



MN Kids Database

2012-13 service/accessibility for Hennepin County students

The MN Kids Database is a collaborative project involving a number of school-based mental health providers in Minnesota. Using a web-based tracking system, these providers collect a common set of data related to school-based services, including information about students served, billable/ancillary services provided, and student mental health outcomes. This brief summarizes information about the services documented in the Database for Hennepin County students for the 2012-13 school year.

During this school year, information about 1,820 County students was recorded in the database. Most of these students (1,641, or 90%) received at least one school-based service during the year.

Entry into services

Almost half of the students (46%) received their first service within one week of referral. Four in five students (79%) received service within one month of being referred.

Services provided

Ninety-two percent of the 1,641 students received at least one billable service. Combined, students received a total of 29,145 billable services. On average, each student received 19.3 billable services, for a total of 17.4 hours of service each. Six in ten students (60%) received a diagnostic assessment during the school year. Individual therapy was the most common type of service, especially 60 minute (79%), 30 minute (43%), and 45 minute (36%) sessions. Family therapy was also common, either with (45%) or without (44%) the client present (Figure 1).

Eighty-five percent of the 1,641 students received at least one non-billable service. Combined, students received a total of 27,584 non-billable services. On average, each student received 19.8 non-billable services, for a total of 5.86 hours of service each. Almost half of the students received care coordination (48%). Service providers often consulted with school staff and parents

1. BILLABLE SERVICES PROVIDED (N=1,508 students)	Total number of services provided	Percentage of students receiving services	Total hours of service provided
Individual therapy (60 minutes) ¹	16,617	79%	16,832.00
Individual therapy (30 minutes) ¹	2,684	43%	1,342.00
Family therapy with clients	2,645	45%	2,523.50
Family therapy without clients	1,966	44%	1,775.00
Diagnostic assessments—standard	1,694	60%	1,646.25
Individual services	1,602	22%	546.25
Individual therapy (45 minutes) ¹	1,497	36%	1,122.75
Individual skills training	158	2%	107.50
Crisis management	91	3%	71.75
Group psychotherapy	84	1%	77.50
Individual therapy (90 minutes) ¹	69	3%	103.50
Psychological testing	15	1%	13.25
Diagnostic assessment—brief	11	1%	14.50
Family skills training	6	<1%	5.25
Medicine consultation	3	<1%	1.75
Medication management	1	<1%	1.00
Psychiatric service	1	<1%	0.25
Explanation of findings	1	<1%	0.25
Total	29,145		26,184.25

¹ The way individual therapy were recorded changed in 2012-2013. “Individual therapy -30 minutes” includes the new classification of 16-37 minutes; Individual therapy -60 minutes includes the new classification of 53+ minutes; The new classification of Individual therapy - 38-52 minutes appears in the chart as “Individual therapy -45 minutes”; and the “Individual Therapy—90 minute” classification was discontinued.

on behalf of the child. For many students, providers reported consulting with teachers (53%), parents (47%), and support staff (42%) (Figure 2).

Providers also recorded the number of sessions that were missed or cancelled. Fifteen percent of the students served had at least one “no show” recorded (for a total of 563 missed appointments). These results should be viewed with caution, as some providers may have underreported missed or cancelled appointments.

2. NON-BILLABLE SERVICES PROVIDED (N=1,392 students)	Total number of services provided	Percentage of students receiving services	Total hours of service provided
Care coordination	5,887	48%	2,009.00
Consultation to teachers	7,368	53%	2,175.75
Parent consultation	6,007	47%	1,837.50
Consultation to support staff	4,208	42%	1,204.00
Phone parent consultation	1,643	25%	464.00
Consultation to administration	510	12%	141.00
Student meeting prior to DA	206	4%	163.75
School conferences	324	10%	246.25
Mental health case management	144	4%	58.25
Travel	549	9%	228.50
Group skills training	64	1%	40.25
Child-specific observation	92	5%	46.25
Observation	51	3%	24.00
Group services	158	2%	82.25
Family services	219	6%	98.00
Screening	113	3%	35.75
Other	37	2%	—
Translation services	4	<1%	3.00
Total	27,584		8,857.50



Variation in number of services received by grade level

High school students were most likely to receive billable services, but least likely to receive non-billable services. The percentage of students who received at least one billable service increased slightly from 91 percent for K-5th grade students to 97 percent for 9-12th grade students. The percentage of students receiving non-billable services decreased from 92 percent for elementary (K-5) and middle school (6-8 grade) students, but to only 60 percent for high school (9-12 grade) students (Figure 3). Preschool students were not included in this analysis, as only six students were served during this year.

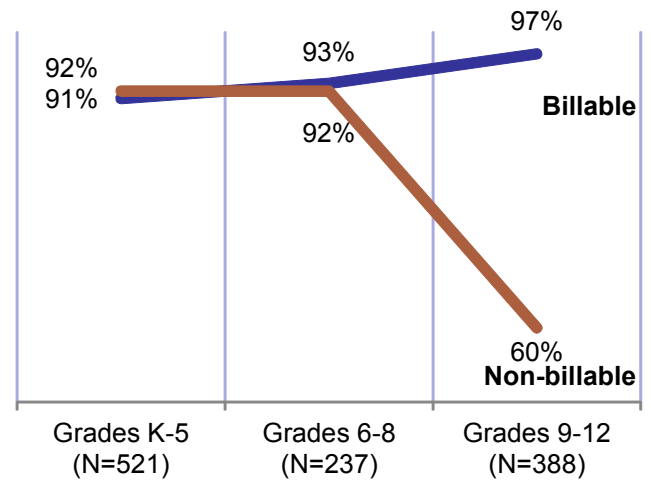
Elementary school students received the highest number of services. On average, students in grades K-5 received an average of 21.2 billable services and 20.6 non-billable services during the year. Rates declined in grades 6-8 and again in grades 9-12. High school students received an average of 12.7 billable and 6.6 non-billable services.

