



## Northern High School

Northern York County School District

653 South Baltimore Street

Dillsburg, PA 17019

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October 31, 2017

Taryn Maguire, M.A., LPC, Director  
York/Adams HealthChoices Management Unit  
York County Human Services Center  
100 W. Market Street, Suite B-01  
York, PA 17401-1332

RE: Mental Health Outpatient Services in Schools for Medical Assistance Recipients

Dear Ms. Maguire,

On behalf of Northern High School of the Northern York County School District, please accept the attached application for *Mental Health Outpatient Services in Schools for Medical Assistance Recipients* for your review and consideration. We thank you for your advocacy and interest in collaborating to fill a void in service delivery for some of our students who need it the most. We are excited to have the opportunity to submit an application for something so important for our students and their futures. We welcome the opportunity to talk further, should we be of assistance with any questions or concerns. Thank you for your time and your meaningful work in the communities of York County. We look forward to hearing from you.

Sincerely,

Eric C. Eshbach, Ed.D.  
Superintendent of Schools  
Northern York County School District  
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717-432-8691

Application for Mental Health Outpatient Services  
in Schools for Medical Assistance Recipients

Northern High School

Submitted to:

Taryn Maguire, M.A., LPC, Director  
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York County Human Services Center  
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Date: October 31, 2017

Submitted by:

Dr. Eric Eshbach, Ed.D., Superintendent  
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## **Mental Health Outpatient Services in Schools for Medical Assistance Recipients**

### **Introduction**

Access to school mental health services and supports directly improves students' physical and psychological safety, academic performance, cognitive performance and learning, and social-emotional development (Lewallen, Hunt, Potts-Datema, Zaza, & Giles, 2015). *Access* is the key word that will be further explored with an emphasis on targeted and adequate *resources* based on *identified needs*. The application contained herein will specifically be in reference to Northern High School (NHS) of the Northern York County School District (NYCSD).

### **Availability of Services**

School employed mental health professionals are specially trained in developmentally and comprehensively supporting the whole child amongst the interconnectivity of classroom learning, mental health, and school, family, and community systems (Cowan, Vaillancourt, Rossen, & Pollitt, 2013). This credentialed training ensures that mental health services are properly and effectively infused into the learning environment. At Northern High School, three school counselors are responsible for servicing the student body that has shown population totals ranging from 976 (2015-2016 SY), 949 (2016-2017 SY), and currently 1,015 (2017-2018 SY), which translates to a student to counselor ratio of approximately 338:1. Furthermore, the district currently employs two school psychologists that service the entire district, and they have recently hired a third to further support the growing needs of the district as a whole. With three school psychologists, this creates a ratio of approximately 1,100:1 (or 3,301:3) as they service six buildings across our geographical footprint. The school psychologist's role consists of establishing the infrastructure and implementation of multi-tiered systems of support (MTSS), problem-solving via the Child Study Team process, conducting comprehensive evaluations, consultation to students, families, and staff, individual and group counseling, crisis intervention,

behavioral intervention planning, and parent/staff trainings. Notably, we do not currently hold positions for a social worker, behavioral interventionist, or other mental health or social service professional, and we do not provide any kind of school-based mental health therapy, beyond Tier 2 and 3 group and individual therapy provided by school counselors and school psychologists via multi-tiered systems of support (MTSS). The district's school psychologists and guidance counselors assist families with coordinating outside mental health services, such as; medical ACCESS applications, CHIP applications, MHIDD services, etc.

Briefly, it is worth pointing out that the school counselors operate to the best of their ability to follow the American School Counselor Association (ASCA) National Model to guide strategic, evidence-based programming, whereby they strive to reach *all* students in three domains, including 1.) Academic, 2.) Career, and 3.) Personal/Social (American School Counselor Association, 2012). As a result, the resources of the three NHS counselors are targeting a spectrum of high volume of multiple, complex priorities requiring extensive and intensive attention. This directly impacts the students from low-income households because if they cannot access outside mental health treatment due to barriers, they also are unable to receive the level of treatment they need and deserve from our school mental health specialists due to competing demands of an educational system. Improving access will allow for enhanced collaboration with community providers to meet the more intense or clinical needs of students.

