, pupil services and EBD teachers appear more likely to report barriers.

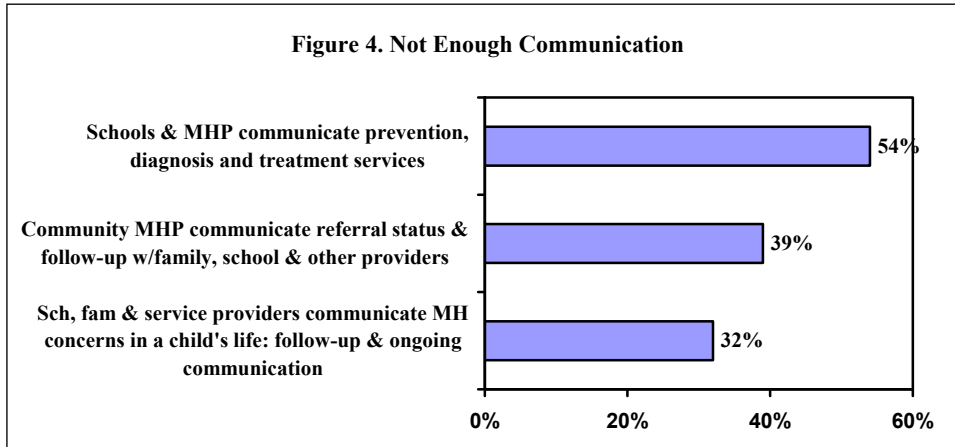
Table 9. Listed a Barrier by Demographic Variables

	Percent
TOTAL	75%
Service Sector	
EBD teacher	92%
Other teacher	59
Pupil services	89
Mental health clinician	91
County department	69
Juvenile justice	57
Services Provided ¹	
Depression	79%
Bi-polar disorder	83
Eating disorders	80
Self-harm	82
Anxiety disorder	78
AODA	74

¹Data provided for informational use only. No conclusions made since services provided are not mutually exclusive.

Communication

- Respondents were given three communication scenarios to comment on. 1) Schools and mental health providers communicate around prevention, diagnosis and treatment services. 2) Community mental health providers communicate the status of referrals and follow-up with family, school and other involved service providers. 3) School, family and service providers communicate mental health concerns in a child’s life through follow-up and continuing communication.
- In each of these scenarios, comments like “none, not enough, not very well” were classified as “not enough communication.” Fifty-four percent of respondents reported that schools and mental health providers do not communicate enough about prevention, diagnosis and treatment services. Thirty-nine percent reported community mental health providers do not communicate enough about the status of referrals and follow-up with family, school and other involved service providers. Thirty-two percent reported school, family and service providers do not communicate enough about mental health concerns in a child’s life through follow-up and continuing communication.
- In each of these scenarios, confidentiality and HIPPA laws were the most common reason for the lack of communication.



- Pupil services and EBD teachers appear to report not enough communication more often in each scenario.

Table 10. Reported Not Enough Communication by Demographic Variables

	Schools & MHP - Prevention, Diagnosis & Treatment Svs	Community MHP- Referral Status & Follow- Up with Fam, School & Other Prov	Sch, Fam & Serv Prov-MH Concerns in Child's Life: Follow-Up & Ongoing Communication
TOTAL	54%	39%	32%
Service Sector			
EBD teacher	77%	54%	31%
Other teacher	37	19	15
Pupil services	81	63	59
Mental health clinician	64	36	45
County department	38	38	23
Juvenile justice	0	14	14
Services Provided ¹			
Depression	58%	43%	42%
Bi-polar disorder	57	46	46
Eating disorders	57	47	50
Self-harm	56	44	44
Anxiety disorder	59	45	45
AODA	49	41	36

¹Data provided for informational use only. No conclusions made since services provided are not mutually exclusive.

Priority 2: Enhancing the availability of crisis intervention, appropriate referrals for students in need, and ongoing mental health services.

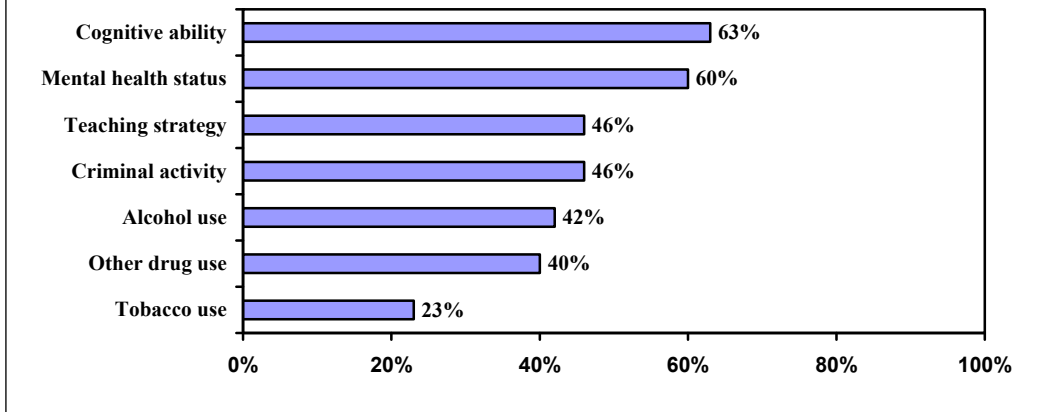
(Figures 5 & 6; Tables 11 – 14)

KEY FINDINGS: Out of seven issues that may be taken into account when a student has academic or legal difficulties, 63% of respondents reported they consider a student's cognitive ability while 60% reported considering a student's mental health status. One-third of respondents reported that Chapter 51 (emergency detention) was not accessed or used appropriately, with reasons including youth do not fit the criteria, but there are no other options and more training for police and teachers who do the assessments. After a Chapter 51, about two-thirds reported a student safety plan is developed while other safety plans for school classmates and personnel, family or community members do not happen as often. On the continuum of care for mental health services, there were fewer options the higher on the scale (more restrictive options). When asked to fill in the gaps, again, there were fewer options listed as the scale number increased.

