

Contents

2021 Funding Allocations	3
2019-2020/2020-2021 Comparisons	4
bhworks	7
Child & Adolescent Health Center (CAHC) Impact	9
What ISDs are Saying	10
Advisory Council	11
Responses to ISD concerns	12
Addressing Shortage of Behavioral Health Professionals	15
History	16



31n(5): \$9.3 million for Child and Adolescent Health Center (CAHC) services

Allotted to the existing network of CAHCs to place a licensed master's level behavioral health provider in schools that do not currently have services available to general education students.

31n(6): \$45.8 million for Intermediate School District (ISD) services

Distributed equally to the 56 ISDs for the provision of mental health and support services.

31n(10): \$500,000 for administration

Distributed equally to the 56 ISDs for the purpose of administering programs funded under 31n and to ensure the overall vision and intent of the legislation is carried out.



291

local school districts served

762

school buildings served

330,320

students attended a school with at least one 31n(6) funded provider

89.78

Full-Time Equivalent (FTE) licensed behavioral health providers hired directly by an Intermediate School District (ISD) or local district with 31n(6) funds

50.2

FTE licensed behavioral health providers hired through contractbased collaborative partnerships with community mental health programs to provide direct services to students

28.98

FTE licensed behavioral health providers hired through contractbased collaborative partnerships with private practice providers to provide direct services to students



365

local school districts served

887

school buildings served

386,150

students attended a school with at least one 31n(6) funded provider

151.4

Full-Time Equivalent (FTE) licensed behavioral health providers hired directly by an Intermediate School District (ISD) or local district with 31n(6) funds

143.14

FTE licensed behavioral health providers hired through contractbased collaborative partnerships with community mental health programs to provide direct services to students

35.19

FTE licensed behavioral health providers hired through contractbased collaborative partnerships with private practice providers to provide direct services to students



68.84

FTE licensed master's level social workers (LMSW)

37.5

FTE licensed master's level professional counselors (LPC)

21.98

FTE limited licensed master's level social workers (LLMSW) under supervision of LMSW

19.17

FTE licensed master's level school social workers (LMSSW)

9.35

FTE limited licensed master's level professional counselors (LLPC) under the supervision of LPC

6.2

FTE fully licensed psychologists

3

FTE limited licensed master's level psychologists under supervision of a fully licensed psychologist

1.7

FTE MDE credentialed master's level school psychologists

1

FTE Board Certified Behavior Analyst (BCBA)

0

FTE Board Certified Assistant Behavior Analyst (BCaBA) 2020-2021
Impact of 31n(6) Funds on Students Statewide

71.5

FTE licensed master's level social workers (LMSW)

36.6

FTE licensed master's level professional counselors (LPC)

57.67

FTE limited licensed master's level social workers (LLMSW) under supervision of LMSW

55.12

FTE licensed master's level school social workers (LMSSW)

13.35

FTE limited licensed master's level professional counselors (LLPC) under the supervision of LPC

4.51

FTE fully licensed psychologists

4

FTE limited licensed master's level psychologists under supervision of a fully licensed psychologist

4.2

FTE MDE credentialed master's level school psychologists

3.39

FTE Board Certified Behavior Analyst (BCBA)

1

FTE Board Certified Assistant Behavior Analyst (BCaBA)



2020-2021
Services Provided by 31n(6) Funded Providers

12,030

students received screenings or assessments

8,885

unduplicated students received direct services from a 31n(6) funded provider

1,273

referrals to external community partners for services beyond 31n

46,203

students received screenings or assessments

10,017

unduplicated students received direct services from a 31n(6) funded provider

1,797

referrals to external community partners for services beyond 31n



There has long been a need for a comprehensive technology platform to better facilitate mental health support for students. Now, through a statewide grant agreement, MDE has made bhworks, a behavioral health software program from mdlogix (Medical Decision Logic, Inc.), available to mental health providers in intermediate school districts (ISDs) across the state. This platform allows schools to confidentially screen students, monitor treatment to improve student mental health outcomes, and streamline communication with families and school staff to improve student mental health outcomes.

The bhworks platform will enable Michigan providers to save time, work more effectively, collectively follow evidence-based standards, and leverage best practices to provide quality mental health support for students. In addition to mental health conditions like depression, trauma, anxiety, substance use, and eating disorders, behavioral health screening assessments in bhworks uncover factors that may increase risk for self-harm, violence, and suicidality, which includes both thinking of and actually attempting suicide.

