Alliance Health School Based Team Annual Report
Indicators and Outcomes for 2019-2020 School Year
Executive Summary

The purpose of the Alliance Health School Based Team (SBT), in partnership with Wake County Public School System (WCPSS), is to identify and connect qualifying WCPSS students to behavioral health services. There are 7 program groups outlined in this report: Traditional, Traditional I/DD, Crisis, Psychiatric Residential Treatment Facility (PRTF), Justice Liaison, Alternative Schools, and Family Engagement Programs. The Traditional program works to connect students referred through the schools to behavioral healthcare providers who can assess and recommend appropriate treatment with the ultimate goal of improving their engagement in school. The Traditional I/DD program works to connect students and families referred by the Special Education department to community resources, behavioral healthcare providers, and assist to navigate the I/DD eligibility process. The Crisis program works to connect students referred from crisis facilities in partnership with Wake County Public Schools to support the child’s transition to appropriate level of treatment services and provide necessary supports as identified by the school system. The Crisis program has developed a uniform process with WCPSS to support significant school safety concerns. The PRTF programs seek to identify WCPSS students in PRTFs to ensure a quick and coordinated re-enrollment after they leave the facility. The Justice Liaison program obtains referrals from Wake County School Resource Officers with the goal of diverting 14-18-year old who commit non-violent offenses at school from getting charges in the court system. In addition, SBT continues to develop two specialty programs. These are the Alternative School and Family Engagement programs. All programs work with youth from a variety of insurance networks both in and out of the county including private, uninsured, Healthchoice, and families identified in both the tailored and standard plan Medicaid panels.

Process data, indicators, and outcomes are included in this report, as outlined in the data analysis plan created and agreed upon by Wake County Public Schools, Wake County Government, and Alliance Health, revised in 2018. The plan was revised to reflect changes in responsibilities for outcome data. Those changes are noted throughout the report.

Of note, SBT won a statewide Program of Excellence, Partnership to Improve Services award from the NC Council of Community Programs (now called the I2i Innovations Center) in December 2017. The Team was also invited to speak to the NC General Assembly about their work, particularly children in crisis. Once again, in 2019, the School Based Team, for their work with families and partners, won the Quality Commitment award from the i2i Innovations Center in partnership with Easter Seals CARES. Furthermore, SBT leadership along with Easter Seals leadership were invited to be the keynote speakers at the 42nd annual Legislative Breakfast on Mental Health.

Crisis Program

Referrals for the Crisis Program:

In its second year of development, the SBT Crisis Program solidified process and received successful feedback from partners both at WCPSS and local crisis facilities. The Crisis Program continues to have liaisons embedded at Holly Hill Hospital and WakeMed Hospital. SBT has
also expanded to work with Central Regional Hospital (CRH). In the future, the plan is to have SBT liaisons at the new child crisis facility, scheduled to open in July 2021. Our liaisons have access to clinical records across multiple hospital systems and crisis facilities throughout Wake Co. Crisis Liaisons review daily admissions data to triage cases that meet criteria for SBT involvement. Liaisons coordinate with parents/guardians and the crisis facilities to obtain the release of information for communication between SBT and WCPSS. The SBT Supervisor provides daily crisis updates to WCPSS leadership regarding WakeMed and Wakebrook CAS admissions, as well as weekly updates of Holly Hill Hospital admissions. With the consent of legal guardians, this daily alert allows for immediate real time support of the family by including the WCPSS CASS teams in discharge planning from the crisis facility/ED and connection with providers. If the crisis episode warrants an inpatient treatment episode, the crisis program team process keeps WCPSS abreast of projected transition back to community and school. The goal of our SBT Crisis work is to link children to appropriate MH/SUD/IDD services as well address social determinants of health needs in order to coordinate with the family, school, community partners, and treatment provider, to support the child in their transition back to school after a crisis episode. This goal is part of a system of care approach used in the school-based program.

The SBT Crisis Program attributes their success over the last school year to collaboration with local crisis facilities, treatment providers, and counterparts at WCPSS. Continued collaboration with stakeholders has aided addressing barriers, supporting families, obtaining releases of information, and consistent communication and planning across multiple systems.

The SBT Crisis Liaison at Holly Hill regularly attends interdisciplinary treatment team meetings to assist with providing clinical background, discuss treatment recommendations, and assist with coordinating child and family team meetings and developing aftercare plans. The liaison assists hospital staff with expediting linkage to aftercare services through coordination of CARES and Youth Villages High Fidelity Wraparound referrals. A referral process is in place for the treatment team to notify the liaison of children with private insurance who would benefit from SBT support. A process has also been developed to assist with obtaining SBT consents at Holly Hill when parents and guardians are on site.

To continue to support concerns around school safety, the SBT Crisis liaisons work with WCPSS and local crisis facilities to support high risk cases. A dedicated SBT Liaison is assigned to monitor an identified case of concern and coordinate with involved systems to support the child and family. The SBT Crisis Liaison is able to provide support to high risk cases regardless of insurance coverage. SBT Leadership met with the current Alliance Chief Medical Officer who provided additional support and accessibility to assist with immediate response to cases of concern. SBT Crisis Liaisons follow the established process to provide immediate alerts to WCPSS leadership for any cases with imminent safety concerns.

In the 2019-2020 school year, the crisis team expanded to provide support to WCPSS students at Central Regional Hospital (CRH) through partnerships with Alliance care teams. SBT CRH Liaisons created a collaboration with educational staff at Bowling Green School on the Central Regional Hospital campus that supports the educational needs and transitions of children requiring this intensive level of care. This collaboration has greatly impacted the level of communication among all systems involved and ensures that these children are fully supported during their transition back to WCPSS.
SBT leadership collaborates with Alliance Government Relations and WCPSS to stay abreast of legislation that focuses on school systems, crisis, and safe schools. This program continues to develop and evolve based on changing mandates and working to support Wake County Government’s strategic behavioral plan, WCPSS school based mental health initiatives, and recommended guidance from DPI.

From July 1st, 2019 through June 30th, 2020 the Crisis Program received 244 new referrals, 216 agreed to participate in the program (see Appendix 2 for definitions).

Performance Indicators and Outcomes:

The process indicators for the Crisis Program examined the number of students who received treatment after referral to the SBT program and utilization of program across the school system. Process indicators for the Crisis Program are broken into 2 goal areas. First, the percentage who received an assessment or therapeutic service within 90 days of date referral received. Second, the percentage of releases of information (ROIs) obtained during the 2019-2020 school year. This is our second year measuring the percentage of ROIs obtained. This was identified as an outcome measure by leadership, both at WCPSS and Alliance, as the primary outcome measure for the Crisis Program. The ROI is essential in coordinating with our facilities and WCPSS to best support children and families in crisis.

It should be noted that data in this section accounts for 173 youth, those who accepted the referral and have Medicaid or no insurance.

<table>
<thead>
<tr>
<th>KPIs</th>
<th>18-19</th>
<th>19-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Treatment in 90 days *</td>
<td>92%</td>
<td>92%</td>
</tr>
<tr>
<td>% of ROIs obtained</td>
<td>79%</td>
<td>77%</td>
</tr>
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*For the 2018-2019 school year, measure changed to 90 days (vs 45 days in prior years) to take into consideration time spent at crisis facilities during crisis episodes.*
Process Data 2019-2020:

The Crisis Program starting capturing demographic data in the 2018-2019 school year and 2019-2020 is the second full school year reporting demographic data. Of the 244 referrals received during the 2019-2020 school year, the gender breakdown of referrals is 52% male and 48% female.