Issues Taken into Account When Academic or Legal Difficulties

- Out of seven issues that may be taken into account when a student has academic or legal difficulties, 63% of respondents reported they consider a student's cognitive ability while 60% reported considering a student's mental health status. Forty-six percent of respondents each reported teaching strategy or criminal activities. A total of 68% reported at least one of the seven issues.

Figure 5. Issues Taken into Account with Academic or Legal Difficulties (n=114)



- EBD teachers and pupil services appear to take into account more often a student’s cognitive ability or mental health status when a student has academic or legal difficulties. EBD teachers also appear more likely to report looking at the teaching strategy or a student’s tobacco use. Mental health clinicians appear more likely to report criminal activity, alcohol use or other drug use.

Table 11. Issues Taken Into Account with Academic or Legal Difficulties by Demographic Variables

	Cognitive Ability	MH Status	Teaching Strategy	Criminal Activity	Alcohol Use	Other Drug Use	Tobacco Use
TOTAL	63%	60%	46%	46%	43%	40%	23%
Service Sector							
EBD teacher	100%	100%	92%	69%	62%	62%	54%
Other teacher	63	52	44	26	26	22	4
Pupil services	85	78	56	59	48	44	30
Mental health clinician	64	73	45	73	82	73	45
County department	54	46	31	46	38	38	15
Juvenile justice	14	29	0	43	29	43	14
Services Provided¹							
Depression	75%	75%	58%	60%	58%	55%	38%
Bi-polar disorder	74	74	57	63	64	59	37
Eating disorders	80	83	63	77	77	70	50
Self-harm	73	76	58	69	67	60	42
Anxiety disorder	73	73	57	59	57	55	35
AODA	69	72	54	64	72	64	41

¹Data provided for informational use only. No conclusions made since services provided are not mutually exclusive.

Chapter 51 Accessed/Used Properly

- Thirty-three percent of respondents reported Chapter 51 was not accessed or used properly. The most common reasons included: youth did not fit criteria but there was no other option (43%), more training needed for police officers and teachers who conduct the assessment (37%) followed by law enforcement has to make the decision on their own and no follow-up/safety plan (11% each).

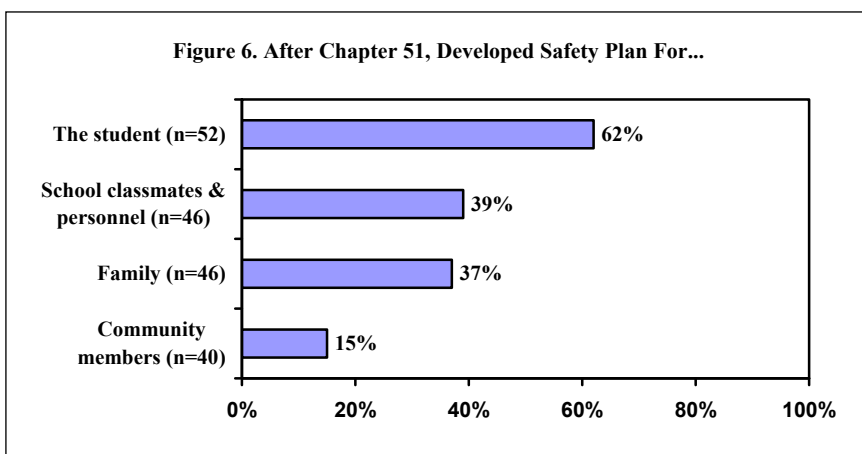
- Mental health clinicians appear more likely to report that Chapter 51 was not being accessed or used properly.

Table 12. Chapter 51 NOT Accessed/Used Properly by Demographic Variables

	Percent
TOTAL	33%
Service Sector	
EBD teacher	23%
Other teacher	11
Pupil services	44
Mental health clinician	55
County department	38
Juvenile justice	43
Services Provided ¹	
Depression	32%
Bi-polar disorder	37
Eating disorders	43
Self-harm	36
Anxiety disorder	31
AODA	46

¹Data provided for informational use only. No conclusions made since services provided are not mutually exclusive.

- After a Chapter 51, 62% of respondents reported they developed a safety plan. Thirty-nine percent reported they developed a plan for school classmates and personnel. Thirty-seven percent reported a plan for family while 15% reported they developed a safety plan for community members.



Continuum of Care for Mental Health Services

The continuum of care for mental health services is a scale from 1 to 10, with 1 being the least restrictive options to 10 being the most restrictive options. Communities have varied options that fall at different places on the scale. Respondents were asked to list Fond du Lac’s options for students and where they fall

on the continuum, with inpatient treatment being the most restrictive at number 10. Respondents were then asked to list options for students to fill in the gaps of the continuum.

- Forty-six percent of respondents listed at least one option on the scale. Thirty-nine percent of respondents listed at least one option to fill the gaps on the scale. In both situations, there were fewer listings as the scale number increased.

