Lutheran Social Services of Wisconsin and Upper Michigan, Inc.

School-Centered Mental Health

The Need

The Partners of Change Committee, comprising individuals and organizations committed to improving children's mental health in Wisconsin, is seeking funding and policy change to support a comprehensive School-Centered Mental Health model that builds on the current success in traditional school-based mental health programs.

Pilots

In order to address the funding gap to support the comprehensive model, the Partners of Change Committee is requesting $1,000,000 from the State to fund five pilot programs across the state ($200,000 per pilot). The proposed pilots will expand the mental health team to engage and support the child, family and school community in moving beyond social, mental health and systems barriers in order to achieve lasting wellness and stability.

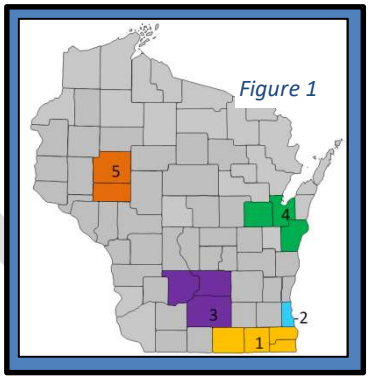

Figure 1

5 Regions of Interest

- *Region 1- Racine Co., Kenosha Co., Walworth Co. and Rock Co.*
- *Region 2- Milwaukee Co.*
- *Region 3- Dane Co., Sauk Co. and Columbia Co.*
- *Region 4- Manitowoc Co, Brown Co. and Outagamie Co.*
- *Region 5- Eau Claire Co. and Chippewa Co.*

An investment of $200,000 per pilot program will directly serve 50-60 of the most at risk students (K-12) and their families. In total, a pilot program will engage and impact 250 individuals per school, through the comprehensive model that will engage the family around the identified child, including parents, grandparents, siblings, and other identified supportive individuals.

This funding will produce back-end savings and benefits through:

- Improved school attendance
- Improved academic achievement
- Improved safety & reduced school violence
- Reduced systems costs, including child welfare and youth justice[i]

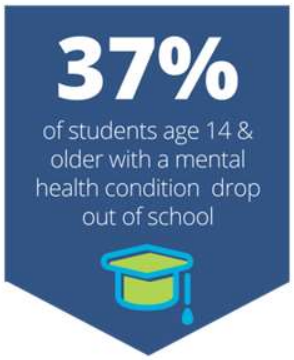

Figure 2

Policy Change: In order to sustain and scale this comprehensive model statewide, the Partners of Change Committee also seeks policy changes related to Medicaid reimbursement so that the best practice SCMH is sustainable for all mental health providers in the state. The Partners of Change Committee will utilize data collected during the SCMH pilot programs to collaborate for a more robust, coordinated and sustainable approach to bringing comprehensive mental health services to the children of Wisconsin and the families who love them.

The potential policy focus areas include:

1. Seeking permanent funding for Medicaid coverage of clinical consultation for students as approved in the Governor's Biennial Budget and expand consultation to include phone consultation with parents.
2. Expanding the scope of what is reimbursable under Medicaid (outside of Comprehensive Community Services funding) to include a continuum of support families through in-home family coaching/skill development.
3. Increasing the overall Medicaid reimbursement rates for SCMH services.

The Challenge

<u>The Mental Health Need and Treatment Gap</u>

As a country, we have fallen short meeting the needs of our children. Adverse childhood experiences, toxic stress and health disparities greatly impact a child's mental health and overall wellness. According to the National Alliance on Mental Illness (NAMI), on average there is an 8-10 year delay between the onset of symptoms and when intervention takes place.[ii]

There has been significant research conducted on the destructive effects that toxic stress, trauma and undiagnosed or untreated mental health issues have on an individual, especially during the time in which the brain is still developing. Science now recognizes these factors as having a significant impact on the emotional and physical health of an individual as they develop and age.[iii]

In the last 10 years, much of the research on childhood trauma has focused on adverse childhood experiences (ACE), including exposure to abuse and neglect, domestic violence, being raised in a household with individuals coping with mental illness and drug and alcohol addiction or where a parent(s) have been incarcerated. Initiatives in the state of Wisconsin, such as Fostering Futures have focused on ACEs research and data to inform practice and policy. According to the 2016 National Survey of Children's Health, several child demographic groups in Wisconsin are more likely to have two or more ACEs compared with the national average. These groups include children of color (primarily Black, Hispanic, Asian children), those who live in a household that are below the federal poverty guideline and children with ongoing emotional, behavioral or developmental issues[iv]

Figure 3

The effects of adverse childhood experiences are compounded by health and social disparities (e.g. poverty, lack of access to health services, inadequate housing and education), resulting in an exponential increase in the likelihood and cost relating to:

- Social, emotional and cognitive impairments
- Adoption of risk behaviors
- Disease and disabilities
- Social problems
- Incarceration
- Early death[v]