<table>
<thead>
<tr>
<th>Gender</th>
<th>2018-2019</th>
<th>2019-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>50%</td>
<td>52%</td>
</tr>
<tr>
<td>Female</td>
<td>49%</td>
<td>48%</td>
</tr>
<tr>
<td>Transgender</td>
<td>1%</td>
<td>0%</td>
</tr>
</tbody>
</table>

The ethnicity breakdown indicates African-American students accounting for 43% of the crisis referrals, Caucasian students at 27%, Hispanic at 17%, and unknown/other referrals at 13%.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2018-2019</th>
<th>2019-2020</th>
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</thead>
<tbody>
<tr>
<td>African-American</td>
<td>42%</td>
<td>43%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>24%</td>
<td>27%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>21%</td>
<td>17%</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>13%</td>
<td>13%</td>
</tr>
</tbody>
</table>
Medicaid referrals accounted for 73% of all crisis referrals, private insurance at 14%, no insurance at 7%, and Healthchoice/Other at 6%.

Referrals of high school students make up the majority (45%), middle school referrals make up 29%, elementary at 18%, and unknown/pre-k at 8%. Due to high schools having highest percentage of children presenting at crisis facilities, SBT continues targeted outreach to high schools and SAP counselors.
During the 2019-2020 school year, 85% identified English as their first language, 13% Spanish, and 2% other/unknown.

The Crisis Program received 244 referrals from crisis facilities, 32% of these cases originated from an Emergency Department (ED), 29% originated from Holly Hill Hospital (HHH), 19% originated from Crisis and Assessment (CAS), 14% were Alliance internal referrals (Alliance Access, MH/SUD Care Coordination, and I/DD Care Coordination), and 6% “other”.

Crisis Program Success Stories:
**Success Story #1:** Student is a 10-year-old male admitted to an inpatient facility in February 2020 due to suicidal ideation. This was his first hospitalization and he was not connected with any mental health supports at that time. The student and his father were homeless and living at a shelter at the time of the referral. The student has a history of trauma. He identified bullying by peers about him being homeless as a trigger for his depressed mood and suicidal impulses. Father reported his son also exhibits other behaviors at school that seem to contribute to the bullying. SBT became involved at father’s request for assistance with communicating these concerns with school staff. In further discussion with the student’s father, father reported previous special education services in another school system; however, he expressed a desire that his son not return to any special education services. School reported the student is very smart and capable but appeared not to be applying himself. School felt this student would benefit from supports available through special education. Father was initially resistant to discussing these options. SBT was successful in processing concerns with father and facilitating more communication with the school around the student’s needs and concerns. SBT provided school staff with clinical information that was helpful in determining positive coping skills for use in school and addressing the bullying concerns. Father became more open to ongoing discussion regarding options for supports both through special education and otherwise. Following the hospitalization, the family was connected with intensive in-home services to address the student’s history of trauma and presenting mood and behavioral concerns. Father reported the student’s mood and behaviors have improved and the student has been better able to focus on his schoolwork. The restrictions enacted due to the COVID-19 pandemic prevented the in-person meetings and evaluations for an IEP to be completed this school year; however, SBT’s collaboration with the school has ensured there will be appropriate follow-up at the start of next school year to link this student with additional school supports. Father remains open to exploring support options that may result in the student returning to special education. Intensive in-home remains in place and continues to support the family with treatment, securing permanent housing, and connection to available community resources as needed.

**Success Story #2:** SBT received member’s case as a crisis referral. The referral came from her IIP team; they were requesting assistance with school. Member had been consistently having attendance problems since the beginning of middle school, but she was promoted each year despite lack of mastery of the material and significant time missed. At the time of referral, member was a 9th grade student and she would not attend school. If her mothers were able to get her to school in the morning, she’d refuse to get out of the car; if they got her in the building, she’d refuse to go to class. If she went to class, she refused to participate. The school had tried what they could think of but started to view the problem as behavioral in nature. SBT liaison met with the family, the therapy team, and the school counselor. They brainstormed ideas and SBT liaison reached out to Melaine Ewing, WCPSS Special Ed Social worker, for additional support. SBT liaison and Melaine talked through some options, including a more thorough examination of a psychological evaluation that was done earlier in the school year. After reviewing the document, it was clear that member’s level of cognitive functioning was below where most of the team thought her to be. The assessment was shared with WCPSS with guardian’s consent. Member’s extreme anxiety, which presented in a way that she appeared selectively mute in school, was masking a big part of the problem. The team met again, but this time at the school and the meeting included the Assistant Principal and member’s entire IEP team (SLP, School Psychologist, teachers, IEP case manager, School Counselor, parents). There were about 16
people sitting around the table talking through some options for this student. The school determined that a few extra tests were required and the school psychologist and the SLP met with member beginning that very day. The team reconvened several weeks later with the results of the testing indicating that member qualified for a change from the Future Ready Core Course of Study to the Occupational Course of Study. When the team met to share that information with this young woman, she presented in a completely different way. She had already had an opportunity to meet with the OCS teacher. She was engaged in the meeting verbally, she was smiling. The teacher reported that she had been successful in getting member to engage in class with the other students and she was completing the work. It appeared that socially, emotionally, and academically, this was a much better fit for this student. When SBT liaison spoke with her parents about a month after that placement started, mom indicated that for the first time in years, member was going to school without a fight, walking into the building on her own accord, completing school work, and making friends.

Success Story #3: In mid-May, SBT received a referral for a family experiencing homelessness. They had been residing in a hotel for over 1 year. The family, which consisted of mom and an elementary school aged child, only had enough money for 3 more nights at the hotel. Mom was without a job, had no transportation, there was no childcare in place, and they had little to no family support. Dad does not provide financial support and does not have a relationship with the child. With the assistance of the Community Health and Well-Being team at Alliance, SBT was able to move the family into an Alliance sponsored hotel room.

As part of the Alliance hotel program, SBT liaison made daily contact with the mother and quickly established good rapport. SBT liaison assessed the needs of the family and worked with the WCPSS School SW Intern to arrange for a referral to Note in the Pocket for clothing for the member, she helped get a private donation for some additional clothing and arranged to for food delivery to the hotel.

SBT liaison referred the family to Youth Villages High Fidelity Wraparound to support the family in building natural and formal supports to address SDOH. The family was also connected to CPS, Fernandez Community Center, and Triangle Counseling Agency for individual therapy for both mother and son.

Mom was able to find a job, but due to her work hours and new COVID restrictions/guidelines, the team was unable to find childcare for her son. The family knowingly re-engaged in a toxic relationship with the maternal grandmother as it was the only option for childcare that would allow mom to maintain her employment. Mother was able to save some money and started to regain some feelings of being competent and capable.

Due to mom’s criminal history and low credit score, her applications for multiple housing locations were turned down. At the end of August, the family was accepted into The Carying Place. The family moved from the sponsored hotel to a duplex sponsored by The Carying Place. This was the first time in 14 months that mom was able to make a home cooked meal for her child. The Carying Place program is providing temporary housing for 16 weeks and they have assisted with getting mom’s car fixed and roadworthy again via a partnership with AAA.
With the support of her team, mom is planning to stay with The Carying Place program, where she can remain until Christmas. She will learn financial management, connect with Legal Aid to work on child support and some issues related to her criminal record, work on credit repair, and connect with other families. With assistance from The Carying Place, the son is now receiving tutoring in reading and math and is enrolled at the YMCA Scholastic Support Center for virtual school assistance/childcare. Mom has a few job prospects on the horizon. CPS has closed their case. Mom is future focused. She has already registered for the Salvation Army Angel Tree so that she can provide a joyful holiday for her son. The Carying Place and the other agencies involved will work together to assist the family in securing more permanent housing as their time at The Carying Place winds down.