Table 13. Continuum of Care for Mental Health Services

Continuum Scale	Fond du Lac Options Available	Options To Fill In Gaps
1—Least Restrictive	<ul style="list-style-type: none"> • Sch counselor, social worker-9% • Sch classroom based-7% • MH outpt-4% • Assess, screen, ref-4% • Med outpt-4% 	<ul style="list-style-type: none"> • Self-direct, informal sup-3% • Parent sup-3% • No tx-2% • DCP-2% • All others-7%
2	<ul style="list-style-type: none"> • MH outpt -11% • Sch counselor, social worker-8% • Sch classroom based-4% • Assess, screen, ref-2% 	<ul style="list-style-type: none"> • Cmtly-based sup grp-2% • Crisis-related svcs-2% • Vol partic-2% • DSS Family Services-2% • All others-11%
3	<ul style="list-style-type: none"> • MH outpt -10% • Sch counselor, social worker-6% • Assess, screen, ref-4% • Cmtly-based sup grp-4% • Medical outpt-3% 	<ul style="list-style-type: none"> • In-home tx-2% • Behav mangmt plan-2% • Invol partic-2% • Juv justice sys-2% • IEP-2% • All others-10%
4	<ul style="list-style-type: none"> • MH outpt -11% • Sch counselor, social worker-4% • Cmtly-based sup grp-3% • Sch classroom based-2% 	<ul style="list-style-type: none"> • Training for parents-2% • DCP-2% • Foster care-2% • EBD self-cont room-2% • All others-10%
5	<ul style="list-style-type: none"> • MH outpt -6% • Invol partic-4% • Medical outpt -3% • Sch PST-2% • DCP-2% 	<ul style="list-style-type: none"> • Crisis-related svcs-2% • CFST (DSS)-2% • Cmtly-based sup grp-2% • EBD self-cont room-2% • All others-8%
6	<ul style="list-style-type: none"> • MH outpt -8% • CFST (DSS)-3% • Assess, screen, referral-2% • ISP-2% 	<ul style="list-style-type: none"> • Placemt w/fam mem-2% • Invol partic-2% • Juv justice sys-2% • All others-8%
7	<ul style="list-style-type: none"> • MH outpt -3% • Med outpt-3% • EBD self-cont room-3% 	<ul style="list-style-type: none"> • Temp alt housing-2% • Juv justice sys-2% • All others-11%
8	<ul style="list-style-type: none"> • MH outpatient -2% • CFST (DSS) -2% • Training for parents-2% 	<ul style="list-style-type: none"> • Emerg detent (Ch 51)-2% • AODA services-2% • All others-10%
9	<ul style="list-style-type: none"> • MH outpt -2% • Invol partic-2% • Juv justice sys-2% 	<ul style="list-style-type: none"> • Temp alt housing-2% • Emerg detent (Ch 51)-2% • MH inpt-(out of cnty)-2% • All others-10%
10—Most Restrictive	<ul style="list-style-type: none"> • MH inpt-(out of cnty)-11% • DCP-2% 	<ul style="list-style-type: none"> • Emerg detent (Ch 51)-2% • All others-2%

- Forty-six percent of respondents listed at least one option on the scale. Thirty-nine percent listed an option to fill in the gaps. Fewer options were listed as the scale number increased.
- Mental health clinicians were more likely to provide options on the continuum as well as options to fill in the gaps on the continuum.

Table 14. Listed at Least One Option on the Continuum of Care by Demographic Variables

	Options Provided	Options to Fill in Gaps
TOTAL	46%	39%
Service Sector		
EBD teacher	46%	38%
Other teacher	7	4
Pupil services	59	52
Mental health clinician	91	82
County department	69	62
Juvenile justice	29	43
Services Provided ¹		
Depression	55%	47%
Bi-polar disorder	65	59
Eating disorders	70	57
Self-harm	64	53
Anxiety disorder	59	51
AODA	51	51

¹Data provided for informational use only. No conclusions made since services provided are not mutually exclusive.

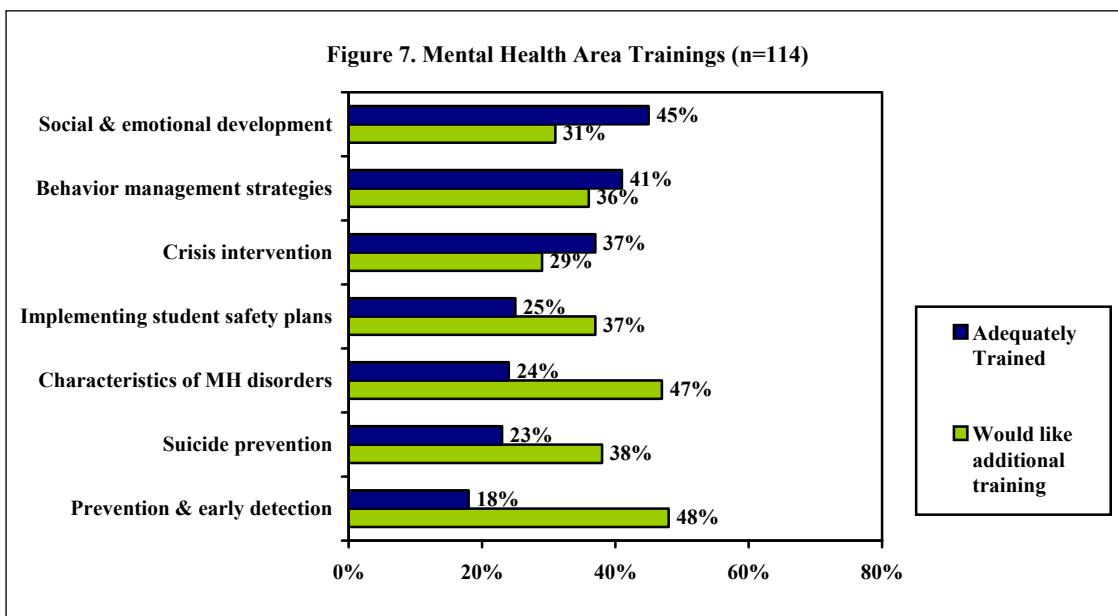
- Priority 3. Provide training for CSI program school personnel and mental health professionals.**
- Priority 4. Provide technical assistance and consultation to school and mental health systems and families participating in the program.**

(Figure 7; Tables 15 – 17)

KEY FINDINGS: More respondents felt they were adequately trained in the social and emotional development of students (45%), behavior management strategies (41%) and crisis intervention (37%). Respondents would like additional training in prevention/early detection as well as characteristics of mental health disorders (48% and 47%, respectively).

Mental Health Areas Trainings

- More respondents felt they or their organization are adequately trained in the social and emotional development of students (45%), behavior management strategies (41%) or crisis intervention (37%). Respondents were more likely to report they would like additional training in prevention and early detection (48%) or characteristics of mental health disorders (47%).



- Pupil services appear more likely to report prevention and early detection. EBD teachers appear more likely to report characteristics of mental health disorders or suicide prevention. Mental health clinicians appear more likely to report safety plans. County departments appear more likely to report crisis intervention.