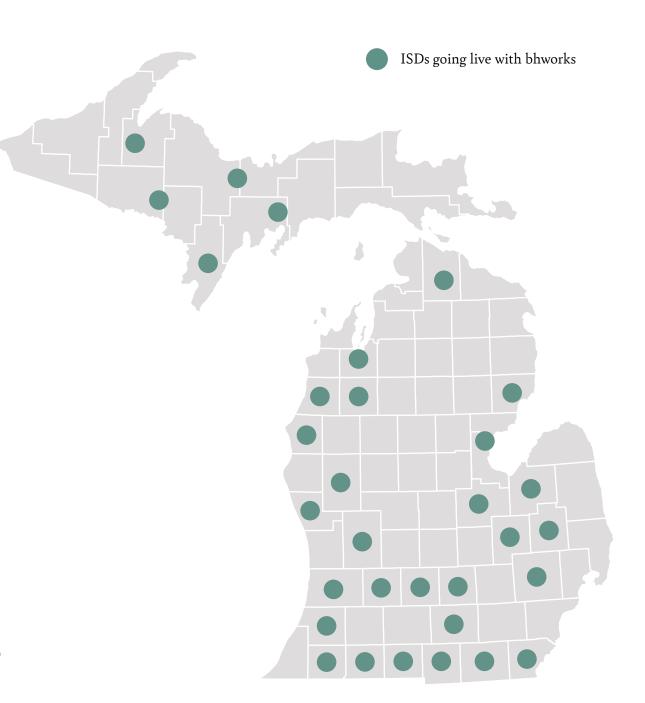
Michigan ISDs as of Fall 2021

- Allegan Area ESA
 Alpena-Montmorency-Alcona ESD
- Barry ISD
- Bay-Arenac ISDBerrien RESA
- Branch ISDCalhoun ISDCharlevoix-Emmet ISD
- Cheboygan-Otsego-Presque Isle ESD
 Clare-Gladwin RESD
 Clinton County RESA
 COOR ISD
- Copper Country ISD
- Delta-Schoolcraft ISD
- Dickinson-Iron ISD
 Eastern Upper Peninsula ISD
- Eaton RESA
- Genesee ISD

Gogebic-Ontonagon ISD Gratiot-Isabella RESD

- Heritage Southwest ISD
- Hillsdale County ISD
 Huron ISD
- Ingham ISDIonia County ISD
- Iosco RESA
- Jackson County ISD Kalamazoo RESA

- Kent ISD
- Lapeer County ISD
- Lenawee ISD
 Livingston ESAMacomb ISD
- Manistee ISD
- Marquette-Alger RESA Mecosta-Osceola ISD
- Menominee County ISD Midland County ESA
- Monroe County ISD Montcalm Area ISD
- Muskegon Area ISD
- Newaygo County RESA
- Northwest Education Services (Traverse Bay)
- Oakland SchoolsOttawa Area ISD
- Saginaw ISD
 Sanilac ISD
 Shiawassee RESD
 St. Clair County RESA
- St. Joseph County ISD
- Tuscola ISD
- Van Buren ISDWashtenaw ISDWayne RESA
- West Shore ESD
- Wexford-Missaukee ISD



Child & Adolescent Health Center (CAHC) Impact

The E3 (Expanding, Enhancing Emotional Health) program continues to grow in counties where access to mental health care is limited and average rates of youth suicide

is 13% higher than the state average. Sites are placed in counties that were home to more than 2/3 of youth suicides (ages 10-24 years) that occurred from 2008-2017.



PROVIDER ENGAGEMENT OPPORTUNITIES

On-going Quarterly Regional Networking Meetings for Mental Health Providers

PROFESSIONAL DEVELOPMENT (Summer Virtual Training Series)

- Cognitive Behavioral Therapy for Adolescents and Cognitive Behavioral Therapy for Children (Presented by: Beck Institute for Cognitive Behavioral Therapy)
- Brain and Behaviors: Connection and Intervention
- Understanding and Treating Eating Disorders in Children and Adolescents
- Motivational Interviewing 4 Part Webinar Series
- Motivational Interviewing Training for Empowering Youth towards Change



93

total E3 Sites across the State

43

counties with an E3 site location

90%

of Licensed Mental Health Providers were hired (LMSW, LLMSW, LPC, LLPC)

90%

of sites remained open during the pandemic.

3,028

unique users (2,587 are ages 10-21 years)

28,210

(5,524 of those were telehealth visits)

What ISDs are Saying

"At Delta-Schoolcraft ISD, we have used 31n funds to improve mental health outcomes for students by providing social work support across our ISD. This support has resulted in a range of services including, but not limited to, individual therapy, group therapy, brief interaction, crisis response, consultation, and case management/care coordination. The receipt of 31n funds has allowed us to expand our services and increase access in order to meet the needs of general education students in our schools/community. We have also used these funds to develop building leadership teams across the ISD with the focus of data-based decision making in order to develop MTSS/PBIS. We are using bhworks to improve our referral process, standardize data collection, and track impact data so we will be able to continue to improve our program and services, and ultimately, outcomes for students."

