DEPARTMENT OF HUMAN SERVICES

Legislative Report

Improving the school-linked mental health program

SLMH assessment findings

Behavioral Health Division

February 2020

For more information contact:

Minnesota Department of Human Services
Behavioral Health Division
P.O. Box 64981
St. Paul, MN 55164-0981

651-431-2460

For accessible formats of this information or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 651-431-2460, or use your preferred relay service. ADA1 (2-18)

Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is approximately $8,500. Most of these costs involved staff time in analyzing data, review of current literature and preparing the written report.

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I. Executive summary

There is a huge unmet need for mental health services among children and young adults. School mental health services help meet that need. According to the American Academy of Pediatrics, more than 20% of children and adolescents have a mental health condition.[1] Most chronic mental illness begins by age 24, including half by age 14, [2] making this time of life critical for beginning to receive mental health services. However, only about half of school-age children with a mental health condition actually receive mental health services, [3] and most (70-80%) of those who receive services obtain them through school. [4] [5] Substance use rates among adolescents remain concerning as well, with over 16 percent of adolescents ages 12 to 17 reporting illicit drug use during 2017, and more than 31 percent of adolescents endorsing use of tobacco or alcohol during the same timeframe (McCance-Katz, E. & Lynch, C., 2019). The recent 2019 Minnesota Student Survey (MSS) data show one in four Minnesota 11th-graders reported using an e-cigarette in the past 30 days. This represents a 54 percent increase from the 2016 survey, in which 17 percent of 11th-graders reported vaping.

Research has shown that early identification and treatment improves outcomes. Schools are a natural setting to promote student well-being and address both mental health and substance use concerns. Early interventions conducted by comprehensive school-based mental health and substance treatment systems have been associated with enhanced academic performance, [6] [7] decreased need for special education, [8] fewer disciplinary encounters, [9] increased engagement with school, [10] and elevated rates of graduation. [11]

“Gaps needs to be closed,” said Commissioner Ricker. “Minnesota students face gaps in learning, housing, household income, health and more. That’s why I’m committed to finding ways to serve the whole child, so all children have the support they need to succeed in the classroom. If we keep doing the same things, we will keep getting the same results. I am committed to reimagining what education can be in the state of Minnesota. And that includes resisting the urge to rely on test scores as our sole indicator of progress.” The report shows that persistent gaps between student groups remain largely the same from 2018 to 2019. For American Indian students, 57.6 percent consistently attended at least 90 percent of school days, compared to 78.8 percent of Hispanic students and 91.3 percent of Asian students. (MDE Press Release, The State of our Students report, 2019)

Since 2007, Minnesota has pioneered efforts to bring mental health services to students through the school-linked mental health program. Under Minnesota’s model of school-linked mental health, community mental health agencies place mental health professionals and practitioners in partnering schools and school districts to provide direct mental health services to students. These services work to increase access to mental health services for all children, particularly children and youth who are uninsured and underinsured, to improve clinical and functional outcomes for children and youth with a mental health disorder, and improve identification of mental health issues. These mental health providers also support parents, caregivers, consult with teachers, provide care coordination and deliver classroom presentations and school-wide trainings on mental health issues.

Why treat mental health in schools? “Youth are 6x more likely to complete mental health treatment in schools than in community settings” (Jaycox et al., 2010, NCSMH, 2019).

Mental health services are most effective when they are integrated into students' academic instruction (Sanchez et al., 2018, NCSMH, 2019). School-linked mental health services also eliminate common barriers for families such as taking time off from work, transportation, navigating complex systems, and longer wait times in the community clinic.

The intent of bringing mental health services to where children are is simple: the right service at the right time in the right place. While the focus of the School-Linked Mental Health (SLMH) grant program has predominantly been mental health intervention and treatment to students, an essential and critical component of the service delivery method must also be the development of a structured framework in partnership with schools. Furthermore, while strategic collaborations between school systems, the mental health workforce, and community programs are imperative to the success of school mental health programs, [12] effective interdisciplinary teamwork is a common challenge. [13]

A Comprehensive School Mental Health System (CSMHS) builds on existing school resources within a Multi-Tiered System of Support (MTSS) to effectively support all students. Positive Behavioral Interventions and Supports (PBIS) and the Interconnected Systems Framework are examples of approaches using an MTSS framework. These MTSS programs involve modeling and practicing social skills with students, then prompting and supporting their application in different contexts (McCance-Katz, E. & Lynch, C., 2019).

The use of CSMHS terminology is inclusive of a system built on a strong foundation of district and school professionals in strategic partnership with students, families and community health and behavioral health partners. The CSMHS terminology more accurately describes the nature and purpose of the services that these professionals provide in our schools. By establishing common language and a framework between both student support personnel and school-linked providers, a multidisciplinary team can be more readily attained through the provision of a full array of supports and services that promote positive school climate, social emotional learning, mental health and well-being, while reducing the prevalence and severity of mental illness (NCSMH, 2019).

II. Legislation

The report is organized according to sections of the statute that were required to be reflected in the recommendations. The recommendations are followed by references to documents used to inform this report. The statute is listed in its entirety below.

Minnesota Session Laws – 2019, 1st Special Session, Chapter 9, Article 6, Sec. 78.

DIRECTION TO COMMISSIONER; IMPROVING SCHOOL-LINKED MENTAL HEALTH GRANT PROGRAM.

(a) The commissioner of human services, in collaboration with the commissioner of education, representatives from the education community, mental health providers, and advocates, shall assess the school-linked mental health grant program under Minnesota Statutes, section 245.4901, and develop recommendations for improvements. The assessment must include but is not limited to the following:

(1) Promoting stability among current grantees and school partners;

(2) Assessing the minimum number of full-time equivalents needed per school site to effectively carry out the program;

(3) Developing a funding formula that promotes sustainability and consistency across grant cycles;

(4) Reviewing current data collection and evaluation; and

(5) Analyzing the impact on outcomes when a school has a school-linked mental health program, a multi-tier system of supports, and sufficient school support personnel to meet the needs of students.

(b) The commissioner shall provide a report of the findings of the assessment and recommendations, including any necessary statutory changes, to the legislative committees with jurisdiction over mental health and education by January 15, 2020.

EFFECTIVE DATE.

This section is effective the day following final enactment.

III. Introduction

This work group convened specifically to evaluate the current School-Linked Mental Health (SLMH) program as directed by the Minnesota Legislature during the 2019 Minnesota Legislative Session.

The 2019 Minnesota Special Session law provides clarity to the prior definition of [245.4889] school-linked mental health grants. **[245.4901] Subdivision 1. Establishment:** The commissioner of human services shall establish a school-linked mental health grant program to provide early identification and intervention for students with mental health needs and to build the capacity of schools to support students with mental health needs in the classroom.

The establishment and authority for school-linked mental health (SLMH) services was previously in 2018 Minnesota Statutes, section 245.4889, subdivision 1, paragraph (b), clause (8) as: school-linked mental health services, including transportation for children receiving school-linked mental health services when school is not in session.

Purpose of report

This report is submitted to the Minnesota Legislature pursuant to Minnesota Statutes 2019, Chapter 9, Article 6, Section 78 in reference to School-Linked Mental Health Grants [245.4901].

This report was prepared by the Department of Human Services' Behavioral Health Division and the newly established School-Linked Mental Health work group comprised of members from the Department of Human Services, Department of Education, mental health providers, mental health advocates, school district student support professionals, county employees, and county social service administrators. This work group met five times between the months of July 2019 through November 2019 specifically to review the barriers to current school-linked programs, their practices and implementation methods. The current program model requires: 1) commitment to reporting grant specific, complete and thorough data in a timely manner; 2) commitment to collaborate in the development, funding and delivery of services with other agencies in the local system of care; 3) successful school, agency, and child and family partnerships; 4) developing and maintaining a reasonable budget; 5) utilizing Evidence Based Practice (EBP) skills in school settings; 6) commitment to obtaining all available third party reimbursement before billing the grant.

In addition to the work group meetings, consultation time with mental health providers and school district employees further advanced the vision to successfully completing this assessment. Conference calls and community meetings were completed to further seek community input.

This report was developed by reviewing the 2019 legislative statute requirements for this assessment report, in addition to reviewing relevant national and state-level literature. The recommendations are followed by references to documents used to inform this report. The statute is listed in its entirety in section II.

IV. Report of Findings

This report section represents the legislative clause identified in statute, provides a brief background of the problem and describes the overall findings.