Table 15. Mental Health Areas Would Like Additional Training by Demographic Variables

	Prevent & Early Detect	Char of MH Disorders	Suicide Prevent	Safety Plans	Behavior Man. Strategies	Soc & Emot Develop	Crisis Interven
TOTAL	48%	47%	38%	37%	36%	31%	29%
Service Sector							
EBD teacher	54%	85%	62%	46%	31%	46%	8%
Other teacher	52	52	33	22	37	30	30
Pupil services	67	56	41	48	41	37	30
Mental health clinician	27	9	27	64	9	27	27
County department	38	23	46	38	46	8	54
Juvenile justice	14	43	29	0	29	29	0
Services Provided ¹							
Depression	45%	43%	36%	49%	30%	25%	25%
Bi-polar disorder	46	41	41	52	37	28	33
Eating disorders	53	30	40	50	37	27	33
Self-harm	47	42	33	51	33	24	29
Anxiety disorder	45	45	33	51	31	25	27
AODA	49	41	38	38	31	26	26

¹Data provided for informational use only. No conclusions made since services provided are not mutually exclusive.

Parent Education & Community Mental Health Trainings

- Respondents were asked what education and community trainings their organization currently provides. The most common cited offerings were parent or family support/training. Mental health topics were the most common cited offering they would like to see.

Table 16. Parent Education or Community Mental Health Trainings

Do you/your organization currently provide	Do other organizations provide	Would you like to see provided
<ul style="list-style-type: none"> • parent, family support/training-14% • mental health topics/training-6% • child/adolescent support-4% • printed information-2% • other-<1% 	<ul style="list-style-type: none"> • parent, family support/training-11% • mental health topics/training-5% • child/adolescent support-<1% • printed information-<1% • other-2% 	<ul style="list-style-type: none"> • mental health topics/training-12% • parent, family support/training-7% • child/adolescent support-4% • printed information-2% • other-4%

- Twenty-six percent of respondents reported their organization offers parent education or community mental health trainings in Fond du Lac. Nineteen percent reported other organizations that provide parent and family support/training while 29% reported they would like to see some parent and family trainings offered.
- Mental health clinicians appeared to be more likely to report their organization currently offers or they know of other organizations that offer parent education and community mental health trainings. Pupil services or the county departments appear to be more likely to report they would like to see more offered.

Table 17. Listed a Parent Education or Community Mental Health Training by Demographic Variables

	Organization Currently Offers	Other Organizations Offer	Would Like Offered
TOTAL	26%	19%	29%
Service Sector			
EBD teacher	15%	23%	31%
Other teacher	4	4	0
Pupil services	41	26	48
Mental health clinician	64	45	36
County department	38	31	46
Juvenile justice	0	0	29
Services Provided ¹			
Depression	32%	28%	30%
Bi-polar disorder	35	28	37
Eating disorders	47	37	33
Self-harm	38	33	38
Anxiety disorder	35	29	33
AODA	33	26	28

¹Data provided for informational use only. No conclusions made since services provided are not mutually exclusive.

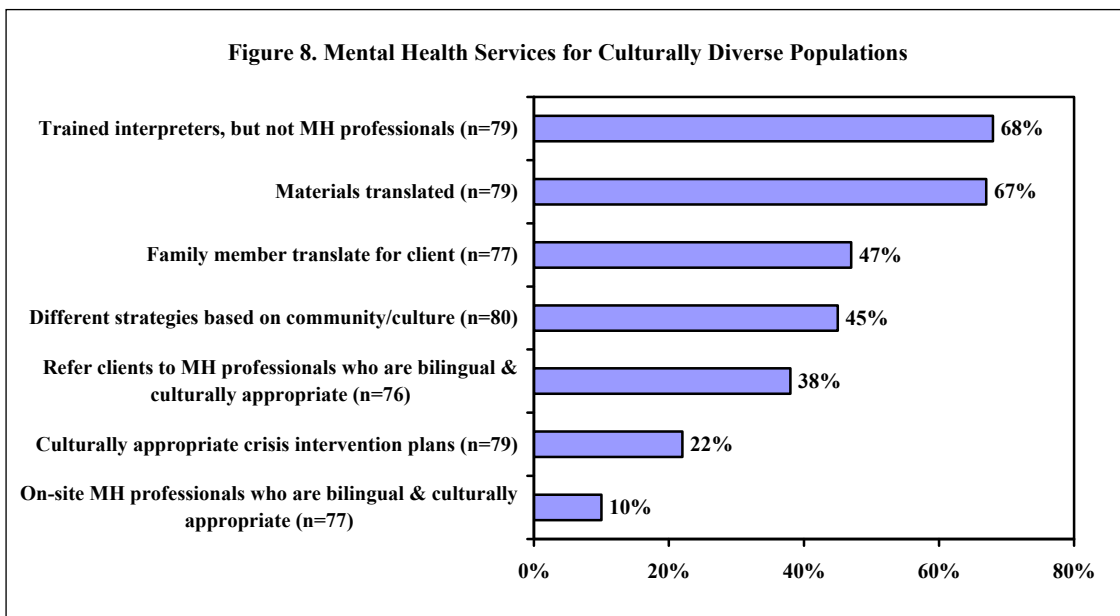
Priority 5. Provide linguistically appropriate and culturally competent services.

(Figure 8; Table 18)

KEY FINDINGS: As diversity in Fond du Lac increases, over two-thirds of respondents reported they have trained interpreters who are not mental health professionals or they have materials translated. Nearly half reported a family member translates for the client. Twenty-two percent reported they have culturally appropriate crisis intervention plans while 10% reported they have on-site mental health professionals who are bilingual and culturally appropriate.

Services Available for Diverse Cultures

- Sixty-eight percent of respondents reported their organization has interpreters who are not mental health professionals. Sixty-seven reported they have materials translated.



- County departments appear more likely to report they use interpreters who are not mental health professionals as well as have materials translated.