According to a 2010 National Academy of Sciences report, costs associated with mental, emotional, and behavioral disorders among youth are estimated nationally at $247 billion per year in mental health and health services, lost productivity, and crime.[ii]

The Funding Gap

The SCMH model is positioned to employ early intervention services to the youth and families who are at high risk to face adverse childhood experiences as well as health and social disparities. Currently, wraparound services throughout the state are generally reactive and not available to families until after the child has been diagnosed with a mental health disorder and has obtained a court order for services either due to delinquency or a CHIPS (Children in Need of Protection and/or Services) petition. The SCMH model provides intensive and inclusive services and support for the family and school before families become involved in other systems, resulting in savings for both the state and county. Current Medicaid (MA) reimbursement and coverage is not sufficient to support the comprehensive SCMH model. To address this need, the Partners of Change Committee is requesting $1 million from the state to fill the $200,000 gap between services and what is currently reimbursable under MA in five pilots across the state, and is proposing policy change needed for long-term sustainability.

The School-Centered Mental Health Model

The SCMH model utilizes the school as the family and community hub through which the partnering agencies selected for the pilots will provide services. SCMH sees the child as part of the family, school and community systems and provides holistic support impacting each system. Services provided will reach beyond the school and go into the child's home and community, thereby increasing access and improving the likelihood that services will be used and maintained.

In order to make a more significant and lasting impact, families need to be engaged in the process, the learning and the solution. SCMH goes beyond the traditional school-based mental health approach that relies exclusively on mental health services being provided in a school.

The SCMH model has far-reaching potential for statewide implementation and includes engagement with public, charter, private and parochial schools, as well as with early childhood education programs such as Head Start. The model drives the development of community partnerships and support from local leaders which breaks down silos and facilitates communication and collaboration.

The proposed SCMH model encompasses the following seven components:

Traditional SBMH

At school therapies for students

- Therapist * (may include consultation with teachers)

Figure 4

LSS SCMH Health Equity Model

At school and in home therapies for students, families and the community

- Therapist *
- Trained Family Coaches
- Community Health Nurse
- Behavior Interventionist
- Teacher/Parent Skills Development Trainers
- Multi System Level Research

* Therapists provide clinical symptoms assessment and mental health support for individuals and groups

School Partnerships- Each pilot program will partner with a school or schools (dependent on size) that have the capacity and willingness to provide referrals, support the data collection efforts, engage as a partner in the treatment process and provide onsite space for the SCMH team to meet with children and families. The school will support the SCMH team through distributing and collecting assessments and outcome data when needed. The school will also provide the SCMH partnering agency with data related to behavioral referrals, attendance, academic success and parental involvement.

Therapy — Therapy will be provided to student and families in the school, as well as in the home. Providing mental health services in more than one setting increases access for families and encourages parental engagement in the process, allowing therapists to impact the child's symptoms, the family system, as well as underlying family trauma.

Family Skill Development —A family coach will design and implement services for each family based on their strengths, needs and input. Family coaches work within the family system, providing services that focus on skill development, parental education, goal attainment and social determinants of health. Family coaches connect families with needed resources in the community and develop the family's treatment plan that aligns with needs identified by the family and the assessment tools.

Behavioral Interventions — The SCMH treatment team will work with teachers and school staff to implement behavioral interventions and mindfulness into the classroom. These interventions are focused on supporting the teachers in working through difficult behaviors and situations.

Physical Health — SCMH partnering agencies will collaborate with community health organizations to assist families in care coordination with medical providers, medication monitoring, and establishing primary care physicians.

Training and Education — In collaboration with community partners, the SCMH partnering agencies will ensure comprehensive training for the SCMH team. The partnering agency is also responsible for providing training for school staff, parents, and the greater community. Identified training topics offered to school staff, parents and the community include feedback from the participants. The agency must have a process for collecting feedback and input from the identified individuals.

Research and Assessment —
Assessment tools- Each pilot will utilize assessment tools, screeners and questionnaires to track improvement on: mental health symptoms, pro-social behaviors, the student teacher relationship and the overall impact of the program on academic achievement and wellness. Assessments, screeners and questionnaires will be consistent across all pilot schools.

*Baseline data***-** At the beginning of the school year screening tools will be distributed to all students and families. This aids in identifying possible participants who would benefit from services and provides baseline data of the need.

Research and data analysis- Partnering agencies will have demonstrated knowledge and capacity for conducting research and data analysis externally while also engaging third party research teams to support the data analysis process. Partnering agencies will create an assessment schedule and data collection plan as well as system and procedures for analyzing and distributing outcome data related to individual, family and school impact.

Partnering agencies providing SCMH services will be monitored by the Partners of Change Committee to ensure consistency with the model for the duration of the pilot. Oversight from the committee ensures that assessment tools, screeners and questionnaires are being utilized and follow the schedule and data collection plan. It also provides a structure for data sharing and learning. With the diverse expertise throughout the committee, data can be used for quality improvement, decision making and promotion of policy change and to enhance the body of research available to the mental health community.