*1. The total number of students served who are currently enrolled in Medical Assistance/HealthChoices Program. (If you or your school district do not have this information, consider gathering data on the amount of students on free/reduced lunch.)*

## National School Lunch Program (NSLP)

Because NYCSD does not collect information regarding enrollment in the Medical Assistance/HealthChoices Program, the information provided below indicates the total number of students that elect to participate in the NSLP at the high school.

2016-2017 SY Total:

<b>School</b>	<b>Free</b>	<b>Reduced</b>	<b>Enrollment</b>	<b>Total F&amp;R</b>	<b>% F&amp;R</b>
Northern Elem	100	11	294	111	37.76%
Wellsville Elem	71	11	196	82	41.84%
South Mountain Elem	86	16	373	102	27.35%
Dillsburg Elem	68	10	390	78	20.00%
Middle School	154	30	764	184	24.08%
High School	164	21	966	185	19.15%
<b>District Total</b>	<b>643</b>	<b>99</b>	<b>2983</b>	<b>742</b>	<b>24.87%</b>

2017-2018 Current Total:

<b>School</b>	<b>Free</b>	<b>Reduced</b>	<b>Enrollment</b>	<b>Total F&amp;R</b>	<b>% F&amp;R</b>
Northern Elem	81	16	293	97	33.11%
Wellsville Elem	63	11	193	74	38.34%
South Mountain Elem	72	12	383	84	21.93%
Dillsburg Elem	62	6	363	68	18.73%
Middle School	126	31	763	157	20.58%
High School	147	29	1019	176	17.27%
<b>District Total</b>	<b>551</b>	<b>105</b>	<b>3014</b>	<b>656</b>	<b>21.77%</b>

2. *Of the Medical Assistance enrolled children, how many have you identified as potentially having the need for mental health treatment? (Schools may want to utilize Student Assistance Program data, as one method to identify mental health needs.)*

## Mental Health Needs of Students

NYCSD does not formally track correlations of NSLP participants with other data, including mental health needs. Therefore, we can provide data relevant to the mental health

concerns of our student body at NHS, but it unfortunately will not be disaggregated to differentiate between NSLP and non-NSLP students.

### **Student Assistance Program (SAP) Referrals**

NHS naturally participates in the state-mandated SAP, and this program behaves as a pipeline to students receiving targeted care, but again there is the question of access. As referenced later in the section labeled *Existing Barriers to Treatment Access*, SAP is a positive resource, however, it is limited because it is *not* treatment, rather a stepping stone to appropriate referral sources, mean it offers students' a maximum of three sessions designated primarily for assessment of needs, not counseling.

- 2014-2015 SY: 34 Cases (6 referred for drugs and alcohol, 28 referred for mental health)
- 2015-2016 SY: 49 Cases (14 referred for drugs and alcohol, 35 referred for mental health)
- 2016-2017 SY: 51 Cases (18 referred for drugs and alcohol, 33 referred for mental health with 6 being referrals for policy violations with weapons)
- 2017-2018 SY (Current): 26 Cases

When over 77% of the SAP referrals are made due to mental health issues, it becomes obvious that we need to address these issues through increased resources, training, and personnel.

### **Signs of Suicide (SOS) Prevention Program**

The SOS Program has been implemented since the 2015-2016 school year in our ninth grade health classes. Students are asked to complete the Brief Screen for Adolescent Depression (BSAD) following the lesson. The screener surfaces manifestation of depressive symptoms and

allows students to be identified for an immediate follow-up assessment with the school counselor.

- 2015-2016 SY: 29 of 239 (12%) 9<sup>th</sup> grade students were flagged and met with a counselor
- 2016-2017 SY: 36 of 228 (16%) 9<sup>th</sup> grade students were flagged and met with a counselor

### **Crisis Short-Term Placements**

The data represented for Crisis Short-Term Placements represents the number of students requiring temporary outside placements and does not take into account multiple placements for the same students. Moreover, it does not differentiate the data from middle and high school, rather combines the two into one total number.

- 2015-2016 SY: 19 Secondary, 0 Elementary
- 2016-2017 SY: 11 Secondary, 7 Elementary
- 2017-2018 SY (Current): 6 at the high school level (As of 10/30/2017)

### **504 Plans**

At NHS, the school counselors are the coordinators and overseers of 504 Plans, an avenue for students with disabilities to receive educational accommodations that support their school success. If students do not qualify for special education services, yet the disability is still posing a barrier to their education, a 504 is warranted, and this includes mental health concerns. Notably, the case manager for the 504 is the school counselor. The data below represents the number of 504 Plans at the high school that have a mental health concern as the primary disability (including those found in the DSM-V).