Table 18. Mental Health Services for Culturally Diverse Populations by Demographic Variables

	Trained interpreters-not MH professionals	Materials translated	Family member translates	Culturally Appropriate...			
				Strategies	Referrals to MH professionals	Crisis intervention plans	On-site MH professional
TOTAL	68%	67%	47%	45%	38%	22%	10%
Service Sector							
EBD teacher	57%	71%	57%	33%	13%	30%	11%
Other teacher	47	41	38	29	24	6	0
Pupil services	83	78	43	43	43	18	8
Mental health clinician	45	45	45	64	70	36	27
County department	100	100	30	60	50	11	12
Juvenile justice ¹	--	--	--	--	--	--	--
Services Provided ²							
Depression	68%	65%	59%	51%	49%	30%	12%
Bi-polar disorder	67	67	54	51	51	29	18
Eating disorders	68	64	64	54	50	34	10
Self-harm	68	68	61	51	49	29	14
Anxiety disorder	66	66	57	49	51	27	15
AODA	72	72	59	50	42	35	14
n=	(n=79)	(n=79)	(n=77)	(n=80)	(n=76)	(n=79)	(n=77)

¹Too few cases for statistical reliability.

²Data provided for informational use only. No conclusions made since services provided are not mutually exclusive.

APPENDIX A: QUESTIONNAIRE FREQUENCIES

FOND DU LAC
 MENTAL HEALTH SERVICE SYSTEM
 Conducted: November 2 through 28, 2007
 66% Response Rate (114 of 174)

[Some totals may be more or less than 100% due to rounding and response category distribution.]

DEMOGRAPHIC INFORMATION

1. What type of service sector are you in? [Select ONE best answer]

Percent	Percent
EBD teacher 11%	Mental health clinician 10%
Other teachers 24	Department of social services 8
School counselor, social worker, psychologist 16	County health department 4
School health staff 6	Law enforcement 5
School administrator 4	Legal services <1
TeenScreen staff 2	Community agency 6
Parent 3	Other (please specify) <1

2. For which of the following does your organization/you provide services to Fond du Lac students?
 [64 Respondents; more than one response accepted]

Percent	Percent
Depression 83%	Obsessive-Compulsive Disorder 66%
Bi-polar Disorder 72	Alcohol Use 53
Eating Disorder 47	Marijuana Use 50
Self-harm 70	Other Substance Use 48
Anxiety Disorder 77	

Other, please specify:

General system use 11 respondents
Relationship and family concerns 8 respondents
Attention deficit and disruptive behavior disorders 5 respondents
Learning issues 3 respondents
Pervasive developmental disorders 3 respondents
Issues related to environment 2 respondents
Psychotic disorders 2 respondents
Personality disorders 1 respondent

PRIORITY ONE

Priority 1. Collaborative efforts between school-based and mental health systems to improve prevention, diagnosis, and treatment services.

3. What mental health screening tools are you currently using for students...
 [More than 1 response accepted]

4 to 10 Years Old	11 to 14 Years Old	15 to 18 Years Old
<ul style="list-style-type: none"> • BASC-58% • Child Development Inv-12% • Conners Rating Scales-12% • Reynolds Adolescent Depression Scale-8% • Child Behavior Checklist-8% • Non-specific observation tool-15% • Non-specific student interview-12% • Non-specific depression/anxiety screen-8% • Non-specific parent interview-8% • All others-4% each (=1 response) <ul style="list-style-type: none"> ○ Ages & Stages/Temperament and Atypical Behavior ○ Beck Depression Inventory ○ Child Assessment Scale ○ Crisis Intervention Team (CIT) ○ Denver Dev. Screening II ○ DSM IV-TR ○ Pierce-Harris ○ Revised Children’s Manifest Anxiety Scale ○ School nurse ○ Wechsler ○ Woodcock Johnson Tests ○ Non-specific suicide screening ○ Medical evaluation from Dr. Forms <p>N=26</p>	<ul style="list-style-type: none"> • BASC-44% • TeenScreen-19% • Beck Depression Inv-11% • Child Development Inv-11% • Conners Rating Scales-7% • Child Behavior Checklist-7% • CIT-7% • Prob Oriented Inst for Teen -7% • AODA survey-7% • School nurse-7% • All others-4% each (=1 response) <ul style="list-style-type: none"> ○ Adolescent Substance Abuse Subtle Screen ○ BEST ○ Child Assessment Scale ○ DSM IV-TR ○ Problem Oriented Inst for Parents ○ Revised Children’s Manifest Anxiety Scale ○ Reynolds Adolescent Dep Scale ○ Wechsler ○ Non-specific student interview ○ Non-specific depression/anxiety screening ○ Teacher referral <p>N=27</p>	<ul style="list-style-type: none"> • TeenScreen-41% • BASC-29% • Beck Depression Inv-15% • CIT-9% • Child Development Inv-6% • Conners Rating Scales-6% • Child Behavior Checklist-6% • Prob Oriented Inst for Teen-6% • Non-specific student interview-6% • All others-3% each (=1 response) <ul style="list-style-type: none"> ○ Adolescent Substance Abuse Subtle Screen ○ AODA survey ○ Child Assessment Scale ○ Diagnostic Interview Scale for Children ○ DSM IV-TR ○ Minnesota Multiphasic Personality Inventory ○ Prob Oriented Inst for Parents ○ Revised Children’s Manifest Anxiety Scale ○ Reynolds Adolescent Dep Scale ○ Team Building/Health/ Personal Concerns ○ Wechsler ○ Non-specific depression/anxiety screening ○ Teacher referral ○ Consultation <p>N=34</p>

4. What mental health screening tools would you like to use for students...

[More than one response accepted]