Time Table for Implementation of the SCMH Pilots

In looking to the 2019-2020 school year, partnering agencies will require up to 60 days to recruit and hire qualified staff. Onboarding of staff should take place prior to the first day of school and must include training on assessment tools and program outcomes, orientation from the partnering school, trauma-informed care and the regular onboarding process of the partnering agency.

Activities during the first 30 days (September):

- Distribution and collection of data from the school-wide screening tools
- Identification of students and families interested and in need of SCMH services
- Initial enrollment sessions
- Therapeutic services to the child and in-home family skill building to all enrolled families

Activities 30 - 60 days (October):

- Continuation of enrollment of students and families
- Initial assessments to students and families receiving services
- Initial assessments to a random selection of students and family who are not receiving services
- Therapeutic services to the child and in-home family skill building to all enrolled families

Activities 60 - 120 days (December):

- Mid-year assessments for all children and families receiving services
- Therapeutic services to the child and in-home family skill building to all enrolled families

Activities 120 - 240 days (May):

- Year-end assessments to students and families receiving services
- Year- end assessments to a random selection of students and family who are not receiving services
- Therapeutic services to the child and in-home family skill building to all enrolled families

Activities after 240 days (June –August)

- The partnering agencies' internal quality team and third-party researchers will compile, review and analyze the data from the pilot program
- Findings will be formally shared

Why the Partners of Change Committee?

The purpose of the Partners of Change Committee is to grow and scale SCMH in Wisconsin. The committee is comprised of county/state government representatives, school systems, mental health providers and advocacy groups, local health systems, committed funders, parents and others. The committee is bringing together collaborative knowledge and experience, and is moving forward with a common agenda and voice.

Many committee members are providers of traditional school-based mental health and recognize that while traditional services is demonstrating that services have an impact on client outcomes and academic success more is needed. The systems, in which the child lives, need to be supported and engaged. The family, school, faith and local communities have a significant impact on the way a child develops both socially and physically.

The Partners of Change Committee is uniquely qualified to implement this model of SCMH service due to:

- Vast experience in working with children and families in school, community and residential treatment settings.
- Knowledge of and fidelity to best practices in SCMH
- Wide geographic reach
- Well-established network of collaborative partners
- Quality Improvement experts that support programs in collecting and analyzing data

Through the pilots and the policy change efforts led by the Partners of Change Committee, Wisconsin has the opportunity to be a leader in the country and demonstrate how investment in early intervention can and will impact families and the society through cost savings on reactive interventions, improvement in academic success, reduction in delinquency and overall improvement in health and well-being for children and families in the state.

Endnotes:

[i] American Academy of Child & Adolescent Psychiatry (AACAP). *Cost Effectiveness of Prevention and Early Intervention* [Fact Sheet]. (2011). Retrieved June 2018 from https://www.aacap.org/App_Themes/AACAP/docs/Advocacy/policy_resources/Cost_Effectiveness_Fact_Sheet_2011.pdf.

[i] Center for School Mental Health (CSMH). *The Impact of School Mental Health: Educational, Social, Emotional, and Behavioral Outcomes. (2013).* School of Medicine; University of Maryland.

[i] Behm, Andrew; Drazkowski, Ann; Matteson, Samuel; Serakos, Maria & Wolter, Cherie. (2014). *Increasing Access to Youth Mental Health Services: A Cost-Benefit Analysis of the PATH Program in the Fox Valley.* La Follette School of Public Affairs; University of Wisconsin – Madison.

[i] National Alliance on Mental Illness (NAMI). *Mental Health Facts: Children & Teen* [Fact Sheet]. (n.d). Retrieved June 2018 from https://www.nami.org/NAMI/media/NAMI-Media/Infographics/Children-MH-Facts-NAMI.pdf.

[i] Centers for Disease Control (CDC). *Adverse Childhood Experiences (ACE) Study.* Retrieved June 2018 from www.cdc.gov/ace.

[i] National Scientific Council on the Developing Child. (2008). *Mental health problems in early childhood can impair learning and behavior for life.* Retrieved from www.developingchild.net.

[i] Perry, B.D., (The ChildTrauma Academy). (2013) 1: The Human Brain [Video Webcast]. *In Seven Slide Series.* Retrieved from www.childtrauma.org/cta-library/brain-dev-neuroscience/.

[i] National Survey of Children's Health. (2016). *Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health* [Data File]. Retrieved June 2018 from www.childhealthdata.org.

[i] Centers for Disease Control (CDC). *Adverse Childhood Experiences (ACE) Study.* Retrieved June 2018 from www.cdc.gov/ace.

[i] Harris, N B. *The chronic stress of poverty: Toxic to children.* The Shriver Report. 2014 January. Retrieved from www.shrieverreport.org/the-chronic-stress-of-poverty-toxic-to-children-nadine-burke-harris/.

[ii] The National Research Council and the Institute of Medicine of the National Academies. *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities.* Washington, DC: National Academies Press; 2009.

Figures: