Mental Health in Schools Community Partnership

Priorities and Proposed Actions

Statewide Steering Committee Priorities	Pilot Site Reports	Pilot Site Challenges Identified on Healthy School Report Card (i.e., areas that need work)	Proposed Actions
Issue: Awareness of mental health concerns, early identification, and appropriate response			
• Providing education for administrators, teachers, staff, parents, and direct care providers to increase awareness of mental health behaviors, early identification, and appropriate response to mental health needs. • Reducing stigma; educating the community, families, and students to change the way people think about and respond to mental health issues (e.g., learning to consider mental health needs instead of labeling students as disruptive) • Creating a support system for educators to engage and re-engage all students • Funding for prevention and early identification	• All staff, including support staff, needs training in MH issues students face, and how to make referrals. • No disciplinary options in lieu of suspension/ expulsion.	• 10.3c. Staff members are trained in early identification of signs of deteriorating behavior or academic problems indicative of mental health or substance abuse problems. • 10.3d. A team of mental health and health services professionals recommends interventions or alternative placements for students with behavior or learning problems. • 10.3e. Support groups are provided for students dealing with personal issues that interfere with learning (e.g., family conflict, parental divorce, parental substance abuse and addiction, stress, grief and loss, teen parenting, weight problems, eating disorders, smoking cessation). • 3.3b Rules of conduct are fairly, consistently, and uniformly enforced for all students. • 3.3c Disciplinary penalties are appropriate and constructive. • 10.4a. Students who violate the student code of conduct due to tobacco, alcohol, or other drug use; violence; bullying; intimidation; and harassment can volunteer to attend intensive school-based intervention programs instead of suspension. • 10.4b. Students who commit tobacco-related offenses are subject to alternative methods of discipline such as community service or monetary fines instead of suspension. • 10.4c. Students at risk of alcohol and other drug dependency, committing violent acts, or mental health problems are referred to community agencies for assessment and treatment. • 1.1c All staff members responsible for health program policy implementation participate in regularly scheduled professional development activities. • 1.1d. All staff members are provided the time and resources required to comply with health program policies. • 1.1e. Administrators/supervisors attend professional development that prepares them to authoritatively monitor health policy compliance.	• Professional Standards for Michigan Teachers, which address standards for Elementary and Secondary Teachers, have been revised and include references to mental health awareness. Professional Standards for Early childhood Educators will be adopted in September 2008. When the new Michigan Tests for Teacher Certification (MTTC) are developed, the new standards will be incorporated. Mental health awareness and the ability to teach children and youth with mental and emotional impairments will be required. Since teacher preparation programs are rated and approved based upon the number of their graduates passing the MTTC, we should see more comprehensive pre-service programs. These actions result from the State Board of Education framework for policy direction, *Universal Education: Vision and Principles*. • Guidelines for professional preparation are needed to address social/emotional learning and increase awareness of mental health behaviors, early identification, and appropriate response for entry-level teachers. • The value of ongoing professional development on mental health issues for teachers and all school staff needs to be conveyed. There are curricula available for training and for “training the trainer.” Pilot sites have received training and will be sharing their experience. Schools might be encouraged to include training on mental health issues as part of required professional development time by demonstrating the benefits or by directing schools to include mental health training. – Include information on understanding the relationship between instructions/interventions and behaviors, need for home involvement, improving the linkage between home and school, the connection between mental health and education, suicide risks and prevention, and appropriate response – Encourage partnerships between local mental health providers and ISDs to provide teacher in-service – Include evaluation of teachers/staff competency on social-emotional learning in performance appraisals – Explore use of the Michigan Virtual University – Be mindful that teachers are overloaded • Develop and implement a broad mental health awareness campaign.

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Issue: Availability of a continuum of care for children with mental health needs			
• Fostering a safe learning environment for all students focused on the whole child • Providing effective social-emotional skills and knowledge to students (e.g. Health Education), and providing an environment for them to utilize those skills in school and community • Improving home–school connections and involvement of parents/guardians in schools • Increasing awareness of resources available, e.g., school social workers, community mental health • Improving communication and coordination between schools and community mental health and between school districts (for student transfers) • Provide supports for teachers' mental health needs • Identifying who has been successful in creating an effective integrated system and how they did it	• School counselors are primarily involved with academic counseling and scheduling, with no time left for student mental health. • Few if any prevention programs and services offered through the school. • Few students qualify for services through CMH. • Some SBHC can only see secondary students, not elementary. • While the intent is to keep children with their families, if residential treatment is needed there is no program in the area. • Lack of cross communication with agencies results in duplication of work, ineffective treatment plans. • Great amount of	• 10.3a. Students are periodically assessed for social and emotional development. • 10.3b. Early intervention is provided for students who may have mental health or substance abuse problems, including the potential to commit violent acts. • 10.3f. Students who are at risk have access to on-site mental health or case management services, including social worker and probation officer support. • 4.2c The school health program is included in overall community health planning. • 4.1c The school has a family resource room that includes information about health resources. • 4.1g Family members serve on school health committees. • 4.1h School health staff members routinely collaborate with parent groups (e.g., PTA or PTO, Safe Homes).	• The continuum of care needs to include promotion, prevention, and intervention in order to build resiliency of all children, such as: – Michigan Model for Health for wellness promotion – After-school programs documented by the Collaborative for Academic Social and Emotional Learning (CASEL) to promote development of personal and social skills (i.e., emotional literacy) – Adaptation of a mental health consultation model for child care providers whereby mental health workers intervene on an individual basis <u>and</u> help provide a supportive environment for all children – Adaptation of the Transformative Conferencing/Restorative Justice approach that engages all affected parties in identifying the problem and the solution • Strategies and interventions need to be based on what works. Information on evidence-based practices and promising practices should be disseminated. – Develop a process for identifying schools that succeed in mental health collaboration, services, etc. and disseminate the information – Provide schools with a toolbox of what has worked in other schools, including practical tips and solutions – Review and share information on zero tolerance policies and their impact on students with mental health concerns – Consider non-traditional ways of delivering care – Streamline services; assess barriers from both the user's perspective and the system perspective – Emphasize communication and coordination – Involve students in efforts to improve services • State leadership needs to provide policy direction and resources to support the continuum of care, such as: – Development of a comprehensive overarching framework (e.g., resource mapping) that includes all partners and resources in education, mental health, and public health – Explicit permission/encouragement for "out of box" collaboration – Support and encouragement for broader collaboration through Human Service Collaborative Bodies – Creation of a coordinated approach, e.g., assessment forms , common

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	frustration for parents/guardians trying to navigate the system of care for mental health needs. • Families and children face the stigma and fear of the community knowing services are needed or used. • Threat of Protective Services involvement prohibits families from seeking care.		identifiers, common sharing of information – Guidance for addressing boundary issues and negotiations for services between CMH and managed care health plans – Training for ISDs on allowable Medicaid reimbursed services and possibilities for leveraging funding – Addressing inequity in per capita funding for non-Medicaid mental health services • Multiple agency programs and funding might be coordinated in the pilot sites to demonstrate how a comprehensive approach to mental health could be done. Perhaps requirements and funding for Healthy Kids, Healthy Michigan; Comprehensive Coordinated School Health programs; and EPSDT could be coordinated along with Medicaid refinancing. Other federal partners (e.g., Systems of Care) may be persuaded to support integration of programs and funding. If a specific proposal can be developed, it could be presented for consideration by department directors at an interagency directors meeting. • Establishing "medical homes" is a major focus for several program areas (e.g., EPSDT, CSHCS, chronic disease). Perhaps the concept of a medical home could be framed to include mental health. Financing would have to be reframed to cover mental health as part of a medical home. School-based health centers (SBHC) need to be a part of these efforts. Be aware that populations that do not use a primary provider may be left out of this approach. • A demonstration project is underway with two health care systems and one Medicaid health plan to create a special contract for reimbursement of mental health services through CAHCs. If successful, the approach may be expanded to include additional CAHCs and providers.

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<tr><td colspan="4">Issue: Understanding of the relationship between mental health and education outcomes</td></tr>
<tr><td>● Documenting the link between social/emotional health and learning outcomes (e.g., MEAP, meeting AYP) as well as lifetime success
● Convincing school administrators at all levels on the importance of mental health for academic success
● Promoting a “wellness” model
● Working together—developing trusting relationships</td><td>● No clearly articulated vision for mental health.
● No time to adequately assess gaps in mental health issues
● Academic performance is the primary mandate for the schools; work on other goals (even worthy ones like mental health) takes resources such as time and staff away from the primary mandate.</td><td>● 1.2a Strategic plans are periodically developed for all aspects of the health program, including coordination.
● 1.2b Confidential student health indicator data are collected at least once every two years and are carefully considered when determining strategic plan objectives and activities.
● 1.2c Results of periodic health program needs and status assessments are carefully considered in the strategic planning process.
● 1.2d Progress toward implementing health program strategic plan is monitored regularly.
● 1.2e Benefits of school health program to participants (e.g., better health), schools (e.g., improved attendance), and school district (e.g., reduced costs) are identified and reported.</td><td>● Develop a statewide policy for integrating mental health in schools
– Provide template language for a wellness policy. (There may be a way to establish an expectation that mental health be included in existing school wellness policies, e.g., expanding the definition of the wellness policy required for USDA nutrition programs.) Pilot sites could be supported to expand their wellness policies to include mental health.
– Include guidance on adoption of “opt-out” consent requirements to encourage greater inclusion
– Partner with NEOLA and MASB when developing model school policies
● Information on the success of prevention efforts and the cost/benefits of various service delivery models (e.g., collocating of services) should be collected as part of pilots so that the case for prevention and services can be made. Demonstrate the link between mental health and graduation rates using pilot sites as a case study.
● School districts and communities that are beginning to do strategic planning that incorporates mental health could be supported with guidance on use and interpretation of available data (e.g., MiPHY and YRBS) to identify populations, risks, and supportive factors that need to be strengthened.</td></tr>
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