**THE SCHOOL MENTAL HEALTH PILOT PROJECT**

**School Mental Health Coalition**

**Michigan Association of School Psychologists**

**Michigan Association of School Social Workers**

**Michigan School Counselor Association**

***CONCERNS***

Oftentimes collaborative programs between the schools and other agencies are designed to address a problem such as trauma, involvement with the law, teen pregnancy, alcohol and drug abuse, violence, etc. The problem is that the world we live in is constantly changing and most programs are designed for a world that always stays the same. We need programs designed to identify the immediate needs of the school’s students and quickly implement strategies to address gaps in services to meet those needs on an ongoing basis. We have taken a two pronged approach to addressing the mental health needs of Michigan’s students. The first approach (Track 1) is to make the best use of what we already have by synchronizing services between the school and the community. This is something that can happen quickly and have a real impact on students now. The second approach (Track 2) is to constantly monitor the changing mental health needs of students, develop resources to meet those needs and discontinue programs that are no longer needed. By doing this we can maximize our resources without having to constantly be inventing a new system to address each new problem. In addition there are legal barriers to communication between community agencies and the school such as FERPA and HIPPA. Track 2 will address how these issues are handled.

* See the attachment **URBAN  SCHOOL MENTAL HEALTH PILOT PROJECT** page 3

Should a student need to have an educational disability in order to be able to receive the necessary help for mental health needs within the school day? Currently, School Social Workers and School Psychologists are typically funded according to special education funds and only able to work with special education students. We recognize that mental health needs occur on a continuum of changing level of intensity with students moving back and forth along the continuum as time passes. We would like to explore an alternative system of funding that allows us to seamlessly meet the changing needs of students as they move up and down the continuum of needs for mental health services.

* See the attachment **Tiered Model for Providing Mental Health Services in Schools** page 13

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**OVERVIEW OF THE URBAN SCHOOL MENTAL HEALTH PILOT PROJECT**

**PILOT PROJECT**

The project will take place along two parallel tracks.

* Track 1 -  Combining  resources of The Henry Ford Academy and The Guidance Center to meet the

                            needs of individual students

* Track 2 - Develop formal procedures, track data and address gaps in services.

**COST**

If this program is to be successful additional staffing must be brought up to the levels dictated by the best practice for each mental health provider discipline (1/250 SSW, 1/250 Counselors 1/750 Sch. Psych.).

To bring our current staffing (0.5/500 SSW, 1.5/500 Counselors, 0.6/500 Sch. Psych) up to the appropriate ratios at The Henry Ford Academy we will need to hire:

* + 1.5 FTE School Social Workers  (Henry Ford Academy)
  + 0.5 FTE Counselor (Henry Ford Academy)

Additional funds will be needed to train a Trainer in the Mental Health First Aid Program and the Live Laugh Love: Educating our Youth About Mental Health program.

The Guidance Center will need to hire a School Liaison to help coordinate services between the school and the Guidance Center

* 1.0 FTE School Liaison               (The Guidance Center)

**EVALUATION** We will measure the success of the program using the following indicators

|  |  |
| --- | --- |
| * Dropout rate * Amount of family involvement with the school * Attendance * Incidents of bullying * Incidents of sexual-harassment |  Number of office discipline referrals   Number of referrals for special-education services   Number of suspensions   Number expulsions   Standardized test scores |

Currently there are two systems of care for children’s mental health needs: the school and the community. Typically these run parallel to each other. As children become more troubled it is difficult for them to move seamlessly between each system**.** The proposed pilot project merges the resources of the school, The Henry Ford Academy, and the local community mental health agency, The Guidance Center, to provide a full continuum of mental health service for the students attending the Henry Ford Academy.

**THE HENRY FORD ACADEMY** is an urban, college prep, high school (grades 9-12) located inside Henry Ford Museum & Greenfield Village and surrounded by the campus of Ford Motor Company. Students come from districts within Wayne County, as well as private, parochial, and home schools. It was rated as the top charter school to serve Detroit students in 2012 by the Skillman Foundation.