4 to 10 Years Old	11 to 14 Years Old	15 to 18 Years Old
<ul style="list-style-type: none"> • BASC-22% • Conners Rating Scales-22% • All others-11% each (=1 response) <ul style="list-style-type: none"> ○ Child Behavior Checklist ○ Child Development Inventories ○ Non-specific depression/anxiety screening ○ Non-specific screening tool ○ Early identification tools ○ Checklist ○ Referral ○ Monthly rating scales from prescribing doctor <p>N=9</p>	<ul style="list-style-type: none"> • TeenScreen-44% • BASC-22% • All others-11% each (=1 response) <ul style="list-style-type: none"> ○ Child Behavior Checklist ○ Child Development Inventories ○ Conners Rating Scales ○ Non-specific depression/anxiety screening ○ Survey ○ Checklist ○ Interview <p>N=9</p>	<ul style="list-style-type: none"> • TeenScreen-43% • BASC-29% • All others-14% each (=1 response) <ul style="list-style-type: none"> ○ Child Behavior Checklist ○ Child Development Inventories ○ Conners Rating Scales ○ Diagnostic Interview Schedule ○ Survey ○ Interview <p>N=7</p>

5. What local mental health services are currently available for...

Children	Adolescents	Families
<ul style="list-style-type: none"> • Mental health outpt svcs-37% • DCP-18% • Medical outpt svcs-11% • Sch counselor, social work-6% • DSS Family Services-4% • Project Youth/LSS-3% • ISP-3% • Assess, screen, ref-2% • Juvenile justice sys-2% • Mental health inpt (out of cnty)-2% • All others-<1% each (=1 response) <ul style="list-style-type: none"> ○ School classroom based ○ Faith-based svcs ○ Community-based sup grps ○ Training for parents ○ Crisis-related svcs ○ Coordinated Fam Svcs Team (CFST) ○ Emergency Detent (Ch 51) ○ Respite ○ Mentors ○ Community-based outpt svcs ○ FAVR ○ ASTOP 	<ul style="list-style-type: none"> • Mental health outpt svcs-32% • DCP-16% • Medical outpt svcs-10% • Sch counselor, social work-5% • Assess, screen, ref-5% • DSS Family Services-4% • Project Youth/LSS-4% • Mental health inpt (out of cnty)-3% • Emergency detention-2% • Faith-based svcs-2% • ASTOP-2% • ISP-2% • All others-<1% each (=1 response) <ul style="list-style-type: none"> ○ School classroom based ○ Sch problem solving team ○ Community-based sup grps ○ IEP ○ Coordinated Fam Svcs Team (CFST) ○ AODA svcs ○ Juvenile justice svcs ○ Respite ○ Community-based outpt svcs ○ FAVR ○ Disorder specific 	<ul style="list-style-type: none"> • Mental health outpt svcs-32% • DCP-16% • Medical outpt svcs-9% • DSS Family Services-3% • Project Youth/LSS-3% • Community based sup grps-3% • Sch counselor, social work-2% • Mental health inpt (out of cnty)-2% • In-home tx-2% • FAVR-2% • All others-<1% each (=1 response) <ul style="list-style-type: none"> ○ AODA svcs ○ Assess, screen, referral ○ School classroom based ○ Faith-based svcs ○ ISP ○ Juvenile justice svcs ○ Sch problem solving team ○ Coordinated Fam Svcs Team (CFST) ○ Respite ○ Mentors ○ Community-based outpt svcs ○ ASTOP ○ Disorder specific

6. What local mental health services would you like to have available for...

Children	Adolescents	Families
<ul style="list-style-type: none"> • More service providers-11% • MH outpatient svcs-7% • ISP-5% • Mental health inpt (local)-5% • Greater access to svcs-5% • Day tx-4% • Respite-4% • Assess, screen, referral-3% • Community based sup grps-3% • In-home tx-2% • Educational training-2% • Training for parents-2% • Crisis related svcs-2% • Temp alt housing-2% • Residential placement-2% • Disorder specific-2% • All others-<1% each (=1 response) <ul style="list-style-type: none"> ○ Educational training ○ Foster care ○ Direct services ○ Child care services ○ Crisis hot/warmlines 	<ul style="list-style-type: none"> • More service providers-11% • MH outpatient svcs-5% • Mental health inpt (local)-5% • Greater access to svcs-5% • Temp alt housing-4% • ISP-4% • Assess, screen, referral-4% • Day tx-4% • Community based sup grps-3% • Crisis related svcs-3% • AODA svcs-3% • In-home tx-2% • Educational training-2% • Residential placement-2% • Respite-2% • Crisis hot/warmlines-2% • Disorder specific-2% • All others-<1% each (=1 response) <ul style="list-style-type: none"> ○ School classroom based ○ Transitional living/life skills classes ○ Educational training ○ Training for parents ○ Foster care ○ Clubs, community activities ○ Mentors ○ Mobile tx ○ Peer support ○ Parent peer support ○ EBD self-contained spec ed classes 	<ul style="list-style-type: none"> • Greater access to svcs-8% • More service providers-5% • In-home tx-5% • Training for parents-5% • Community based sup grps-4% • Respite-4% • ISP-4% • Aftercare/safety planning-3% • Day tx-3% • Parent peer sup-3% • Crisis related svcs-3% • MH outpatient svcs-2% • Mental health inpt (local)-2% • Crisis hot/warmlines-2% • Resource guides-2% • All others-<1% each (=1 response) <ul style="list-style-type: none"> ○ Parental support ○ Educational training ○ Temporary alt housing ○ Residential placement ○ AODA svcs ○ Peer support ○ Disorder specific ○ Child care

7. What local mental health services are you aware of that can be accessed during non-working hours?

DCP-gatekeeper for out-of-county placement	12%
Mental health clinic.....	12
Law enforcement	11
Emergency room.....	10
Hotlines/warmlines	10
DCP—Comprehensive Community Services Prgm.....	9
Hospital outpatient.....	7
Winnebago Health Care Center	5
DSS Intake (CHIPS petition).....	4
ISP.....	4
DCP-Acute Unit (16 and older)	2
LSS.....	2
All others.....	3

8. What barriers, if any, exist for children, adolescents, and families that may prevent or delay direct access to community-based mental health services?

Lack of money for services/prescriptions	31%
Lack of insurance	30
Lack of knowledge (symptoms, where to go, etc.)	26
Long waiting list/too few trained providers	23
Negative perception of MI, stigma	17
Lack of providers accepting MA	9
Lack of motivation	6
Lack of transportation	6
Incomplete referral process/communication	5
No/few after-hours services	5
No crisis services outside Chapter 51	4
Not qualifying for services/eligibility	3
Cultural barriers/appropriateness	3
No local inpatient	3
All others	3

9. How well do schools and mental health providers communicate with each other about prevention, diagnosis, and treatment services? Please explain.

