



## HOUSE SELECT COMMITTEE ON MENTAL HEALTH

### Testimony of

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Vida Clinic is a specialty practice in school-based mental health. We operate the Campus Based Counseling Centers at Crockett, Bowie and Anderson High Schools in the Austin Independent School District.

**How we provide services:** In each of our schools we establish a coordinated referral process through which school personnel identify and refer students who may benefit from behavioral health services. The model of referral and treatment was developed in our pilot phase at Crockett High School in 2012. Families may also self-refer, similar to any outpatient clinic. We see about 100 clients in a year at one campus center. Each campus has a full-time licensed clinician. We offer services for youth and staff needing therapeutic support. We do diagnostic intake, individual, group and family therapy. We aim to get students the help they need *quickly* and effectively. We provide timely support during crisis for kids on our caseload. We also provide ongoing consultation with families and school personnel, as it benefits the youth.

Sessions are typically conducted during the school day. We work with student schedules to ensure that they are not missing important school activities. We do scheduled appointments and we also conduct impromptu sessions when school personnel or families deem there is a need, such as when there is a crisis. By being on campuses, we are able to coordinate closely with schools and to engage families in the student's school life, which creates a wraparound effect of care for the youth we treat.

#### *Staff Wellness*

Vida Clinic offers services and resources to support campus staff, as we believe that staff wellness is key to building a strong foundation for healthy student development. Staff may receive individual therapy services with the on-site Vida Clinic provider, and they may be fast-tracked for immediate services during times of urgent need. Staff may also participate in group experiential learning activities to learn self-regulation skills for stress management, in hopes that these coping behaviors can be modeled in the classrooms in addition to being useful in daily life activities.

**When we provide services:** Our goal is always to be flexible to accommodate school and family demands. We provide services year-round, including during holidays and summers. We see clients during the school day primarily, but also before and after school. Our services are highly convenient for families and students because they miss

little school and students can seek out our support when they need it during the school day. Families very much appreciate that services are private, but we also are able to effectively connect with campus faculty and staff when students feel it is needed. Our treatment model encourages students to take an active part in their treatment, empowering them to take ownership of their needs and to actively find solutions with support from the therapist. Providing our services on campus ensures that our students and their families receive the services they need on a timely basis.

**Family Involvement:** Our model prioritizes parent and family involvement in treatment to the maximum extent possible. Services are confidential; however once parents provide a release of information, we are easily able to bridge all sides (family, school, other providers), enhancing communication between multiple systems. We often host conversations involving family, the student and school personnel to discuss the student's needs and how we can work together to best meet them. Family feedback about these supportive family-school interactions indicates that such efforts help to improve student motivation, minimize parent alienation from the school, promote empathy for the child's experience, and improve the youth's sense of feeling continuously supported at home and at school.

**Description of student issues requiring services:** School-Based Therapists are typically referred students who are at the *moderate to severe* range of need.

Diagnostic Profiles of Referred Individuals:

- Depressive Disorders
- Anxiety Disorders
- Trauma and Stressor Related Disorders
- Bipolar Disorders
- Neurodevelopmental Disorders: Autism Spectrum Disorder, Intellectual Disabilities, Communication Disorder, Attention Deficit/Hyperactivity Disorder
- Substance Related Disorders
- Disruptive Disorders
- Gender Dysphoria
- Psychotic Disorders

Students are commonly referred for services by school or parents due to concerns about depression and anxiety (including history of suicidal ideation, self-injurious behavior and panic attacks), trauma history, family disruption, and school related issues. While students may initially be referred due to behavioral problems such as aggressive outbursts, we find that underlying those behaviors are struggles with prolonged stress, mood and history of psychological maltreatment.



*Early Detection and Prevention:*

School-based therapists are trained to detect “early warning signs” in youth that may suggest onset of severe and persistent mental health problems. These signs may be otherwise misperceived by individuals in the youth’s day-to-day environment as deviant behaviors or situational issues, rather than as aspects of mental health problems. Such warning signs include problems with thinking, decline in personal functioning, persistent suicidal ideation, odd behaviors, substance abuse, and patterns of risk-taking behaviors. School based therapists’ early detection and intervention on behavioral health problems promotes youth resilience, while preventing repeated psychiatric hospitalizations and incarcerations from becoming inevitable for the youth we treat. By being in the schools, therapists are able to observe issues as they begin to take place, and to respond quickly.

**Multiple, complementary school-based mental health initiatives:** Vida Clinic implements initiatives that promote multi-systemic change in campus climate towards being more Whole-Child oriented. A Whole-Child setting emphasizes youth’s healthy long-term development in addition to academic achievement. One such initiative is the Trauma Informed Approaches to Behaviors in Schools pilot program we are running at Crockett in the 2015-2016 school year. Our systemic and clinical programs work in tandem and are driven by the overarching goal of turning our schools into the healthiest places for student development.

**Looking Ahead:** We currently maximize our resources to yield results in our work that are strongly desired by our communities. We are making strong efforts to increase our scope and availability of services in response to the community’s expressed need for them.

Often our most complex, intensive patients are those who typically could not afford services due to not having insurance or not being able to pay their high insurance co-pays. We are exploring how to sustain their quality care regardless of financial status.

To increase access to our services, we would like to be accepted as in-network providers with all private and government insurance companies and organizations in the area. We believe that allowing campus-based mental health providers to be designated as in-network will increase access to our much needed services, make the program sustainable, and allow expansion of the program to other campuses and across the state of Texas.