**Traditional Program**

**Referrals for Traditional Program:**

From July 1, 2019 to June 30, 2020, the Traditional Program received 197 new referrals, 128 agreed to participate in the program accounting for 65% of the most high-risk families being successfully served. The program effectively addressed barriers to support identified families by working with WCPSS and community partners such as Easter Seals CARES. This new process resulted in successful linkage to therapeutic interventions, increased engagement, and sustained engagement. The families that chose not to participate in the program were provided information regarding resources and ability to re-engage with the School Based Team, if needed.

![Referrals Chart]

**Performance Indicators and Outcomes:**

The process indicators for the Traditional Program examined the number of students who received treatment after referral to the SBT program and utilization of program across the school system. Process indicators for the Traditional Program is measured as the percentage who received an assessment or therapeutic service within 45 days of SBT contacting the family.

It should be noted that data in this section accounts for 101 youth, those who accepted the referral, those that have Medicaid or no insurance, and those students who did not move into another school district during the year.
SBT leadership worked with Alliance, WCPSS, and providers such as Easter Seals to remove barriers by utilizing technology and outreach to continue our upward trend (3% increase as compared to last year) for successful engagement in services.

**Process Data 2019-2020:**

There were 197 referrals to the Traditional Program between July 1, 2019 and June 30, 2020. The gender breakdown of referrals has remained consistent within the past 3 school years (roughly 40% female and 60% male).

The ethnicity breakdown has changed slightly within the past school year. The percentage of White students decreased to 17% from 24% last school while, while the Black/African American population remained the same at 43%, and the Hispanic population slightly decreased to 27% from 28%.
Seventy seven percent of youth referred have Medicaid or no insurance as compared to 74% from the previous year.

Referrals from elementary schools (all grade levels K-5) still make up the majority (62%), with kindergarten referrals consisting of 7%, a slight decrease from last year at 11%.
The number of referrals for students with Special Education services remained the same this school year.

The language breakdown of referrals also remained consistent as compared to last year (roughly 80% predominantly English speaking, 20% predominantly Spanish speaking).
Process Indicators and Outcomes:

There were 128 students and their families who agreed to participate in the Traditional Program. Of this population, 101 participants had Medicaid or no insurance therefore eligible to receive services through Alliance.

*Goal 1 – Improve engagement in treatment services within 45 days of contact with the family. Engagement is identified as linked with assessment or service within 45 days of contact with the family/guardian.*

**Results**
The percent of youth receiving treatment in 45 days has increased to 77% (n=78, d=101) this school year, accounting for a 3% increase as compared to last year.

**Traditional Success Story:**
During a COVID-19 pandemic follow up call to a Spanish speaking client’s parent, the client’s mother reported having recently lost her job due to COVID-19 layoffs. The client’s parent expressed interest in receiving food assistance resources, job search resources in Spanish, resources information in Spanish for assistance with maintaining her cell phone service, etc. The client’s mother expressed interest in food that may be picked up daily and fresh food to prepare at home. The Bilingual SBT liaison provided the client’s mother with multiple food resource options including: Student food assistance available for pickup Monday- Friday via WCPSS for a hot lunch and breakfast for the next day, dates/times/locations resource information regarding access to refrigerated family dinners available for pick up at no cost, and the names/locations/times of various agencies that provide free groceries for pickup on Saturdays. The Bilingual SBT liaison researched online job search engines for Spanish speakers and provided the client’s mother with resource information to HispanicJobs.com and Indeed.com in Spanish. The Bilingual SBT liaison researched online cellphone service provider information in Spanish regarding assistance available to clients impacted by COVID-19, and provided the information to the client’s mother. Due to the limited availability of facial masks re: COVID-19, the Bilingual SBT liaison inquired whether the client’s mother might be interested in receiving DIY resource information regarding how to make face masks without a sewing machine. Per the client’s mother’s request, the Bilingual SBT liaison provided the client’s mother with resource information to access various online links to DIY tutorials in Spanish, regarding how to make face masks without a sewing machine. The client’s mother tearfully expressed gratitude for the resources and the assistance.

**Traditional I/DD Program**

**Referrals for Traditional I-DD Program:**

In the 2019-2020 school year, the leadership within WCPSS Special Education Department continued to prioritize the collaboration and system of care in this program and deepened the partnership to support the Traditional I/DD population. This includes a high level of support and immediate response within Traditional I/DD, but also with Crisis and PRTF programs. The referrals come directly from the WCPSS Special Education Department. The items below were written by leadership at WCPSS regarding the partnership that has been developed to support the children and families:

- SBT/IDD liaisons continued to provide much needed support during COVID that our district and family needed during such difficult times. They also attended team meetings during remote times.
- SBT participated in Collaborative groups and Committees established to help support Virtual Learning, Social Emotional Learning, Community Resources and the return to school.
- Many families were connected to community supports i.e. ABA, group home placements, treatment and emergency supports. The IDD team worked tirelessly to find support for families in crisis.
- Collaborated with our Family and Community Connections team to provide information to families new to WCPSS or about to move to Wake County about how to access I/DD
and other services through Alliance. This is very important to families who move here and don’t understand the process.

- Coordinated with Behavior Specialists to assist teachers and families in accessing resources.
- Prior to school closure, the teams assisted with students who presented with challenging behaviors. SBT Traditional I/DD liaisons have been able to assist families in accessing outside services such as emergency respite, ABA therapy, Wright School, Murdoch Center, NC Start etc.
- Collaborated with Autism and Extended Content Support (AECS) and Behavior Specialists (BS) in problem solving for students/families in crisis and how best to provide appropriate services in the school setting.
- Ability for more direct communication with all parties to provide updated information and more complete data and services.
- Even during COVID the teams facilitated seamless transitions for students returning from residential placements, respite, and/or crisis hospitalization.
- The School Based I/DD liaisons coordinate all services across home and school in order to provide consistency in strategies and interventions. This service is imperative to ensure the success of students with the most significant disabilities.
- Provided information to Autism & Extended Content Standards Support Teachers (AECS) and Behavior Specialists (BS) to share with teachers about available services. Teachers are then able to share information with parents about available services.
- Participated in the Interagency Team with Tracy Serviss. Group met every month and assisted in planning the transition fair that was scheduled for April 2020.
- Presented information about Alliance to parents of ECS students at Broughton and Rolesville HS. Sessions were after school or early evenings.

The Traditional I/DD School Based Team continues to work closely with Alliance Government Relations and WCPSS to provide ongoing education on the upcoming Medicaid transformation. The SBT program helped facilitate community events and meetings to provide accurate and timely information to WCPSS and partners to support the families we serve in this program.

From July 1, 2019 to June 30, 2020, the Traditional I/DD program received 55 new referrals, 51 agreed to participate in the program.

![TRAD I/DD Referrals][1]

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[1]: image.png
Performance Indicators and Outcomes:

Services for the I/DD population typically take longer to put into place due to the integrated care model needed to serve this population with complex needs, as well as the availability of recommended services and capacity of existing resources to serve this growing population. The SBT Traditional I/DD program is measured based on 3 performance indicators.

Goal 1 – Increase awareness regarding the I/DD eligibility process and assist families in navigating I/DD eligibility review.

The program served 51 referrals. Sixty three percent (n=32) of these referrals were successfully supported through the I/DD eligibility process. SBT worked closely with WCPSS, families, and Alliance to navigate the steps and documentation required to initiate this process. SBT provided targeted outreach to schools and continued the collaborative relationship with WCPSS Special Education department.

Goal 2 – Refer to treatment providers.