Reported negatively—No/poor/not enough/not real well/not very well/it depends	54%
Positive response	6
Don't know	12
No answer	28
Reasons: (of 40 respondents who reported negatively; more than one response accepted)	
Confidentiality/HIPPA/parents need to sign releases	63%
Providers have heavy caseload, no time	20
Stigma, parents don't want teachers to know	13
Teachers don't have a lot of free time	13
All other responses	20

10. How do community mental health providers communicate the status of referrals and follow-up with family, school, and other involved service providers?

Reported negatively—No/poor/not enough/not real well/not very well/it depends	39%
Positive response.....	13
Don't know	21
No answer	26
Reasons: (of 20 respondents who reported negatively; more than one response accepted)	
Confidentiality/HIPPA/parents need to sign releases	65%
Providers have heavy caseload, no time	15
Stigma, parents don't want teachers to know	15
Adversarial, work separately	15
All other responses.....	5

11. Currently, how do school, family and service providers communicate about mental health concerns in a child's life? Please address follow-up and continuing communication.

Reported negatively—No/poor/not enough/not real well/not very well/initial may be good, follow-up is poor...	32%
Positive response.....	25
Don't know	15
No answer	28
Reasons: (of 25 respondents who reported negatively; more than one response accepted)	
Confidentiality/HIPPA/parents need to sign releases	40%
Parent is the liaison between provider and teacher	24
Providers have heavy caseload, no time	20
Not coordinated.....	20
PST.....	8
Stigma, parents don't want teachers to know	4
IEP	4
DSS	4
All others.....	4

PRIORITY TWO

Priority 2. Enhancing the availability of crisis intervention, appropriate referrals for students in need, and ongoing mental health services.

12. When students are experiencing academic or legal difficulties, what is taken into account? [Select all that apply]

	Percent		Percent
Mental health status	60%	Alcohol use	42%
Cognitive ability	63	Tobacco use	23
Teaching strategy	46	Other drug use	40
Criminal activity	46		

Other, please specify:

Family/home life situation	10%
Peer relationships	2
Medication effects/health	2
Prior interventions	2
Student behavior	<1

13. Do you feel Chapter 51 (emergency detention by police) is being accessed and used appropriately? Please explain.

Yes	15%
No, depends, varies	33
Don't know	16
No answer	36
Reasons: (of 35 respondents who reported negatively; more than one response accepted)	
Youth may not fit criteria of imminent and emergency situation, but other options not available	43%
More training for police officers and teachers-students not assessed the same	37
Law enforcement has to make decision on own	11
No follow-up/safety plan after detention	11
Families reluctant to allow law enforcement into home	6
All others	6

14. Have you developed a safety plan after a child returns from a Chapter 51 detention for...

	Yes
a. The student [n=52]	62%
b. Family [n=46]	37
c. School classmates and personnel [n=46]	39
d. Community members [n=40]	15

15. The continuum of care for mental health services is a scale from 1 to 10, with 1 being the least restrictive options to 10 being the most restrictive options. Communities have varied options that fall at different places on the scale. Please list Fond du Lac’s options for students and where they fall on the continuum, with inpatient treatment being the most restrictive at number 10.

Scale	Fond du Lac Options Available	
1—Least Restrictive	<ul style="list-style-type: none"> • School counselor, social worker-9% • School classroom based-7% • MH outpt-4% • Assess, screen, referral-4% • Medical outpatient -4% 	<ul style="list-style-type: none"> • Self-directed, informal support-3% • Parental support-3% • No tx-2% • DCP-2% • All others-7%
2	<ul style="list-style-type: none"> • MH outpatient-11% • School counselor, social worker-8% • School classroom based-4% • Assess, screen, referral-2% 	<ul style="list-style-type: none"> • Community-based support group-2% • Crisis-related svcs-2% • Voluntary participation-2% • DSS Family Services-2% • All others-11%
3	<ul style="list-style-type: none"> • MH outpatient-10% • School counselor, social worker-6% • Assess, screen, referral-4% • Community-based support group-4% • Med outpatient -3% 	<ul style="list-style-type: none"> • In-home tx-2% • Behavior management plan-2% • Involuntary participation-2% • Juvenile justice system-2% • IEP-2% • All others-10%
4	<ul style="list-style-type: none"> • MH outpatient-11% • School counselor, social worker-4% • Community-based support group-3% • School classroom based-2% 	<ul style="list-style-type: none"> • Training for parents-2% • DCP-2% • Foster care-2% • EBD self-contained room-2% • All others-10%
5	<ul style="list-style-type: none"> • MH outpatient-6% • Involuntary participation-4% • Medical outpatient-3% • School PST-2% • DCP-2% 	<ul style="list-style-type: none"> • Crisis-related svcs-2% • CFST (DSS)-2% • Community-based support group-2% • EBD self-cont room-2% • All others-8%
6	<ul style="list-style-type: none"> • MH outpatient-8% • CFST (DSS)-3% • Assess, screen, referral-2% • ISP-2% 	<ul style="list-style-type: none"> • Placement w/family member-2% • Involuntary participation-2% • Juvenile justice system-2% • All others-8%
7	<ul style="list-style-type: none"> • MH outpatient -3% • Med outpatient-3% • EBD self-contained room-3% 	<ul style="list-style-type: none"> • Temporary alternative housing-2% • Juvenile justice system-2% • All others-11%
8	<ul style="list-style-type: none"> • MH outpatient-2% • CFST (DSS)-2% • Training for parents-2% 	<ul style="list-style-type: none"> • Emergency detention (Ch 51)-2% • AODA services-2% • All others-10%
9	<ul style="list-style-type: none"> • MH outpatient-2% • Involuntary participation-2% • Juvenile justice system-2% 	<ul style="list-style-type: none"> • Temporary alternative housing-2% • Emergency detention (Ch 51)-2% • MH inpatient-(out of county)-2% • All others-10%
10—Most Restrictive	<ul style="list-style-type: none"> • MH inpatient (out of county)-11% • DCP-2% 	<ul style="list-style-type: none"> • Emergency detention (Ch 51)-2% • All others-2%