- 2016-2017 SY: 47 of 55 Total
- 2017-2018 SY (Current): 41 of 49 Total



## **BrainSTEPS Concussion Programming**

Our high school has adopted protocols to properly handle the needs of concussed students. The school counselors are also a pivotal component of this team as they handle not only the strain of the academic demands, but also the mental health needs of students whose lifestyles are impacted and how that ripples into their social, personal, and emotional lives. Concussed students are more at-risk for emotional concerns and mental illness symptomology (Daneshvar, Riley, Nowinski, McKee, Stern, & Cantu, 2011). The data cited below is from our BrainSTEPS concussion monitoring, and includes the number of cases of concussed students per school year.

- 2014-2015 SY: 19
- 2015-2016 SY: 42
- 2016-2017 SY: 36
- 2017-2018 SY (Current): 10

## **Truancy**

Truancy is often associated with complex needs, including mental health. Below is data collected on high school students ages 14-16 (ninth and tenth grade) in regards to attendance following at least two days of absences without appropriate documented excuses.

- 2015-2016 SY: 117 received some level of intervention on school attendance
- 2016-2017 SY: 124 received some level of intervention on school attendance
- 2017-2018 SY (Current): 22 received some level of intervention on school attendance

## **Homeless Population**

Students in our homeless population present with a multiplicity of needs, including mental health, and below are the totals of students in the high school who are reported as homeless.

- 2015-2016 SY: 9 at NHS ; 45 District-wide
- 2016-2017 SY: 8 at NHS; 38 District-wide
- 2017-2018 SY (Current): 10 at NHS; 36 District-wide

### **Emotional Support Services**

NHS provides itinerant emotional support (ES) services through our special education program for students with the primary disability of an emotional disturbance (ED). Students requiring full-time emotional support services participate in contracted programming outside NHS. The Northern York County School district supports the mandate of Least Restrictive Environment (LRE) for the education of its exceptional students in program planning and implementation. Decisions to place students out of the district are made by individual IEP teams, based on individual needs. The District provides a full continuum of options to meet the needs of its students. The district may seek placement outside the regular school when a student's needs are so severe that they cannot be met with supplementary aids and services. Totals of participation in high school itinerant ES services are provided below. Notably, students with a secondary disability of ED are not included in the data because they are instead included in our itinerant Autism Support and/or Learning Support (LS) program. Therefore, totals for our LS program are also provided for context.

- 2014-2015 SY: 10 ES
- 2015-2016 SY: 10 ES
- 2016-2017 SY: 12 ES
- 2017-2018 SY (Current): 15 ES
- 2014-2015 SY: 88 LS
- 2015-2016 SY: 81 LS
- 2016-2017 SY: 84 LS

- 2017-2018 SY (Current): 100 (As of 10/30/2017)

### **Autistic Support (AS)**

NHS services students with a primary disability of autism via itinerant Autism Support (AS) services, and students requiring full-time AS services are supported via contracted programming outside of NHS at an AS classroom because we do not have a self-contained program at the high school. Totals for students with a primary and secondary disability of autism who are serviced through this programming are provided below.

- 2014-2015 SY: 14 (8 with a secondary disability requiring AS)
- 2015-2016 SY: 16 (5 with a secondary disability requiring AS)
- 2016-2017 SY: 11 (7 with a secondary disability requiring AS)
- 2017-2018 SY (Current): 13 (4 with a secondary disability requiring AS)

### **Long-Term, Intensive Placements**

This data provides information on the number of high school students we service in Tier 1 out-of-district placements in order to properly meet their needs in the attainment of an education, which includes the co-occurrence of mental health that is often a factor in their developmental profile. Provided below is 2016-2017 data. Data from 2017-2018 is not available yet.

- NHS Autism School: 1
- River Rock Academy Shiremanstown: 1 (4 other students Grades 1-8)
- Yellow Breeches Educational Centers: 2 (2 other students Grades 7-8)
- Mechanicsburg High School: 1
- Hilltop Academy: 1 (4 other students Grades 2-7)
- East Pennsboro High School: 2
- Susquehanna Township High School: 1

- Vista: 1 (1 other student Grade 8)
- New Story: 2 (1 other student Grade 7)

*3. What is the process used for identifying children with health needs?*

### **Identification of Children's Health Needs**

As complex as mental health needs are, we take a multi-faceted approach to identification of children's health needs via two primary tracks: the school nurse and the school counselors.