Sixty nine percent (n=35, d=51) were referred to treatment providers for therapeutic services in the 2019-2020 school year. At this time, 57% (n=20, d=35) of those were linked with a service with the remainder on waiting lists which can account for a multi-month wait time.

Goal 3 – Refer to community resources.

In the 2019-2020 school year, the I/DD program focused on community resources and sustainability. Of the 51 referrals served this school year, 82% (n=42) were referred to a community resource.

I/DD Community Resource List:

- 504 Plan
- AA/NA or Similar Recovery Program
- ABA Providers
- Adult Criminal Justice System
- Behavioral Health Therapy
- CAP-C
- Care Coordination
- Child Protective Services
- Enrolled in School/Day Treatment/Homebound
- Food Assistance
- Full Time Employment
- Housing Assistance
- I/DD Services
- IEP
- Juvenile Justice System
• Medicaid
• Medication Management
• NC-START
• Other Group or Program Regularly Attending
• Other Interpersonal Support or Mentor
• Other Social Support
• Part Time Employment
• Psychological Evaluation
• Public Health
• Recreational Activities
• Reliable Transportation
• SNAP
• Spiritual Resources
• SSI/SSDI
• Unemployment
• VA Benefits
• Vocational Rehabilitation
• WIC
• Work First

Process Data 2019-2020:

The 2019-2020 school year will be the second-year reporting demographic data specifically for Traditional I/DD (TRA-I/DD) referrals. There were 55 referrals who were referred to the TRA-I/DD program for the 2019-2020 school year. Sixty nine percent identified as male, 31% as female.

<table>
<thead>
<tr>
<th>Gender</th>
<th>2018-2019</th>
<th>2019-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>68%</td>
<td>69%</td>
</tr>
<tr>
<td>Female</td>
<td>32%</td>
<td>31%</td>
</tr>
</tbody>
</table>

Twenty six percent of the youth identified as Black/African-American (a seven percent decrease from last year), 45% Caucasian (13% increase from last year), 13% as Hispanic (7% increase from last year), and 16% as “other” (13% decrease from last year).
Youth with Private Insurance/Healthchoice represented the majority of referrals at 51%, an increase from last school year. The remaining 49% had Medicaid or were uninsured.

The majority of referrals at 71% were referred from elementary schools, 13% from middle schools, 12% from high schools, and 4% were children enrolled in WCPSS pre-K programs.
Eighty four percent of the TRA-I/DD referrals listed English as the primary language spoken in the home, 11% Spanish, and 5% as “other”.

**TRAD-I/DD Success Stories:**

Success Story #1: A school social worker referred a 10-year-old boy whose family spoke Spanish to the School-Based Team. This child had a diagnosis of autism, and was having episodes of agitation and aggressive behavior at school. His mother had called Alliance several months previously, but she had not understood how to follow through with obtaining the documentation of his disability. SBT I/DD liaison met with the parents and a Spanish translator and contacted Alliance I/DD eligibility determination staff to provide the boy’s psychological evaluation and IEP. Student was determined eligible for services a week later and referrals for services, including ABA and other I/DD services, were sent out. His episodes at school continued and with his mother’s consent a referral was made to the NC-START program. Soon after this, a Spanish-speaking clinical coordinator from the NC-START program was assigned to
assist with crisis intervention and planning with the family and school. SBT I/DD liaison maintained close communication with WCPSS staff at the school and at Central Office to monitor his progress. SBT I/DD liaison was successful in connecting this student to ABA services with a Spanish-speaking staff and a Community Guide to help with linking them to community. WCPSS assigned him to a classroom for students with autism and intensive behavioral needs. Due to these interventions and support, student started making progress at both home and school.

Success Story #2: Student was referred to the SBT I/DD team for services in March 2020 by her teacher. She had been having frequent episodes of kicking, screaming, biting others, and throwing herself to the floor at school. The referral came in at the same time that schools closed down due to COVID-19. When virtual school started, student and her family were really struggling. Her mother expressed interest in I/DD services. The SBT I/DD liaison met with the teacher, school psychologist, social worker, and speech therapist, who wanted to assist with getting services going for student. The teacher helped engage the mother, and the psychologist provided the evaluation necessary to determine I/DD eligibility. The SBT I/DD liaison talked with the family about services, and provided information on Speech and OT therapy providers near student’s home. SBT I/DD liaison also assisted the family with getting student on several waiting lists for ABA services. Once she was determined eligible for I/DD services, the SBT I/DD liaison referred her to the Autism Society. A staff person has been hired, and student is now engaged in services. She is also receiving Speech and Occupational Therapy at a center near her home. The family was recently enrolled in Developmental Therapy Professional, a service to assist the parents with learning strategies to help student increase her skills. The family and school are grateful for SBT’s support in putting all supports in place.

**PRTF Program**

**Referrals for the PRTF Program:**

The number of youth referred to the PRTF Program was 60. Fifty-six consented to participate in the program which accounts for 93% of the youth referred. The PRTF Program began quantifying number of Child and Family Teams (CFT) attended by PRTF liaisons. During this reporting period, the two PRTF liaisons attended 150+ CFTs. CFTs support clear communication and collaboration between behavioral health providers and WCPSS to support the recovery process.
Performance Indicators and Outcomes:

The key indicator for youth leaving PRTF facilities include a timely connection with treatment and reconnection with schools. The data for the last three school years are as follows:

<table>
<thead>
<tr>
<th>KPIs</th>
<th>2018-2019</th>
<th>2019-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Reconnected with school within 10 days of discharge</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>% of Treatment in 45 days</td>
<td>100%</td>
<td>95%</td>
</tr>
</tbody>
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Process Data 2019-2020:

The PRTF Program starting capturing demographic data in February 2018 and 2019-2020 is the second full school year reporting demographic data. Whereas last year a large majority of referrals were males (63%), this year there was only a slight difference (52% males, 48% females). All referrals were comprised of individuals with Medicaid and 98% English speaking.

The ethnicity breakdown indicates African-American students accounting for 54% of the PRTF referrals, referrals for Caucasian students dropped to 33% (as compared to 45% last year), Hispanic at 3%, and “other” referrals at 10%.
Sixty three percent of the PRTF referrals were classified under Special Education (SPED) status, compared to 68% in the 2018-2019 school year.

Referrals of high school students continue to make up the majority (65%). Elementary aged children account for the lowest percentage at 7% which is an 8% drop from last year.
Process Indicators and Outcomes:

The PRTF Program receives referrals from Alliance care coordinators who are working directly with the facilities. From July 1, 2019 to June 30, 2020, the PRTF program received 60 new referrals, 56 of these students agreed to participate in the program. Twenty of those 56 children discharged during the 2019-2020 school year back into WCPSS. The remaining 36 children either stepped down from PRTF into another county/non-WCPSS school or remain in the PRTF setting at the time this report was generated.

Of note, from the previous fiscal year with cases received 7/1/18 through 6/30/19, but discharged the next fiscal year from 7/1/19 through 6/30/20, an additional 9 children stepped down. Of those 9 children, all 9 were enrolled in WCPSS within 10 business days accounting for 100%.

Goal 1 - The PRTF program is to reconnect WCPSS students with school and services upon discharge from a PRTF. The process indicator for the PRTF program is that students are enrolled in WCPSS within 10 days of discharge from the PRTF.
Results: The SBT PRTF program successfully enrolled 100% of those students who stepped down into WCPSS within 10 days post discharge from PRTF for the 2019-2020 school year. Due to the state of emergency and pandemic, this measure was calculated using the dates that schools were in session.

Goal 2 - Improve engagement in treatment services within 45 days of referral or discharge, for youth who step down to WCPSS and have Medicaid or no insurance (services paid by Alliance).

Engagement is identified by at least one reimbursement claim submitted to Alliance for a therapeutic service within 45 days of the initial referral date or discharge date, whichever is later.

Results: Ninety five percent of youth were engaged in therapeutic services within 45 days of discharge from a PRTF facility in the 2019-2020 school year. There was only one youth who was
not engaged in services as guardian discharged youth from the PRTF facility against medical advice (AMA) and refused any additional services or interventions post AMA discharge.

SBT PRTF Liaison Success Story:

Student was placed at New Hope LEAP PRTF in 2019. Student is diagnosed with ASD (Autism Spectrum Disorder), has limited verbal communication, and has significant aggression. Student is 6+ feet tall and can be dangerous when agitated. He has a history of targeting his mother with aggression in the home. Prior to his placement, student experienced stability in his school placement with WCPSS and had the same assigned 1:1 for many years. Despite his out of home placement, WCPSS remained in communication with the SBT PRTF liaison and his team at LEAP sharing strategies that were successful in their classroom settings to ensure that LEAP could also be successful with him in the classroom. WCPSS also worked with the team to ensure that his school placement would still be available upon discharge. Despite the plan for a step-down placement, one was not identified for this young man. Mom chose to pull him from the program and bring him home, despite her ongoing concerns for her own safety, as she was concerned he would lose his school placement as the 2019-2020 school year progressed. In September 2019, student returned home and to his school placement. His parents continued to communicate with this writer for assistance even after the case was closed. With NC Start and Autism Society of NC working to support student and his family, he has remained in the home for the entire school year and remained in school without disruption for the school year (until classes went online due to the COVID 19 pandemic).

Justice Liaison Program

Prior to the North Carolina “Raise the Age” law which took effect on 12/01/2019, a 16-year-old student could be charged as an adult for non-violent crimes. In response to the “Raise the Age”, an agreement was reached between the Wake County District Attorney, District 10 Chief Court Counselor, SBT Director, Alliance Health Specialty Populations Manager, and the SBT Justice Liaison, to expand the eligibility criteria for WCPSS referrals to the Diversion program to include younger students.

The Teen Diversion Program began to focus on expansion at the beginning of the 3rd quarter of the 2019-2020 fiscal year. The program currently assists eligible WCPSS students, ages 14-18 years old, referred by WCPSS School Resource Officers (SRO) due to having committed school related, non-violent offenses. The program provides WCPSS students with the possibility of avoiding criminal charges by completing a 6-month program, in lieu of the student having to present to court.

The goal of the Diversion Program is to help improve student’s overall well-being and school performance. The program continues to explore options for providing support to eligible WCPSS students via the Teen Diversion Program. Potential support options include:

- Exploring the possibility of working with middle school students regarding increased prevention and system of care work
- Working with families in Juvenile Court to ensure a seamless transition to services.
• Developing a process to Standard Plan enrollees with Juvenile Court involvement
• Provide behavioral health screenings to Wake County Juvenile Crime Prevention Council programs.

Since the inception of the Diversion Program a total of 280 WCPSS students have been served and 79 cases were deemed ineligible for the program.

<table>
<thead>
<tr>
<th># of Students</th>
<th>Status</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>243</td>
<td>Completed</td>
<td>Successfully completed Program</td>
</tr>
<tr>
<td>35</td>
<td>Case Terminated</td>
<td>Unsuccessful completion of program</td>
</tr>
<tr>
<td>2</td>
<td>Currently Active</td>
<td></td>
</tr>
<tr>
<td>280</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pictured: Eric Andrews, SBT Justice Liaison

Below is a link to the Raleigh News and Observer video regarding the SBT Diversion Program:


Referrals for Diversion:
The number of youths referred to the Diversion Program was 26. Of those referred, 19 were eligible and participated.

Performance Indicators and Outcomes:

A key indicator of this program is connection with appropriate treatment and support services. The table below indicates the program’s achievements:

<table>
<thead>
<tr>
<th>KPIs</th>
<th>18-19</th>
<th>19-20</th>
</tr>
</thead>
<tbody>
<tr>
<td># of students who screened positive for behavioral health issues</td>
<td>18</td>
<td>7</td>
</tr>
<tr>
<td># with Medicaid or no insurance</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>% receiving treatment within 45 days</td>
<td>50%</td>
<td>N/A</td>
</tr>
<tr>
<td>% diverted from adult criminal justice system</td>
<td>89%</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Data does not completely reflect all youth receiving services. % of Medicaid/No insurance referrals receiving treatment based on the number who screened positive.

Process Data 2019-2020:

The Diversion Program receives referrals from Wake County School Resource Officers with the goal of diverting 14-18-year old’s who commit non-violent offenses at school from obtaining charges in the adult system.

There were 26 students ages 16-17 who were referred to the Diversion Program during the 19-20 school year. About 81% identified as African-American, Caucasian youth accounted for 19%, Hispanic referrals decreased to 0% (a decrease of 7% from the previous school year), while 0% identified as “other” (a 3% decrease from last year).
Insurance remained overall consistent as compared to last year. Youth with Medicaid or no insurance made up 38% of the referrals. Sixty two percent of the referrals either had private insurance or insurance status was unknown.

Process Indicators and Outcomes:

The Diversion Program receives referrals from WCPSS Resource Officers. The goal is to divert 14-18-year old’s who commit low-level offenses from obtaining charges in the adult system by participating in a rehabilitation program.

Goal – Percent of youth, screening positive at intake, who received an assessment or therapeutic service within 45 days of referral to the program.
Results
From July 1, 2019 to June 30, 2020, the Adult Diversion program received 26 new referrals. Of the eligible referrals, 19 chose to participate in the program. Seven youth screened positive on the behavioral health screening tool, indicating that the youth may need treatment services. Of these youth, none reported having Medicaid or no insurance.

All students received at least one service through the following programs. Alliance does not have a way of tracking when the student enrolled to measure whether they met the 45-day benchmark:

- 100 Black Men
- 4-H Teen Counts/Youth Development
- ACE
- Carolina Strategies
- CORRAL
- First Step
- School, Community Service, Employment
- Therapeutic Services – including services Alliance does not pay for or pays for through grant-funded programs
- 4-H Spaces 2
- Teen Court
- ASCEND program – youth enrichment program to help students reach their potential

Outcome 1 - Increase number of students who are diverted from the adult criminal justice system. Measure is defined as: % of youth referred and accepted to the program who successfully complete program requirements (and are, subsequently, diverted from adult charges). Data will be calculated as: (numerator, n=) the number of youth who successfully complete the program, (denominator, d=) the number of youth referred and accepted into the program.

From July 1, 2019 to June 30, 2020, 19 youth were eligible and chose to participate in the program. At the time this report was due, 17 participants were able to be analyzed in this data as 2 students are still active in the program. The remaining 2 students are expected to complete the program in March 2021. Thus, 100% of participants (n=17, d=17) successfully completed the program and were diverted from the adult criminal justice system.

Diversion Success Story:

Student was referred to the Wake Teen Diversion Program on October 2019. At the time of the referral, student was a high school senior who was performing well but made a poor decision of using marijuana. The SRO was hoping that student could turn this negative situation into a positive situation. Student and his mother met the coordinator for an intake meeting, and left with the impression that he was a hard worker. As a result of the incident, he had to complete the ACE program, maintain employment, and report to program coordinator every two weeks. He was placed on a diversion contract for 6 months.
During the time student was in the program, he worked two jobs. He would often work late at night and still maintained his grades, but started lagging behind in his first period class. The diversion coordinator was notified by the SRO that he was having issues in the morning. The diversion coordinator met with student and determined his morning difficulties were due to working late nights at one of his jobs. Student agreed to prioritize his schedule so he could be on time for school. Student successfully completed the Teen Diversion Program in May 2020 and graduated from high school in June 2020.