*DEMOGRAPHICS 2012-2013*

513 Total Enrollment                                       46% Males                           54% Females

       74% African American                                      4% Hispanic                                18% Caucasian

       0.5% Asian                                                      0.5% Middle Eastern

* *75 Students (15%) are in the Special Education Program*
* *303 Students (59%) are in the Free/Reduced Lunch Program*
* *5% Dropout Rate*

**THE GUIDANCECENTER** was founded in 1958. The agency operates a wide range of programs and services at 23 locations in southeast Michigan. Their expertise in mental health and wellness, early childhood education, free preschool for low-income families, developmental disabilities services, substance abuse, workforce development, Kids-TALK Children's Advocacy Center and research and evaluation helps more than 25,000 members of the community annually work on their own personal triumphs in life.

**TRACK 1**

**Address the needs of individual students**

**TRACK 1**

There is widespread acceptance of the idea of a full continuum of interventions. The Michigan Department of Education (MDE) defines Multi-tiered System of Supports (MTSS) as an integrated, multi-tiered system of instruction, assessment, and intervention designed to meet the achievement and behavioral health needs of ALL learners. This framework is utilized by the MDE in school improvement and positive behavior supports language and also in the ESEA and IDEA. It is often illustrated in the form of a three tiered pyramid. The three tiered framework has been worked into a system that weaves together school-community-home resources to develop a comprehensive continuum of care.

***The Three Tiers***

***Tier 1/Universal*-** Interventions that target the entire population of a school to promote and enhance wellness by increasing pro-social behaviors, emotional wellbeing, skill development, and mental health.  This includes school-wide programs that foster safe and caring learning environments that engage students, are culturally aware, promote social and emotional learning and develop a connection between school, home, and community. Data review should guide the design of Tier 1 strategies such that 80-90% of the students are expected to experience success, decreasing dependence on Tier II or III interventions. The content of Tier 1/Universal approaches should reflect the specific needs of the school population. For example, cognitive behavioral instruction on anger management techniques may be part of a school-wide strategy delivered to the whole population in one school, while it may be considered a Tier 2 intervention, only provided for some students, in another school.

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| **HENRY FORD ACADEMY** | **THE GUIDANCE CENTER** |
| * Clubs * Sports * Special Projects and Off Sight Experiences, * 2 G Second Generation of Givers * Classroom management * School Rules * Teacher prompts to stay on task * Circle up or Peace Circle * Academic Coaching * After school structured homework help * Financial Aid Workshop for Parents * College Visits, * Mock Interviews (Junior Workshop) * Internships (Senior Practicum) * Town Hall Meeting * FISH awards * Anti-Bullying Program * GRIT building program * Mental Health First Aid * Ok to Say (This is a state program) * Live Laugh Love: Educating our Youth About Mental Health. (a mental health anti-stigma program) * PBIS * Michigan Comprehensive School Counseling Program |  |

***Tier 2/Secondary-*** Interventions at Tier 2 are scaled-up versions of Tier 1 supports for particular targeted approaches to meet the needs of the roughly 10-15% of students who require more than Tier 1 supports. Typically, this would include interventions that occur early after the onset of an identified concern, as well as target individual students or subgroups of students whose risk of developing mental health concerns is higher than average.  Risk factors do not necessarily indicate poor outcomes, but rather refer to statistical predictors that have a theoretical and empirical base, and may solidify a pathway that becomes increasingly difficult to shape towards positive outcomes.  Examples include loss of a parent or loved one, or frequent moves resulting in multiple school placements or exposure to violence and trauma.  Interventions are implemented through the use of a comprehensive developmental approach that is collaborative, culturally sensitive and geared towards skill development and/or increasing protective factors for students and their families.

|  |  |
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| **HENRY FORD ACADEMY** | **THE GUIDANCE CENTER** |
| * Individual counseling * Parent involvement/counseling * Conflict Resolution Program * Progressive Discipline * Credit Recovery Program * High School Readiness * AMAUJU Mentoring Program for Males * Academic Support and Achievement Program * Small Groups by school mental health staff (Anger,   Management, Peak Performance)   * Functional Behavioral Assessments/Behavioral Intervention Plan * Michigan Comprehensive School Counseling Program * PBIS | * SUDDs (Stop Underage Drinking/Drugs Downriver) Coalition * Teen coalitions * River Rouge Prevention Policy Board (RRPPB) youth                       membership   * Life Skills training groups * Aggression replacement training groups * Bullying prevention groups * Academic assistance * Around-The-Clock Crisis Screening * [Youth Assistance Program](https://www.guidance-center.org/yap) * [Project EXCEL](https://www.guidance-center.org/excel) * Around-The-Clock Crisis Screening |

***Tier3 /Tertiary-*** Interventions for the roughly 1-5% of individuals who are identified as having the most severe, chronic, or pervasive concerns that may or may not meet diagnostic criteria.  Interventions are implemented through the use of a highly individualized, comprehensive and developmental approach that uses a collaborative teaming process in the implementation of culturally aware interventions that reduce risk factors and increase the protective factors of students. Typical Tier 3 examples in schools include complex function-based behavior support plans that address problem behavior at home and school, evidence-based individual and family intervention, and comprehensive wraparound plans that include natural support persons and other community systems to address needs and promote enhanced functioning in multiple life domains of the student and family.