#### **School Nurse Identification**

Our school nurse is highly qualified, and uses a variety of modalities to assess our students' wellness. Every school year parents/guardians are asked to update their child's health information. As a result, there is an annual review of needs and updates of any presenting concern. The school also annually monitors students' physical development by tracking their height and weight. Moreover, our student athletes are asked to complete a physical in order to be eligible to participate in any of our athletic programs, and approximately 66% of our student population participates in at least one sport. Similarly, students in their junior year of high school are required to complete a physical. Lastly, the school nurse provides daily, one-on-one assessments of our students and makes appropriate referrals as needed.

#### **School Counselor Identification**

The school counselors are active, involved members of the high school community, whereby their intentional integration lends itself to quality relationships with stakeholders, especially students. As a result, quality counselor-student relationships, in addition to staff and parent referrals, are the primary way that mental health needs are presented and then identified. Avenues such as discipline referrals, attendance concerns, student reports about peers, and teacher observations are just a few of the instrumental ways that concerns are brought to the

attention of the mental health staff. Moreover, the Counseling Department delivers the Signs of Suicide (SOS) Prevention Program, an evidenced-based program that provides education, prevention, and intervention measures to our students, whereby early identification in ninth grade is possible. Importantly, the school counselors have relationships with their students across four years, which therefore means that continuity and needs-assessments are strengthened in servicing the sensitive needs that are presented across time.

School counselors also initiate Child Study Teams (CST) to mobilize a strong, multidisciplinary approach to conceptualization and intervention for students with pervasive needs. This strategy provides a pathway for data collection and collaboration between the school and family systems, to ultimately determine how to help the student with a targeted, evidenced-based plan moving forward. This can lead to identification for a 504 Plan and/or special education services.

Through identification and CST processes, select cases go on to require an evaluation through the psychiatrist that is contracted through our consortium, whereby she assists with supporting crisis intervention, risk assessments, and appropriate recommendations that fit the need of the child. The data below represents the number of psychiatric evaluations conducted by Dr. Shawna Brent over the past few years:

- 2015-2016 SY: 11 District-wide
- 2016-2017 SY: 6 District-wide
- 2017-2018 SY (Current): 2 District-wide

### **Identification versus Intervention**

Identification procedures are strong at NHS, but the school-based resources for adequate intervention are stressed. Statistics from the National Institute of Mental Health (NIMH) report

that one in five youth live with a mental illness, but less than half of these students receive needed services resulting in undiagnosed, untreated, or inadequately treated mental health conditions (NIMH, 2014). Moreover, according to the Centers for Disease Control (CDC, 2015), suicide, which often occurs in the presence of mental disorders, was the second leading cause of death among individuals aged 15-24 years and the third leading cause of death among children aged 10-14. Clinical interventions are required for identified students, and the system in which school mental health professionals operate is not adequate to manage the prevalence of mental health concerns. Students are not getting connected to treatment, and the mental health needs persist untreated.

*4. Do you have any information as to what barriers may exist to those children accessing mental health treatment at traditional clinic locations?*

### **Existing Barriers to Treatment Access**

Referrals for counseling are done on a weekly basis by the counseling staff at the high school. However, there are existing barriers to accessing treatment. Logistically, families run into tangible obstacles. Specific to Northern York County is the distance some families need to travel in order to access a provider that fits their insurance. Families in our district will often utilize services in Cumberland County, whereas some providers will not authorize treatment unless it is from a York County provider because they are York County residents, and as a result, they are denied access to the treatment they are seeking. Accordingly, the mental health care system is unfortunately not user-friendly and is difficult to navigate, which therefore acts as a deterrent to many people. Moreover, families with a low socio-economic status may be unable to obtain appointments during times that allow them to access care because of work schedules, babysitting needs, and ride-share agreements. Plus, transportation has been an issue with

initiating and maintaining treatment, which includes factors such as distance, reliable transportation, time of appointment, and cost. To “muddy the waters” even further, there are intangible barriers to accessing treatment, which include our patrons beliefs about mental health, their view on the seriousness of drug and alcohol involvement, stigma, parental expectations, hiding the problem or protecting family from exposure, and high parent-child or family conflict.