-KRISTY ALIMENTI

Mental Health Services and Systems Coordinator, Delta-Schoolcraft ISD



"31n funds have been used in all buildings except where other pubic mental health dollars are supporting the student mental and behavior needs through a Health Center. During the end of the year listening sessions with all participating building teams, the director of the C4S program learned that school personnel and families are grateful for the services. This is meeting the behavioral and mental health needs of so many of our students in our small, rural, underserved county. Some statements made about the C4S programs were: "These are the services we have been asking for," "This program is just what our district needed to remove barriers to get these high quality counseling services to our students." Students are reporting strong positive rapport with the therapists and teachers and parents have reported that the therapy sessions are helping their children be healthier.

-LYNETTE HODGES

Director of Intervention and Prevention and Special Education Supervisor, Newaygo County RESA

"As a small ISD, the amount of funding we have received has been pivotal and allowed us to establish school-based mental health services in a rural county that, like many others, has limited mental health resources. Our ISD was able to hire five direct service providers, assigning one direct service provider to each of the four local school districts served by the ISD. We have been integrating mental health services with the PBIS framework in many schools across the county, which has facilitated identifying students for services and incorporating the mental health services in the multi-tiered interventions available in the school."

-JOSH TOWNSLEY

Director of Instructional Leadership, Heritage Southwest ISD

"The Marquette-Alger RESA was able to hire 2.73 FTE of mental health providers who were dedicated to providing direct services to students in 8 school districts and who began the dialogue in schools for the need for systemic MTSS structures for behavioral identification and intervention. Four MARESA behavioral health staff were trained as TRAILS coaches to support School Professional training in all 13 of our districts. Two MARESA consultants were trained to provide YouthMHFA to our 13 districts and community partner agencies across the Upper Peninsula. The MARESA also leveraged the fact that we have 31n funding in a behavioral health grant proposal to the Michigan Health Endowment Fund. We were awarded the \$500,000 grant for the 2021 and 2022 school years to increase systemic implementation of behavioral health services in schools."

- MELANIE ALLEN

Superintendent General Education Associate, Marquette-Alger RESA

Advisory Council

Communities In Schools of Michigan

Community Mental Health Association of Michigan

Delta-Schoolcraft ISD

Great Start Collaborative of Jackson County

HealthWest

Jackson County ISD

Livingston ESA

Manistee ISD

Michigan Association of Health Plans

Michigan Association of Intermediate School Administrators

Michigan Association of School Boards

Michigan Association of School Nurses

Michigan Association of School Psychologists

Michigan Association of School Social Workers

Michigan Association of Secondary School Principals

Michigan Association of Superintendents and Administrators

Michigan Council for Maternal and Child Health

Michigan Department of Education Office of Special Education

Michigan Department of Education

Michigan Department of Health & Human Services

Michigan Elementary and Middle School Principals Association

Michigan Health Endowment Fund

Michigan School Business Officials

Michigan School Counselor Association

Michigan State Police Office of School Safety

MSU Extension Children and Youth Institute

Munson Healthcare Cadillac

Muskegon Area ISD

Northwest Education Services

Oakland Schools

Oakridge Public Schools

Parent Action for Healthy Kids

School Community Health Alliance of Michigan

St. Joseph County ISD

Wexford-Missaukee ISD

The 31n Advisory Council went through a visioning activity and came up with the following collective agreements to guide their collaboration:

Why? Statistics show that more Michigan children and adolescents are increasingly coping with mental health issues and trauma. The purpose of the 31n Advisory Council is to provide clarity and direction on best practices for schools to follow an integrated and comprehensive approach when using 31n funds to provide mental health services to students not already receiving those services through an Individualized Education Program (IEP).

Who? The 31n Advisory Council is a group of stakeholders and professionals with diverse backgrounds and expertise that are committed to improving the social and emotional wellbeing of Michigan students through advocacy and collaboratively representing the needs of the whole child.

How? The 31n Advisory Council meets at least twice a year and subcommittees and technical assistance workgroups meet more frequently as needed and share challenges, intended outcomes, and results with the Advisory Council. Input from stakeholders across the state is sought after, valued, and considered before the Advisory Council makes any decisions or recommendations.

What? Success will be defined by a sustainably funded, comprehensive, and integrated multi-system approach that provides all Michigan students equitable access to destigmatized mental health services that improve long-term mental health outcomes.