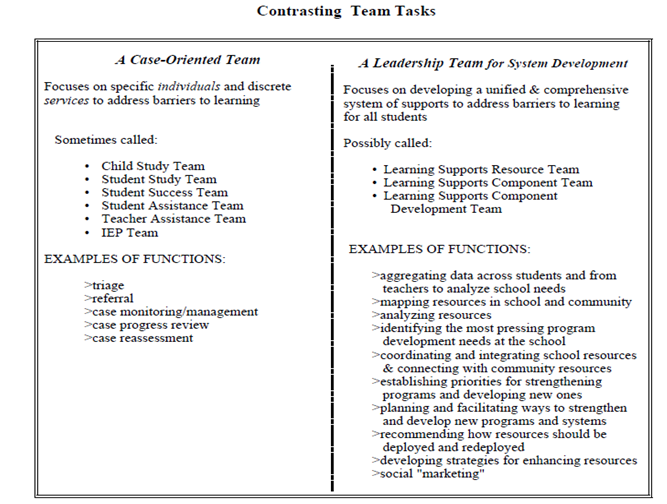
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| **HENRY FORD ACADEMY** | **THE GUIDANCE CENTER** |
| INTENSIVE INDIVIDUALIZED INTERVENTIONS   * Special Education Evaluations/Services * Social Work Service * Functional Behavioral Assessments/Behavioral Intervention Plans | * Assessment * Psychiatric Treatment * Office and Home-Based Therapy * Case Management * Therapeutic and Skill-Building Groups * Wraparound * Developmental Disabilities program * Rethink Autism * Around-The-Clock Crisis Screening |

**TRACK 2**

**Develop formal procedures, track data and address gaps in services.**

**TRACK 2**

All collaboratives need a core team to steer the process. At the school level it looks like the diagram below where there are *representatives from the school and community* are on the Case Oriented Team to address the needs of individual students and on the Leadership Team for System Development to develop formal procedures, track data and address gaps in services.

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In contrasting the two teams, the intent is to highlight the difference in functions, and the

need for mechanisms that focus on both sets of functions.

Shared values and communication are the key elements in developing an integrated continuum of care. Research indicates that there is not a prescriptive checklist for developing effective an integrated continuum of system of care. It is important that the community stakeholders develop their own systems in response to their local community context. There are, however, benchmarks that have been developed;

1. Assess Your District’s Approach to Mental Health in Schools

2. Identify Existing Resources and Gaps in Your Program

3. Organize Your Program and Optimize Your Resources

4. Strengthen Your Approach for Integrating Mental Health in Schools

Below are a number of tools to help schools and communities use to reach these benchmarks in order to achieve integration of their mental health services for children.

**Integrating Mental Health in Schools Toolkit**

* This website provides you with the tools needed to assess your school district’s approach to mental health and improve educational performance through community collaboration.

            http://www.michigan.gov/mde/0,4615,7-140-43092\_53593---,00.html

**1. Assess Your District’s Approach to Mental Health in Schools**

**Resources**

* [Mental Health in Schools and Communities... The Parent Perspective](http://www.parentactionforhealthykids.org/sites/default/files/report_on_mental_health_survey_of_parents_final_12-28-11_1.pdf)
* [Flow Chart - How to Assess the Community](http://www.michigan.gov/documents/mde/FlowChart_281109_7.pdf)
* [Quick Glance Needs Assessment Checklist](http://www.michigan.gov/documents/mde/qgcheck_281139_7.pdf)
* [Mental Health Planning and Evaluation Template Survey](http://www.michigan.gov/documents/mde/NASBHC_281169_7.pdf) - A tool from the National Assembly on School-Based Health Care (NASBHC), to assess and improve the quality of mental health services delivered within school-based settings.
* [Michigan Profile for Healthy Youth (MiPHY)](http://www.michigan.gov/miphy) - A free, on-line student self-report survey to collect local-level (school/district) data on risk behaviors, including mental health.
* [Youth Risk Behavior Survey (YRBS)](http://www.michigan.gov/yrbs) - Access state-level student self-report survey results on risk behaviors, including mental health.
* [Assessing Needs Survey](http://www.michigan.gov/documents/mde/AssessingNeedsSurvey_285380_7.pdf)
* [School Climate Survey](http://www.michigan.gov/documents/mde/School-Climate-Survey_285381_7.pdf)