16. What options should be offered to help fill in the gaps on the continuum of care scale?

Scale	Options To Fill In Gaps	
1—Least Restrictive	<ul style="list-style-type: none"> • Assess, screen, referral-5% • Open communication-4% • Crisis-related services-3% • Day tx-3% 	<ul style="list-style-type: none"> • In-home tx-3% • Temporary alternative housing-2% • Mentors-2% • Hot/warmlines-2% • All others-9%
2	<ul style="list-style-type: none"> • Community-based support group-4% • Crisis-related services-4% • Greater access to services-3% • Open communication-3% 	<ul style="list-style-type: none"> • Training for parents-2% • CFST (DSS)-2% • More service providers-2% • All others-11%
3	<ul style="list-style-type: none"> • Greater access to services-4% • MH outpatient-3% • Assess, screen, referral-2% • Community-based support group -2% 	<ul style="list-style-type: none"> • Respite-2% • MH inpatient-2% • More service providers-2% • Open communication-2% • All others-7%
4	<ul style="list-style-type: none"> • In-home tx-3% • Assess, screen, referral-2% • Community-based outpatient-2% 	<ul style="list-style-type: none"> • CFST (DSS)-2% • Aftercare, safety plan-2% • All others-11%
5	<ul style="list-style-type: none"> • Community-based support group-3% • Greater access to services-2% • MH outpatient-2% 	<ul style="list-style-type: none"> • Education training-2% • Respite-2% • More service providers-2% • All others-5%
6	<ul style="list-style-type: none"> • Medical outpatient -2% 	<ul style="list-style-type: none"> • All others-11%
7	<ul style="list-style-type: none"> • MH outpatient -2% 	<ul style="list-style-type: none"> • Day tx-2% • All others-4%
8	<ul style="list-style-type: none"> • All others-7% 	
9	<ul style="list-style-type: none"> • All others-8% 	
10—Most Restrictive	<ul style="list-style-type: none"> • MH inpatient -6% 	<ul style="list-style-type: none"> • Open communication-2% • All others-<1%

PRIORITIES THREE & FOUR

Priority 3. Provide training for CSI program school personnel and mental health professionals.
 Priority 4. Provide technical assistance and consultation to school and mental health systems and families participating in the program.

17. In what mental health areas do you feel you and/or your colleagues in your organization are adequately trained? [Select all that apply]

Percent		Percent	
Characteristics of mental health disorders....	24%	Implementing student safety plans.....	25%
Crisis intervention	37	Prevention and early detection	18
Behavior management strategies.....	41	Social and emotional development of children	45
Suicide prevention.....	23	Other	4

Other, please specify:

- Child safety planning (for abuse/neglect cases)
- Diagnosis, Therapeutic interventions
- Parent training, resource coordination and informal support system
- Problem Solving Teams (intervention)

18. In what mental health areas would you like additional training? [Select all that apply]

Percent		Percent	
Characteristics of mental health disorders....	47%	Implementing student safety plans.....	37%
Crisis intervention	29	Prevention and early detection	48
Behavior management strategies.....	36	Social and emotional development of children	31
Suicide prevention.....	38	Other	9

Other, please specify:

- AODA issues; psychiatric medication updates
- Community resource identification
- Coordinating local mental health resources for kids
- Cross training in what other organizations and departments do or are responsible for
- Effects of medication on young children
- How to get teachers to manage behavior in the classroom
- Medications and what is out there
- Prescription drug abuse counseling
- Resources to help the family and siblings of someone with a mental illness understand the illness and behaviors along with it
- Things to share with parents (services available to them and their children)

19. What parent education and community mental health trainings in Fond du Lac county:

Do you/your organization currently provide	Do other organizations provide	Would you like to see provided
<ul style="list-style-type: none"> • parent, family support/training-14% • mental health topics/training-6% • child/adolescent support-4% • printed information-2% • other-<1% 	<ul style="list-style-type: none"> • parent, family support/training-11% • mental health topics/training-5% • child/adolescent support-<1% • printed information-<1% • other-2% 	<ul style="list-style-type: none"> • mental health topics/training-12% • parent, family support/training-7% • child/adolescent support-4% • printed information-2% • other-4%

20. How do you communicate to the public about your parent education and community mental health trainings that are offered? [28 respondents; more than 1 response accepted]

Organization newsletter	32%
Letters sent home to parents	25
School district newsletter	21
Flyers posted in community	21
Local newspapers	21
Radio	21
Word of mouth	18
Client/parent mailings	18
Websites	14
Phone	14
Parent meetings/conferences	11
Brochures	7
TV	7
E-mail	4
Announcements	4
Other	4

PRIORITY FIVE

Priority 5. Provide linguistically appropriate and culturally competent services.

21. How do you serve minority populations who have a mental health condition? Please consider screening, referral, services provided, communication and other day to day activities.

Bi-lingual interpreters	14%
Same school mental health services-general student population	11
Acknowledge cultural differences in how mental health concerns are viewed.....	3
Nursing services.....	2
Staff with multi-cultural education	2
Specialized school diversity services (ie ELL)	2
Outpatient counseling if English is spoken and insurance cover.....	2
All other responses.....	7

22. Does your organization...

		Yes
a.	Have on-site mental health professionals who are bilingual and culturally appropriate [n=77]	10%
b.	Refer clients to mental health professionals who are bilingual and culturally appropriate [n=76].....	38
c.	Use trained interpreters who are not mental health professionals [n=79]	68
d.	Have a family member translate for the client [n=77].....	47
e.	Have materials translated [n=79]	67
f.	Have different strategies based on a particular community/culture [n=80]	45
g.	Have crisis intervention plans that are culturally appropriate [n=79].....	22