Responses to ISD concerns

Each year, ISDs are asked to provide proposals to increase 31n efficacy and usefulness, proposals to increase performance, and proposals to expand coverage. Feedback from each ISD is collectively analyzed by MDE, MDHHS, and the 31n Advisory Council. This is a summary of what ISDs requested and the collaborative response from MDE, MDHHS, and the 31n Advisory Council.



1. Provide more consistent communication, collaboration opportunities, and training



- 31n newsletter distributed 3x/year (fall, winter, spring)
- Monthly training and collaboration opportunities for 31n/C4S
 Direct Service Providers
- Monthly training and collaboration opportunities for 31n/C4S
 Implementers and Coordinators



2. Allow 31n funded providers to deliver whole group lessons on Tier-1 Social Emotional Learning (SEL) and universal behavioral health prevention services



- 31n funded providers are encouraged to expand their services to include Tier-1 universal supports, so more students have access to behavioral health services
- 31p includes an appropriation to provide free, multi-tiered school mental health training and resources delivered by TRAILS (Transforming Research into Action to Improve the Lives of Students)

3. Provide flexibility with 31n(6) funds for expenditures beyond adding licensed Master's level behavioral health providers

- Upon approval by MDE/MDHHS, a maximum of 20% of an ISD's 31n(6) allocation may be used for: 1) hiring Bachelor's level behavioral health providers pursuing additional credentials
 2) hiring school nurses 3) hiring behavioral health program coordinators or 4) costs associated with attracting highly qualified candidates
- 310 allocates \$240 million in funding to increase the number of school psychologists, school social workers, school counselors, and school nurses serving students in Michigan



MDE/DHHS/31n Advisory
Council resolution

- **4.** Consistent universal screener across the state and tiered referral process to identify and support students at risk for behavioral health issues
 - Allow consents to be returned electronically
 - Simplify the process for providers delivering comprehensive behavioral health services with standard operating procedures and efficient best practices

- 31n(9) funds have made bhworks, a behavioral health software program from mdlogix (Medical Decision Logic, Inc.), available to school-based mental health providers across the state
 - This platform allows schools to confidentially screen students, monitor treatment to improve student mental health outcomes, and streamline communication with families and school staff to improve student mental health outcomes.

5. We need to be able to continue the funding because it will take time to normalize high quality mental health care being available in our schools. Our mental health counselors provide therapy for students, as well as support to staff and families. Eliminating these supports would be detrimental for our students.

• 31n allocations have been renewed each year by the legislature.

Addressing Shortage of Behavioral Health Professionals

Short-term (0-12 months)

Flexibility with 31n(6) funds to hire Bachelor's level behavioral health providers (BHP) or attract highly qualified candidates.

Technical assistance workgroup led by MDE with partners from Michigan Association of School Nurses (MASN), Michigan Association of School Social Workers (MASSW), Michigan Association of School Psychologists (MASP), Michigan School Counselor Association (MSCA), WMU, GVSU, School-Community Health Alliance of MI (SCHA-MI), Community Mental Health Association (CMHA) of MI, plus representatives from LEAs and ISDs, meets quarterly to discuss ideas and strategies for recruiting and retaining highly qualified BHPs.

Maintain a list of contacts from universities that offer Social Work, School Social Work, Counselor, and Psychologist degrees to promote vacancies.

Waiver permitting a Master's level social worker to work as a school social worker for special education.

Intermediate-term (12-24 months)

Flexibility with 31n(6) funds to pay for additional classes to add certifications (e.g., Bachelor of Social Work to Master of Social Work or School Counselor to Limited Licensed Professional Counselor).

Behavioral Health Learning Collaborative (BHLC) of Michigan-An online community of practice where BHPs can learn with and from each other by sharing best practices and resources, and providing access to cross-disciplinary trainings.

Long-term (more than 2 years)

MDE and MDHHS collaborating with Labor and Economic Opportunity (LEO) to go through Talent Pipeline management (TPM), a standard process to address talent challenges for any industry.

MDE representation on MIKidsNow Workforce Development and Training workgroup.



History

Multiple stakeholders came together to create a model of care for the delivery of school health and mental health services that is high quality, responsive to local needs, and financially sustainable. This work came out of the growing evidence that Michigan schools are greatly under- resourced with both behavioral health and other health support services. There is agreement among educators and behavioral health experts that licensed mental health providers are pivotal in delivering behavioral health services that impact school safety, educational outcomes, and the long-term health of individual students. As school safety concerns grew and deepened over time, the conversation quickly focused on funding and the ability to employ additional behavioral health professionals in schools to ensure access for all students to mental health care services.





This report was created by staff at the Michigan Departments of Education and Health and Human Services.

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