**2. Identify Existing Resources and Gaps in Your Program**

**Resources**

* [Moving toward a Comprehensive System of Learning Supports: MAPPING & ANALYZING LEARNING SUPPORTS](http://smhp.psych.ucla.edu/summit2002/tool%20mapping%20current%20status.pdf) A tool outlining a six step process that can be used by school improvement planners and decision makers to chart all current activities and resource use (e.g., school, district, community) as a basis for evaluating the current state of development, doing a gap analysis, and setting priorities for moving forward.
* [An Aid for Initial Listing of Current Resources Used at a School for Addressing Barriers to Learning and Teaching](http://smhp.psych.ucla.edu/pdfdocs/listingresources.pdf) A tool for clarifying the names, roles, functions, and schedule of student and learning supports staff at a school.

**3. Organize Your Program and Optimize Your Resources**

**Resources**

* Notes highlight the needed roles and functions that call for a change in current operational and organizational infrastructure at the school site. [http://smhp.psych.ucla.edu/pdfdocs/infra small school notes.pdf](http://smhp.psych.ucla.edu/pdfdocs/infra%20small%20school%20notes.pdf)
* Infrastructure: Is What We Have What We Need?
  + A tool outlining a four step process that can be used by planners and decision makers to map and analyze current infrastructure.

<http://smhp.psych.ucla.edu/summit2002/tool%20infrastructure.pdf>

* Leadership at a School Site for Developing a Comprehensive System of Learning Supports
  + Examples of job descriptions are provided for both an administrative and staff lead for a learning supports component

<http://smhp.psych.ucla.edu/pdfdocs/studentsupport/toolkit/aidd.pdf>

* Notes on Leadership Infrastructure at a Small School
  + Obviously, a small school has less staff and other resources than most larger schools. Nevertheless, the three major functions necessary for school improvement remain the same in all schools, namely (1) improving instruction, (2) providing learning supports to address barriers to learning and teaching, and (3) enhancing management and governance. These

http://www.google.com/url?q=http%3A%2F%2Fsmhp.psych.ucla.edu%2Fpdfdocs%2Finfra%2520small%2520school%2520notes.pdf&sa=D&sntz=1&usg=AFQjCNEIERkRuUwGeazdKDAIOVKPw9wMqQ

* Notes on Infrastructure for Learning Supports at District, Regional, and State Offices
  + Highlights roles and functions related to developing a comprehensive learning supports system that call for a change in current operational and organizational infrastructure at these levels.

<http://smhp.psych.ucla.edu/pdfdocs/studentsupport/toolkit/aidk.pdf>

* Key Leadership Mechanisms for Enhancing student & Learning Supports
  + Pulls together the Center's work on resource-oriented mechanisms designed to ensure schools pay systematic attention to how they use resources for addressing barriers to learning and promoting healthy development.

<http://smhp.psych.ucla.edu/pdfdocs/report/resource_oriented_teams.pdf>

* One Page Handout on What is a Learning Supports Leadership Team?
  + Basic description of the functions and composition of a school-site leadership team for system development to enhance how a school addresses barriers to learning and teaching and re-engages disconnected students.

<http://smhp.psych.ucla.edu/pdfdocs/resource%20coord%20team.pdf>

* Guide to enhancing school-community infrastructure and weaving resources together
  + Discusses school-community collaboratives as key mechanisms for braiding school and community resources and stresses ways to optimize the functioning or such groups.