Student had a dream of becoming a heavy-duty diesel mechanic, which was put on hold due to COVID-19. However, this young man maintained a job in the auto industry and is now attending college to study business. He is a bright young man who has overcome adversity.

**Family Engagement**

The School Based Team focused on implementing supports to families, under the guide of our family engagement specialist. Family Specialist/Partner provides support to other caregivers as a person with her own lived experience caring for a child with extraordinary challenges and needs. She provides assistance and support to caregivers to empower them to increase their involvement, assist the caregivers of children to maximize the supports and accommodations that are available in his or her home, school and community. The Family Specialist is able to support families with a variety of complex needs while promoting a strengths-based approach, focusing on solutions rather than problems.

The Family Specialist continued to provide a web-based Caregiver Support Group throughout the 2019-2020 school year. This group provides a safe space for caregivers to share their fears, challenges, and their successes. The group provides a variety of innovative methods for participants to interact and engage with the support group: phone, computer, and in person. The group has successfully brought together a growing community of caregivers whose children share unique needs and offers an environment for individuals to participate without fear of being judged or excluded.

The SBT works in partnership with Alliance Health’s Community Health and Well-Being to utilize the System of Care Network to support families. Also, SBT partnered with the DSS kinship program as additional supports to our families. This strengthened the collaboration between WCPSS and DSS.

**SBT Bilingual Liaison Supports**

The role of the SBT Bilingual Liaison is diverse, providing bilingual case monitoring and/or support across the Traditional, Crisis, and IDD Programs. In accordance with the School Safety Bill, the Bilingual Liaison provides support to WCPSS regarding serious threat cases with potential for imminent safety concerns at schools. This support is achieved via: (a) responding to, and/or following up on alerts forwarded to WCPSS leadership by the SBT Crisis Program Supervisor, (b) conducting child and family team meetings (CFT) and (c) via case monitoring. The SBT Bilingual Liaison’s role includes outreach within the Latinx community and a history of collaboration with both the Mexican and Guatemalan consulates. The SBT Bilingual Liaison
worked with WCPSS and SBT leadership to create a business plan for a pilot program between DSS and WCPSS. Bilingual liaison presented the project to stakeholders and Wake County Government. Please refer to the “SBT Response to Covid-19” section for more information on the SBT Bilingual Liaison’s collaboration in response to COVID-19.

**SBT Bilingual Liaison Success Stories:**

*Success Story #1:* The School Based Team Bilingual Liaison was assigned a serious threat case involving a WCPSS student. The student was admitted to the hospital due to suicidal ideation, aggression, and having posted racial and suggestive threats on social media about school shootings. The student’s case was under police investigation. The SBT Bilingual Liaison immediately responded, quickly acquiring the necessary release of information (ROI) forms from the student’s parent, and notified the student’s school regarding the serious school threat. The student was later discharged from the hospital and was transported by the student’s parent to an out of state Psychiatric Residential Treatment Facility (PRTF). Within less than 24 hours of admission to the out of state PRTF, the student’s parent suddenly discharged the student against medical advice (AMA) and returned the student to Wake County. School Based Team and WCPSS leadership, as well as the student’s school were immediately notified regarding the student’s return to Wake Co. The student’s school was able to successfully activate its safety protocol and to take appropriate safety measures regarding the student.

*Success Story #2:* During the early onset of COVID-19, an adult, LGBTQ, WCPSS student was referred to the School Based Team for assistance. The student reportedly lived at home, reported being unemployed, and had no transportation. The student requested mental health treatment and expressed interest in participating in a LGBTQ support group. Many mental health treatment providers had begun discontinuing in person office visits due to concerns regarding COVID-19. TeleHealth had not yet become widely available in Wake County at that time. The SBT Bilingual Liaison was able to assist with linking the student with a treatment provider via TeleHealth and with a free virtual LGBTQ support group. Shortly after the statewide COVID-19 stay at home order was issued by Gov. Cooper, the student reported being at imminent risk of becoming homeless after visiting a nightclub. The student’s parent refused to permit the student to return home, in an effort to protect other family members from possible exposure to COVID-19. The SBT Bilingual Liaison immediately reached out across Alliance Health teams/departments and externally, in an effort to identify potential emergency housing options for the student. The SBT Bilingual Liaison later received confirmation from the School Based Team Director, re: the availability of Alliance Health hotel space for the student. The student later reported being permitted to return home by the parent and being quarantined. However, the SBT Director reserved the hotel space for the student for several days in case of another sudden housing emergency. During the COVID-19 stay at home order, the student was provided with food resources for both prepared and fresh foods for the student and family. Shortly after the stay at home order was lifted, the student reported transportation concerns regarding an upcoming job interview. The Bilingual Liaison linked the student with a free transportation resource in time for the job interview.
Alternative School Program

Longview referrals:

Per WCPSS request, a liaison was placed at Longview Alternative School to facilitate coordination between WCPSS and behavioral health to include children transitioning in and out of crisis facilities. In the 2019-2020 school year, the liaison was able to obtain releases for 40 Longview families. The releases allowed coordination between WCPSS and behavioral health to include children transitioning in and out of crisis facilities. For the second consecutive year, the program collaborated with Activate Good, a community-based program that coordinates volunteer work and community service, with a hands-on event [“Longview Shows Love”] that allowed students and staff to experience the benefits of doing good deeds for others.

The Alternative School Liaison worked with the Occupational Course of Study (OCS) teachers to facilitate weekly school announcements that acknowledged positive actions by students as well as significant historical figures and events. The program also provided support to and helped promote the Longview Café, run by students in the OCS program. In addition, Alternative School Liaison supported groups facilitated by Longview counseling department, including a group that used improvisational comedy to teach social skills to middle school students. Alternative School Liaison attended Longview’s 2020 graduation, done outdoors with social distancing, which served as a powerful end to a unique school year.

In recognition of World Mental Health Day on 10/10/20, SBT Alternative School Liaison, Mr. Christopher Toller wrote a script for a video, which was later created by the Longview School Principal, their student support services team and Chris. Below is the link to the video:

https://drive.google.com/file/d/1LCxIptqsIrOugUKsv6wEQG2-42Y5Noqi/view
“Mr. Toller is a vital team member to our school community as well as our Student Support Services department. His level of expertise and commitment to our students, families, and staff is remarkable. He has been sought after for consultations as it relates to community support services, assisting with the development of onsite programming such as Longview Shows Love, and direct in classroom support helping students develop their social skills. He also helps to provide professional development for staff to gain a greater understanding of the impact mental health has on one's overall development. He helps to bring a different view of the whole child and how operating as a community best meets the needs of the student as well as their families. Mr. Toller continues to create a safe and open space where staff and students are able to seek his level of support.”

- Tracy Cannady, MA/CAS, LPA Longview School Psychologist

**Alternative School Program Success Story:**

*Per Alternative School Liaison, Chris Toller:* “The highlight of the year for me was using a script I wrote that demonstrated CRM skills with middle school students. I had been wanting to do this activity for a few years, and through teamwork it happened. At the beginning of the year, I enlisted the support of Longview’s School Psychologist, who is a certified CRM trainer, as well as the Family and Consumer Sciences teacher, and we agreed to try it in a middle school FACS class. We used a few basic props and I adjusted the script based on suggestions from the students. The students added in some of their own improvised action, and I tried to go with the flow and meet them where they were. Each time we rehearsed the script, it went a little
differently, but it still reinforced concepts of resourcing and using “help now skills” to regulate emotions and thus make better decisions.