Qualitatively, the counseling staff at NHS has found success in coming alongside the family as a school to help them navigate mental health care. For example, this is evidenced through SAP, where we can offer a free-of-charge assessment that reinforces the school counselors’ recommendation for counseling, and we have seen families interest in this rise because the student can access it at the school. Typically, parents and families want their child to have help, but the barriers to accessing it are pervasive. As a caveat to SAP, it can only provide assessments and recommendations, and then they simply make an outside referral that may or may not be given the follow-up attention it needs.

*5. What space/accommodations will your school provide within the building to accommodate service delivery?*

### **Accommodating Treatment at Northern High School**

After receiving approval to be a school setting that provides clinic-based providers and after receiving approval from our school board, the high school would be able to provide a private space for the provider and student to have their sessions. The front office has three conference rooms that can offer privacy and be reserved from 7:00 AM to 3:10 PM, with the school day running from 7:40 AM to 2:40 PM. Reservations for the conference rooms can be made through the Counseling Department administrative assistants. Moreover, we can assist

with coordinating times to see the students and retrieving them from their classes in order to aid with any logistical barriers.

*6. What value does your school district place on the involvement of family and natural resources?*

### **Family Involvement and Informal Supports**

NYCSD places high value on the involvement of family and informal supports, and this is evidenced through several initiatives. At the district level, our administration is steering our strategic programming to stimulate parent engagement. For example over the summer, our entire district-level administration, building-level administration, K-12 school counselors, and district-wide front office staff participated in a Poverty Simulation through York County's Community Progress Council. This professional development experience expanded staff worldviews so as to be better equipped on the front lines to assist with the unique needs of families living at or near the poverty line. Moreover, the district is currently in the process of creating a committee, comprised of primarily parents, whose primary objective is engagement; it will be active this fall!

At the building-level, consistent communication is encouraged between parents, and vehicles for this engagement are provided through Back-to-School Nights, information nights, parent-teacher conferences, and informal channels of communication on a day-to-day basis.

When mental health is of concern, there are a variety of informal supports that we intentionally implement depending on the need, and some examples of those include, but are not limited to:

- Referral to school counselor
- Mentoring by a staff member
- Tutoring services
- Project Polar Cares (NYCSD clothing closet)



- Call home to collaborate with parent/guardian
- Connect student to an extra-curricular activity
- Connect student to where he/she can use his/her talents
- Assess appropriateness of meeting with the school psychologist
- Refer to SAP Liaison for assessment
- Provide academic monitoring
- Hold a team meeting that includes all stakeholders tied to that student's needs to develop a plan
- Provide a safe space for them to go to, as needed
- Address mental health concerns through school counseling curriculum
- Collaboration with community resources (i.e., Public library, churches, New Hope Ministries, etc.)
- Truancy elimination plans

*7. In order to accommodate family/caregiver schedules, will your school have the capacity to allow evening service delivery by the provider?*

### **Evening Service Delivery**

Pending site approval of services, evening service delivery will be accommodated.

*8. If your school program does not operate during the summer months and/or has extended breaks throughout the year, will your school building(s) be able to accommodate the provider's continued service delivery within the school setting?*

### **Summer Months Service Delivery**

Service delivery during the months that school is out-of-session will be accommodated.

*9. The current Postal Zip Codes for students in the school district.*

### **Postal Zip Codes for NYCSD**

The postal zip codes for NYCSD are as follows:

- Dillsburg, 17019
- Wellsville, 17365
- Franklinton, 17323
- Mechanicsburg, 17055

- Dover, 17315
- Lewisberry, 17339

*10. Please provide your district's latest PA Youth Survey (PAYs) either in full or in part as it is related to mental health, substance use, bullying, and other relevant information related to this request.*

### **Other Relevant Information**

NYCSD is not a participating district with the PA Youth Survey (PAYS), so unfortunately, we do not have this information to provide.

*11. Please provide the following information for each school your district is requesting to be licensed to provide mental health outpatient services.*

### **School Information**

Northern High School  
653 S. Baltimore Street  
Dillsburg, PA 17019  
Grades Served: 9-12  
Total Student Population: 1,015  
Estimated MA Population: Unable to determine  
Estimated Low Income Population: 656 students out of a total enrollment of 3,014 equates to 21.77%

## References

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