<http://smhp.psych.ucla.edu/pdfdocs/studentsupport/toolkit/aidg.pdf>

**4. Strengthen Your Approach for Integrating Mental Health in**

**Schools**

**Resources**

* Integrating Mental Health in Schools Toolkit  Lessons Learned in  Rual, Suburban,  Urban settings

 <http://www.michigan.gov/mde/0,4615,7-140-43092_53593_53599---,00.html>

* Integrating Mental Health in Schools Toolkit Resource and Training Opportunities

<http://www.michigan.gov/mde/0,4615,7-140-43092_53593_53601---,00.html>

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| * Practitioner and Professional Development: Virtual Toolbox for Mental Health in Schools. This online toolbox compiles a sample of various brief resources developed by the national Center for Mental Health in Schools at UCLA. There are many additional resources accessible by clicking on the Center's Online Clearinghouse [Quick Finds](http://smhp.psych.ucla.edu/quicksearch.htm) and the catalogue of [Resources and Publications](http://smhp.psych.ucla.edu/materials/resources.htm).                 http://smhp.psych.ucla.edu/ |

FUNDING

Tiered Model for Providing Mental Health Services in Schools

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Currently students who are in need of mental health services while attending school are eligible to receive services as a general education student who sees their counselor (if they are a secondary level student), or as a special education student who has school social work as a service identified on their IEP. If the student who needs mental health services is an elementary age student and considered a general education student, there are no mental health services available for them at school. Additionally, if the student in need is a general education student at the secondary level who has moderate to severe needs that do not constitute an educational disability, they may not be able to have their needs met in the educational setting, due to the mismatch between their current needs and the ability of the counseling staff to address such needs (due to the wide reaching nature of their work, and # of students on their caseload). Should a student need to have an educational disability in order to be able to receive the necessary help for mental health needs within the school day? The intention is not to offer ‘therapy’ services in school, but rather to educate, identify and be available for students who are in need, when they are in need. Our current system falls short of this goal and fails to meet the needs of many students, thus leaving them at risk.

Currently, School Social Workers and School Psychologists are typically funded according to special education funds, and School Counselors are funded through the general fund. This means there are services allocated for students according to their classification in each category (is the student a ‘general education’ student or a ‘special education’ student). It makes logical sense that a student would be either a ‘general education’ student or a ‘special education student’. However we have come to identify needs on a continuum of services as opposed to a binary – either/or situation. What has become increasingly apparent over time is that the binary system of funding does not fit the needs of all students. It is true that there are students who are fully supported in each of these categories; it leaves about 10-20% of students without needed services. These students are those who have difficulties that do not meet the full qualification as an educational disability, qualifying them for special education services. At the same time, their needs are too great to be addressed with the currently allocated general education funding. As a state that identifies the need to address the ‘whole student’ and reduce gaps in mental health services it is important that we allocate services to all students. With this recommended service model, there would be less stigma of being a ‘special education’ student, as all students would lie on a continuum of service that is fluid based on student need. Our schools need to be equipped with the appropriate personnel at each level to address the needs of all students.

Our current system of funding leaves a large gap in services. According to the Multi-Tiered Systems of support we would consider this gap (10-20% of students) to be in need of tier II services. Additionally, when we look at mental health services for elementary students, there is only funding for special education students who have a social work service tied to their IEP. At the elementary level the gap in services is much greater than 20%.

There are recommended ratios for each discipline in the area of School Mental Health Services (School Social Workers, School Psychologists and School Counselors). The recommended ratios are the following: School Counselors 1:250, School Social Workers 1:250, and School Psychologists 1:750. A solution to the funding inequity and a solution to the gap in mental health services in schools would be to fund mental health services according to the recommended ratios and the Tiers in the Multi-Tiered Systems of Support.

Please refer to the following example and diagram.

*If a school has a student population of 1000 students, with recommended rations of 1:250 School Social Workers, 1:250 School Counselors and 1:750 School Psychologists, the school would address student mental health needs by assigning two school counselors who address Tier I mental health issues for all students, and one School Social Worker for addressing Tier II mental health needs for students, and one School Social Worker to address Mental Health needs of students at the Tier III level of service. For a student population of 1000 students there would be an allocation of 1.25 School Psychologists who address student needs at Tier II and Tier III.*

5-10% of students will require further interventions

Supports provided to all students

(Classroom lessons and discussions related to mental health issues/prevention)

70-80% of students will benefit from this level of service. If more support is needed for a student to succeed, they can be referred to a Tier II level of support

10-20% of students will require further interventions

5-10% of the student population will benefit from this level of service.

Special Education Supports provided on an individual basis, dependent upon need.

10-20% of students will respond to this level of intervention.

Supports provided in a small group format for a targeted population.

Tier I

Tier II

Tier III