Importance and Extent of Need:

Recent reports from the 2018 National Association of Elementary School Principals: a 10 Year Study; showed the top four ranking areas characterized as an extreme or high concern for their schools were as follows:

- Increase in the number of students with emotional problems – 73.7%
- Student mental health issues – 65.5%
- Students not performing to their level of potential – 62.3%
- Providing a continuum of services for students who are at risk – 61.6%

Minnesota released the results of the 2019 Minnesota Student Survey (MSS), showing that:

- Fewer students feel engaged in school, believe their school provides a supportive place for learning, report good health, or feel safe.
- More Minnesota students than ever report having long-term mental health, behavioral or emotional problems. This number is up from 18 percent of students surveyed in 2016 to 23 percent in 2019.
- Eleventh-grade female students who report having long-term mental health, behavioral or emotional problems has more than doubled from 2013 to 2019.
- 11th-grade female students who reported missing a full or partial day of school in the last 30 days, 24 percent reported that they missed school because they felt very sad, hopeless, anxious, stressed or angry.
- *Suicide Ideation*: Reports of suicide ideation increased for all grade levels in the last six years. In 2013, 20 percent of 11th-grade students reported seriously considering suicide at some point in their lives, compared to 24 percent of 11th-graders in 2019.
- *Vaping*: One in four Minnesota 11th-graders reported using an e-cigarette in the past 30 days. That one in four represents a 54 percent increase from the 2016 survey, in which 17 percent of 11th-graders reported vaping. The jump among eighth-graders is even more significant, with nearly twice as many students reporting using an e-cigarette in the past 30 days. (Minnesota Department of Health, 2019)

Survey to Minnesota School Superintendents and Special Education Directors reported the following:

- We need training for all teachers, funding to partner with mental health agencies, more day treatment, proactive interventions regarding attendance, anxiety, depression, dysregulation.
- Partnerships with agencies who are adequately compensated through mental health funding streams to provide services in schools.
- We need more staff/support to meet general education mental health needs, renewal of school linked grant, MTSS within general education that include social/emotional/behavioral interventions.
- Cooperation from parents to authorize mental health services and help for parents when it comes to insurance.
- An increase in funding to the School-Linked Mental Health Grant and more licensed therapists.

Foundational Investment:

1) Promoting stability among current grantees and school partners 2) Developing a funding formula that promotes sustainability and consistency across grant cycles

The work group had considerable discussion regarding this topic area. A common theme was the significant impact that having consistent partnerships and stable funding sources produce better outcomes for students and the school systems that support them. The RFP (Request for Proposals) bidding process is a competitive process which may work against the intent of building a sustainable program that encourages stability among providers and schools. The RFP must lead to the award of contract through a fair and open process and must purchase the best value possible. With the process being competitive, the elements of the evaluation process did result in some current providers receiving a lower contract amount than in previous years.

We consistently hear from our schools and provider partners that they do not want to build something they cannot sustain. We are reminded that each county and region and school district across the state has a unique culture. As the program expands to more schools, it takes time within each local school and community, to cultivate and maintain relationships and trust between the schools and providers. These unique relationships are critical to supporting and treating our diverse children and families across the state.

Findings: The inclusion of mental health services in schools must be a well-executed plan. The 2017 SLMH Request for Proposals (RFP) encouraged that schools and providers develop a joint work plan to identify the roles and responsibilities of each partner to successfully improve mental health outcomes for youth. However, it is important to recognize that building and sustaining these relationships requires an investment of time and resources, a cost that is covered under the SLMH contract budgets as it is not a direct service to students and outside of the traditional Medicaid eligible benefit set.

The following is an excerpt from the Minnesota Department of Human Services, Behavioral Health Division, October 2018 Legislative Report: Study of Mental Health Reimbursement:

Historically, mental health services have been financed by state and federal grants as well as counties and existed outside the traditional health care services and rate structure. As mental health services have moved into the Medical Assistance (MA) program benefit set, our laws have not been updated to reflect the broader rate structures that are in place within the broader health care continuum. When community-based mental health services rates are reformed they must done so in a way that allows for the integration of mental health and substance use disorder services, as well as, the integration of behavioral health services with the broader health care continuum. This will allow consistency and transparency for all providers in Minnesota and allow equitable access for the people we serve.

Findings: “Many states have used multiple financing strategies for school mental health and SUD related prevention and treatment services, including the use of Medicaid. Medicaid payments play a vital role in the provision of comprehensive school-based mental health care services. The availability of payment for these services has been noted to be a central issue in the ability to provide services in school settings for Medicaid-eligible beneficiaries. Mental health and substance use services provided in the school setting are subject to the

same federal and state laws and regulations that apply to Medicaid services provided in other settings" (McCance-Katz, E. & Lynch, C., 2019).