A similar pattern was seen in the hours of services provided. Students in grades K-5 received an average of 19.4 hours of billable services and 6.5 hours of non-billable services, compared to 11.7 hours of billable services and 2.5 hours of non-billable services for high school students (Figures 4-5).

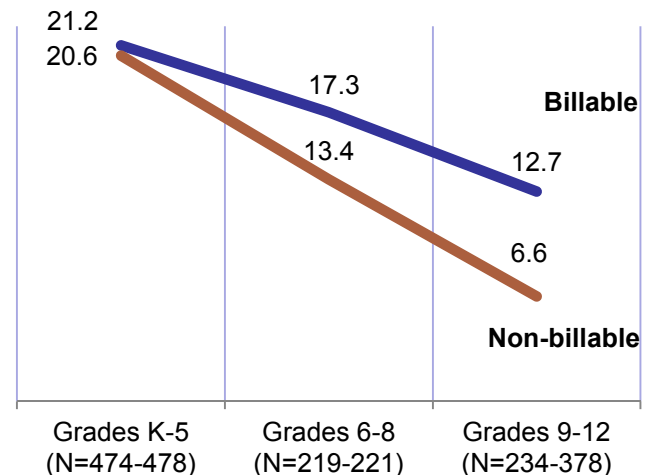
Student status at closing

Service providers are asked to enter a closing status into the database whenever a student ends services. In 2012-13, 749 students had at least one closing code. A total of 910 closing codes were reported, indicating that some students had more than one code (which may occur, for example, if a student leaves then reenters services). One-third (32%) of the closings were designated as successful completions. A similar percentage (31%) reflected students dropping out of services. Other closings occurred because students had moves or transitions (13% of closings were due to student transfers to another school; 14% were due to moves out of the district). A few students were transferred to more intensive services, including day treatment (3%) or residential treatment (2%). Two percent ended services because they “aged out” of eligibility for services.

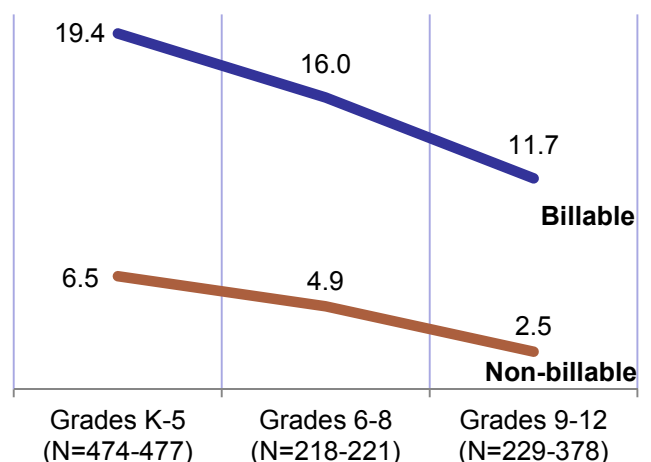
3. VARIATION IN THE PERCENTAGE OF STUDENTS RECEIVING AT LEAST ONE SERVICE BY GRADE LEVEL



4. VARIATION IN THE AVERAGE NUMBER OF SERVICES RECEIVED BY GRADE LEVEL



5. VARIATION IN THE AVERAGE NUMBER OF HOURS OF SERVICE RECEIVED BY GRADE LEVEL



About the MN Kids Database

The MN Kids Database is a collaborative project involving a number of school-based mental health providers in Minnesota. A web-based data tracking system has been developed to support partners, by reducing their need for individual data management systems and assisting them in meeting grant reporting requirements. The partners were also motivated by a desire to use system-level data to better understand the potential benefits of school-based mental health services, identify strategies for enhancing programming, and build a case for program sustainability.

A number of partners came together to get the MN Kids Database up and running, including Hennepin County, Guadalupe Alternative School, Headway, People Incorporated, Washburn Center for Children, ISD 287, and Wilder's Children and Family Services and Wilder Research. These agencies have been significant financial and/or in-kind contributors.

The MN Kids Database is managed and owned by the partners that financially contributed to its creation and is not a government run website. Wilder Research serves as project manager, working with an external vendor to create the MN Kids Database, managing user agreements and fees, and preparing reports. An advisory group works closely with Wilder Research to oversee the development and implementation of the database.



The MN Kids Database is:

- web-based, allowing users to enter data or run reports at any location with Internet access
- an integrated data management system developed to help clinicians and providers better track and report information about students served, services provided, assessment results, and other information
- housed on a secure server with access limited to authorized users

Overview of the 2012-13 MN Kids Database usage

During the 2012-13 school year, 125 clinicians used the MN Kids Database to enter data on 2,013 students. These students were served in 66 schools and 9 school districts.



For additional information about the MN Kids Database, user fees or user training contact:

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MN Kids Database: A collaboratively developed and managed school-based mental health website

MN Kids Database is maintained by Wilder Research.