One of the things I was looking forward to during the Spring semester was doing the script with high school students - specifically, students in the Occupational Course of Study program. With the semester being cut short due to the COVID-19 pandemic, we were not able to take that step, but I look forward to doing it next school year, even if we have to figure out a way to do it remotely.

Beyond this, I have noticed that staff at Longview frequently use CRM-related language; for example, noting resiliency zones and activities or resources that help them in a moment. The great thing about CRM is it can be used for everyone, and we learn something new about ourselves, our peers, and the students each time we do these activities.”

**SBT Response to COVID-19**

In response to Covid-19, Wake School Based Team (SBT):

- Outreached to all open referrals to address social determinants of health that includes: food insecurity, housing insecurity/homelessness, transportation issues, financial barriers, access to behavioral health supports, and to provide immediate crisis response as needed in collaboration with WCPSS.
- Developed a comprehensive COVID-19 resource list to address social determinants of health. These resource lists were either emailed to families or mailed to them via USPS mail at the home address on file.
- Worked closely with WCPSS and Alliance leadership to support 17 students in residential settings regarding accessing behavioral health supports and school resources in response to school closures.
- Worked closely with the WCPSS Crisis Intervention and Prevention Specialist to provide an immediate response regarding a student’s suicide that impacted the student’s family, community, school staff, and other students. SBT ensured that a crisis resource list was made available to those affected. SBT collaborated with the Alliance Health Call Center to meet immediate needs around this crisis incident and to support WCPSS with crisis response.
- At the start of the school response to pandemic on 3/9/20 through 6/30/20, the School Based Crisis Team reviewed 374 admissions to local crisis facilities.
- SBT leadership provided WCPSS leadership with contact information to the Alliance Health Access center, to share with WCPSS families reporting behavioral health concerns.
- Throughout the onset of the COVID-19 pandemic, the SBT Crisis program continued to work closely with local hospitals and crisis facilities to support WCPSS students and their families. This support has included continuing to link WCPSS students and their families with MH/SUD/IDD services and providing community-based supports and resources as needed. SBT has also continued to assist with diverting children from hospitals that could be better supported in the community.
- The SBT Family Engagement Liaison increased support during COVID-19 via the online support group for caregivers.
• The Alternative School liaison worked with Counseling and Student Services (CASS) teams to provide virtual Community Resiliency Model (CRM) supports and groups to students at Longview School. Alternative School liaison also assisted in development of World Mental Health Day video that was distributed to WCPSS during remote learning.

• Partnered with Community Health and Wellbeing to quickly support families in or at risk of homelessness during the State of Emergency. This included collaboration with WCPSS to ensure linkage to the McKinney Vento Program, arranging temporary housing through the Alliance funded hotels, linkage to Wake Co. Coordinated Entry, referrals to Wake Co. Healthy Hotel, support with applications for Alliance Independent Living Initiative funding, and coordination across systems of care to connect families to needed SDOH resources to address barriers and support families to move into permanent housing.

• Collaborated with Alliance Leadership to provide requested weekly updates to DHSS, reporting on data on child admissions to local Emergency Departments.

• Worked with WCPSS leadership regarding reopening of schools and collaborated to develop a supportive counseling process by partnering with 4 Alliance providers.

• Adjusted SBT traditional referral process to support virtual opening of schools.

• Collaborated with Alliance Provider Network to navigate barriers with access and seamless continuity of care with telehealth.

In addition, The SBT Director and the SBT Bilingual Liaison were invited to participate on the WCPSS Family and Community Partnerships Subcommittee around planning for the reopening of WCPSS for the 2020/2021 school year. As part of the SBT Director’s multiple roles on the subcommittee, the SBT Director worked to develop consistent telehealth supports to families in need of immediate support. The SBT Director provided legislative updates and planning on how to support the District in the reopening of schools based on guidelines from DPI. The focus of the SBT Bilingual Liaison’s role on the WCPSS Family and Community Partnerships Subcommittee was to assist with informing and educating WCPSS parents about assistance available to students, via the Alliance Health School Based Team. In response to a request from WCPSS leadership, the SBT Bilingual Liaison wrote, translated and recorded informational videos in English and Spanish. The purpose of the videos was to help educate parents regarding assistance available via WCPSS Student Support Services and via referrals to the Alliance Health School Based Team.

Below are the links to the English and Spanish versions of the videos created for WCPSS regarding, "Behavioral Health: Mental Health Services in Reopening-Family Guidance"

English:  https://youtu.be/0_hZ0wOB3pQ

Spanish:  https://youtu.be/L0SMOaOvUcA

At the request of WCPSS leadership, the SBT liaison participated in Supportive Counseling Sessions, answering questions, providing resource support and conducting a brief informative SBT presentation during the WCPSS Supportive Counseling go live session.
At the request of WCPSS leadership, SBT researched and compiled data and outcomes regarding public school systems, that are successfully implementing school based mental health treatment and/or co-located mental health treatment in NC and out of state. SBT presented the data and outcomes to WCPSS leadership and later to the WCPSS Family and Community Partnerships Subcommittee. WCPSS continues to review whether School Based Mental Health Treatment Providers might be an option to assist students in need of support re: COVID-19, increased racial tensions re: recent protests, etc.

The graph below reflects all families served during the current school year across 6 of our SBT programs. The team in collaboration with WCPSS, DSS and providers continued to serve these families during this time and provided support during the Covid-19 pandemic. We have reached out to all 511 families offering support.

### 2019-2020 School Year

<table>
<thead>
<tr>
<th>SBT Program</th>
<th>Trad</th>
<th>Trad-I/DD</th>
<th>Crisis</th>
<th>Diversion</th>
<th>PRTF</th>
<th>Alt. School</th>
<th>Total # Served</th>
</tr>
</thead>
<tbody>
<tr>
<td># Served</td>
<td>129</td>
<td>51</td>
<td>216</td>
<td>19</td>
<td>56</td>
<td>40</td>
<td>511</td>
</tr>
</tbody>
</table>

### SBT Partnering with Community and Schools:

- 8/22/19 – Longview, “Back to School”
- 8/23/20 – Wendell Middle School, Outreach/CARES project
- 8/23/20 – Aversboro Elementary, “Back to School Bash”
- 9/12/20 – Lake Myra Elementary, Resource Fair
- 9/17/19 – Broughton High School, Presentation on I/DD Services
- 10/12/19 – Longview, “Wellness Day”
- 10/12/19 – Poe Center for Education, “PoeFest Community Festival”
- 10/29/19 – Heritage High School, “Family Night”
- 11/21/19 – Cary High, Presentation to SAP Counselors
- 12/10/19 – Carver Elementary, “Alliance Night”
- 12/17/19 – Conn Magnet Elementary, “Resource Night”
- 1/16/20 – Rolesville High, Presentation on I/DD Services
- 2/11/20 – Longview, “Longview Shows Love/Activate Good”
- 2/11/20 – Aversboro Elementary, Presentation to PLT Team
- 2/17/20 – Pleasant Union Elementary, “Parent Night”
- 2/25/20 – Beaverdam Elementary, Presentation to the Student Support Services Team
- 3/9/20 – Enloe High School, Resource Fair

SBT also has team members participate in the following collaborative/trainings:

- Wake County Crisis Collaborative
- Therapeutic Foster Care Collaborative
- Young Child Mental Health
- State Collaborative
• Wake County Collaborative
• Juvenile Crime Prevention Council
• Veteran/Non-Veteran CIT Support
• Gang Prevention Collaborative
• DPI Collaborative/School Based Mental Health Initiative
• ACES Leadership Steering Committee
• NAMI
• Provided CFT trainings