Caseloads and Best Practices:

1) Assessing the minimum number of full-time equivalents needed per school site to effectively carry out the program 2) Analyzing the impact on outcomes when a school has a school-linked mental health program, a multi-tier system of supports, and sufficient school support personnel to meet the needs of students

Minnesota Department of Education (MDE) and the Minnesota Department of Human Services (DHS) will develop a comprehensive data report to include, by school site the following data elements: Number of schools and Full time Equivalent (FTE) of SLMH staff, schools with a PBIS framework implemented, and student support personnel numbers. **(See Table 1: Staffing patterns in SLMH school sites, page 11)** By establishing common language and a framework between both student support providers and school-linked mental health providers, a multidisciplinary team can be attained through the provision of a full array of supports and services that promote positive school climate, social emotional learning, mental health and well-being, while reducing the prevalence and severity of mental illness (NCSMH, 2019)

Findings: In an effort to maximize available appropriations during the 2017 RFP process, DHS evaluated and awarded contracts to providers to cover as many school buildings as possible. This may have resulted in buildings having caseloads that are too low to be effective. The RFP also required that funds be used for training in EBPs. Some providers found this difficult because they design training for all their staff and not just school-linked staff. Asking for an agency's staff training plans instead of requiring specific training may be more helpful to agencies. Within the best interest of school wide best practice training standards, DHS and MDE will work in partnership with providers and their school partners to review and analyze current best practice literature specific to the implementation of Evidence Based Practices (EBP) within a school setting. "[I]n the form of PBIS and MTSS, the education sector benefits from 'operating systems' that are not only informed by implementation science, but that attempt to mobilize implementation science via an organized system of practical strategies….[O]ne could argue that school mental health and positive behavioral support provides one of the most comprehensive examples currently available for the potential power of implementation science to promote evidence-based programs….By joining our best programs to our best implementation strategies, we can meaningfully advance both the emerging field of implementation science and the social, emotional, and behavioral wellness of our students" (Lyon & Brun, 2019, pp. 111-112).

Table 1: Staffing patterns in SLMH school sites

Area of Interest	Total state-wide number	Total SLMH number	Percent of coverage
Number of school sites	2062	1049	51%
Number of PBIS cohort trained sites	769	486	63%
Number of SLMH sites with PBIS cohort trained	1049	486	46%
Number of School Counselors*	1359.41	803.17	59%
Number of School Social Workers*	1242.28	590.17	47%
Number of School Psychologists*	757.57	257.45	47%
Number of School Nurses*	558.82	179.23	32%
Number of SLMH staff		735.51	.7 FTE per site in 51% of school sites

*Numbers may be an understimate. Additional staff were reported for districts but not associated with a specific school. Information retrieved from PELSB website: PELSB website

Findings: Examples of factors that influence program design:

- School leadership – vision and commitment to CSMHS
- Mental Health agency leadership – vision and commitment to CSMHS
- Partnership between school district and mental health provider – shared outcomes for students
- Presence of student support personnel and understanding of each role
- School PBIS framework in place and practiced with fidelity
- Schools that contract with providers, outside of the SLMH grantee structure
- Local county mental health authority to support program design
- Local Collaboratives (Family Service and Children's Mental Health) to support program design

- Availability of local agency mental health staff – work force

Impact of data collection and evaluation:

The National Center for School Mental Health (NCSMH) has school mental health system curriculum, training modules for schools and state agencies, fidelity measures, and resources to further advance the Minnesota model of school-linked mental health.

Findings: Implementing comprehensive school mental health policies and practices is a complex task that has the potential to positively affect the lives of many students. To help states, districts, and schools across the United States understand the core components of comprehensive school mental health, as well as engage in a planning process, the Mental Health Technology Transfer Center (MHTTC) Network Coordinating Office and National Center for School Mental Health (NCSMH) developed a national school mental health curriculum focused on the following core features of effective school mental health initiatives:

> • "Roles for Educators and Student Instructional Support Personnel who are well-trained to support the mental health needs of students in the school setting.
> • Collaboration and Teaming that ensure schools, districts, and community partners have agreements in place and meet regularly to develop and implement SMH plans that answer the needs of all students across universal/school-wide, indicated, and intensive levels.
> • Multi-Tiered System of Supports that promotes mental health and reduces the prevalence and severity of mental illness.
> • Evidence-Informed Services and Supports that are backed by scientific and/or practice-based evidence of implementation success and achieving the desired outcomes.
> • Cultural Responsiveness and Equity to ensure access to mental health supports and services in a manner that is equitable and reduces disparities across all students.
> • Data-Driven Decision Making to monitor student needs and progress, assess the quality of implementation, and evaluate the effectiveness of supports and services" (MHTTC, 2019)

Together, these models can further advance the services within the Minnesota framework systems to support our students and our schools. (See Appendix for NCSMH assessment overview of domains and indicators.)