Actions Taken:

SBT has initiated the following actions in the 2019-2020 school year:
• Successfully addressed barriers with guardianship documentation and developed process with Alliance Legal, Alliance Compliance, and WCPSS leadership.
• Partnered with Wake Co DSS Kinship program to support system of care and address guardianship barriers.
• SBT partnered with Alliance government relations to provide ongoing educational opportunities, trainings, and guidance regarding Medicaid transformation.
• SBT leadership developed an approved process with WCPSS leadership, Alliance Chief Medical Officer, and crisis facilities regarding serious threat cases and the duty to warn process.
• SBT leadership expanded crisis supports to develop a process to support WCPSS students discharging from Central Regional Hospital.
• The SBT Diversion Program worked with stakeholders including Lorrin Freeman and Katherine Edmiston (Wake Co. District Court) and Donald Pinchback (Chief Court Counselor, Wake Co. Juvenile Court) to successfully modify the requirements of the diversion program to serve children 14 years of age and older as a result of “Raise the Age”.
• SBT worked directly with Alliance Compliance Department to update all documents in preparation for Medicaid transformation.
• Alliance IT worked with SBT to develop business intelligence platforms to ensure that all required data outcome data is captured to prevent disruption to required data analysis requirements due to Medicaid transformation.
• SBT, WCPSS, and DSS partnered to develop a business plan that was presented highlighting the need to support the referrals from WCPSS to DSS. Alliance SBT leadership continues to partner with DSS in their permanency roundtables process.
• The partnership with Easter Seals CARES expanded to work with both WCPSS and crisis facilities. This collaboration was bestowed the I2I award for “Quality Commitment”. Based on the success of the partnership to support families, this partnership was also highlighted at the NC Legislative Mental Health Breakfast.
• To strengthen the referral process at Holly Hill Hospital, SBT Crisis Liaison developed a referral form and implemented a process with Holly Hill treatment teams. In addition, an efficient process was developed for families to access required paperwork, including releases of information that can be accessed at their convenience.
Recommendations:

SBT Leadership and the data presented in this report indicate continued needs in the following areas:

- Continue to strengthen partnership with DSS.
- Work with WCPSS and community partners to create and develop process to support virtual learning/virtual behavioral health.
- Provide evidence-based programs and strategies utilized in school districts of comparable size as WCPSS that have been successful in supporting school based mental health.
- Monitor progress with the child crisis facility and attend Wake County crisis collaborative to support WCPSS.

Appendix 1: Methodology

The School Based Team (SBT) began using a comprehensive referral tracking system in September 2014 for the Traditional program. To be able to analyze trends from year to year, we excluded any data from previous school years.

For the process data, the data collected includes gender, grade, ethnicity, language, insurance, and special education status for each referral. SBT leadership pulled the data from the SharePoint site and created graphs of the data for each referral in the categories of gender, grade, ethnicity, language, insurance, and special education status, broken down by school year using Excel. Kindergarten is separated out from Elementary school as that age group is typically overrepresented among referrals compared to the percentage of Kindergartners in elementary schools. The sample size of students for the process data includes all referrals. Data analysis is pulled from the SharePoint site which continues to be modified, as needed.

SBT documents the insurance type for each referral and whether or not a child’s family agrees to receive services after the SBT staff contact them. SBT leadership identified the accepted referrals for each school year and then separated out those who were in the Alliance data system because they had Medicaid or no insurance. To calculate process indicators, claims data (whether or not providers billed Alliance for services provided to any of the students on the SBT caseload) was compared to referral or contact dates (depending on the program) of the accepted student who also appear in the Alliance Health claims database to determine if a student received services within the designated time period. Using billed claims is the most reliable way of determining whether or not a student actually received treatment.

Appendix 2: Definitions:

**Accepted (into program):** Family did not refuse, referral appropriate for program, etc.

**Not Accepted (into program):** Family refused to participate at time of referral, youth not appropriate for program, family moved outside of WCPSS district, etc.
Wake School Based Team
The i2i Award for Quality Commitment Ceremony

Pictured, left to right: Catherine Lilly, Debbie Richardson, & Alia Dababnah

Pictured: SBT Leadership with Easter Seals CARES Leadership
Invitation to SBT to speak at the 42nd Annual Legislative Breakfast on Mental Health

Dec 12th, 2019

Dear Megan Wingate and Debra Richardson

We are pleased to invite you to be our Key Note Speakers during the 42nd Annual Legislative Breakfast on Mental Health. We feel that your collaboration on the CARES project will be a strong example of our theme of Paradigm, Partnership and Possibility within accessing care.

42nd Annual Legislative Breakfast on Mental Health
Building Access to Care: Paradigm, Partnership, & Possibilities
Saturday, February 1st, 2020, 10:00am to 1:30pm
at the UNC Friday Center in Chapel Hill

Each year, this signature event brings together a broad spectrum of individuals with real power to effect change – state legislators, local elected officials, mental health providers, consumer/family advocates and other motivated community members – to discuss pressing issues impacting users of mental health services. The event attracts over 400 attendees annually from across the state.

As the keynote speakers, we will have you present during the first half of our program after a series of NC DHHS leadership present, The State of Mental Health in North Carolina. We will then transition to your CARES presentation. Please prepare for a 10 to 15-minute presentation about how your program connected people in crisis to care. We are so pleased to hear that your program was honored with the Quality Commitment Award at the JH Conference and look forward to our collaboration within the Legislative Breakfast on Mental Health.

We would also like to invite you to the VIP Orange Juice reception for Legislators, Speakers, and Sponsors before the event, from 8:30am to 9:15am. Please confirm, as soon as possible, that you are able to present and attend the event. We will ask for a bio and headshot of each of you, as well as, a synopsis of the CARES project for our program. You can share as much information as you would like, to be featured on our website. A condensed version will be printed in the program.

Thank you for your consideration.

Max Shafrir
Co-Chair, 2020 Planning Committee
(919) 724-1427

To schedule an C.A.R.E.E.S. assessment please contact Nancee Nelson at:

(919) 655-8802

For routine assessments: We now also offer after-hours assessments at our clinic to accommodate family's schedules. To schedule a routine assessment please contact intake coordinator, Marie Boyes at: (919) 655-8802.

AFTER-HOURS HOME OR OFFICE BASED ASSESSMENTS FOR CHILDREN

To ensure that the appropriate services and supports are in place, help quickly, and provide comprehensive clinical assessments and expedited referrals during stressful events to

Easter Seals UCP has improved accessibility to services when children and families need to be connected to

Easter Seals UCP C.A.R.E.E.S.
High-Fidelity Wraparound

What is it?
An evidence based, problem solving process that supports families in building teams of natural and formal supports in order to meet the needs and vision of the family, while building skills so that the family can be successful after discharge from Wraparound.

The 10 Key Principles of Wraparound:

| 1. Family Voice and Choice | 6. Community-Based |
| 2. Team-Based | 7. Individualized |
| 3. Culturally Competent | 8. Strengths-Based |
| 4. Natural Supports | 9. Unconditional Care |
| 5. Collaboration | 10. Outcome-Based |

What happens during Wraparound?

Engagement
- Build rapport
- Assess the strengths, needs, and culture of the family

Planning
- Family prioritizes needs
- Develop a team
- Monthly CFTMs

Implementation
- Skill building
- Accountability for the plan's implementation
- Problem-solving barriers to progress

Transition
- Planning for the future
- Discharging from services
- Celebrating success

5/16/2018