Findings: In addition to incorporating the NCSMH modules, the current data collection methods can be improved to reduce inefficiencies and duplication in data entries. DHS will utilize The Minnesota Kids Database (MKD), a web-based database for agencies who provide school-based mental health services to use for reporting and tracking purposes. The MN Kids Database (MKD) is a collaborative project involving a number of school-based mental health providers in Minnesota who have various reporting needs. It was built in 2008 in response to a number of agency partners' desire to systematically and consistently report their agency's mental health data. It is managed by Wilder Research. MKD is designed to help agencies providing school-based mental health services to youth to demonstrate the benefits of school-based mental health services. It is an integrated data management system developed to assist clinicians and providers better track and report information (Wilder MN Kids Database, 2018)

V. Report recommendations

In order to implement improvements to the school-linked mental health grant program the following recommendations are submitted, as follows:

Adopt the National Center for School Mental Health (NCSMH) definition of Comprehensive School Mental Health System (CSMHS) as the term to define the necessary framework vision to build a school-linked mental health program that best supports the child within the educational setting. The use of CSMHS terminology is inclusive of a system built on a strong foundation of district and school professionals in strategic partnership with students, families and community health and behavioral health partners. The CSMHS terminology more accurately describes the nature and purpose of the services that these professionals provide in our schools. By establishing common language and a framework between both student support personnel and school-linked mental health providers, a multidisciplinary team can be attained through the provision of a full array of supports and services that promote positive school climate, social emotional learning, mental health and well-being, while reducing the prevalence and severity of mental illness (NCSMH, 2019)

Utilize the Full Time Equivalent (FTE) data to conduct a workload analysis to determine caseload standards that are responsive to achieve the best possible outcome for students. A workload analysis that identifies the needs of the students will differ across settings, age groups and populations served. Therefore, it is critical to recognize and account for difference in their respective roles within a local partnership context and to utilize their services to achieve desired program, school and district outcomes for students. New funding should also be targeted to schools where staffing allocations are too low to be effective.

Develop a state endorsed funding formula that promotes consistency and stability of local available resources of community providers and school partners. Within the best interest of building and sustaining an efficient and effective comprehensive school mental health system, the state shall consider that when DHS publishes a SLMH RFP or a funding formula application, consideration for continued same level contract funding will be given to current grantees and their school partners who have met the contract requirements, in order to promote program stability for children and families receiving school based services. Local and regional partnerships will support a flexible partnership service model to promote inclusion of culturally specific providers. DHS will work with culturally specific providers, especially tribes and urban Indian Mental Health providers to develop a framework that will ensure access to care for these children.

Build upon previous work in the areas of reimbursement rates and rate methodology reports to further identify barriers to developing a financially sustainable school-linked service. Review current payment methodologies for mental health services under Minnesota Health Care Programs (Medical Assistance and MinnesotaCare) and develop strategies to provide adequate service payments to providers in support of better health outcomes, accountability, efficiency, and best practices for children and families (DHS, 2018). The current SLMH grant structure supports approximately 20% – 30% of the total revenue necessary to sustain a comprehensive school mental health model. The remaining revenue is comprised of third party payments for the delivery of necessary interventions and treatment to students and their families, and services and supports delivered through student support providers.

It should be noted that the cost of implementing a comprehensive school mental health system (CSMHS) varies due to the range of student needs, evidence-based practices used, and reimbursement for services by public and private insurance, and the range of providers contributing to CSMHS. “Financing of CSMHSs may require multiple streams of funding. No single funding source can adequately support all mental health and substance-related prevention and treatment needs of students and their families and caregivers; however, federal, state, and community-level resources can be leveraged with philanthropic and other funding streams to ensure appropriate levels of support. Providing these services within schools increases the likelihood of children and adolescents receiving needed services, thus better ensuring academic and life success” (McCance-Katz, E. & Lynch, C., 2019).

Design pilot programs to implement telemedicine as a service delivery method for students in schools. The 2019 Legislative language supports school linked services to be provided via telemedicine as an additional service delivery option to increase access for students. Utilizing best practice standards will ensure that students age and clinically appropriate implementation design be considered to achieve the best outcomes. **Using Technology to Address Workforce Issues:** Technology can play a significant role in enhancing the workforce. This can provide needed treatment to people who otherwise may not have access to mental health care, including those in underserved or rural areas. The use of telehealth services in both rural and urban environments, including schools, has been found to be effective, cost efficient, and met with high ratings of satisfaction by students. The cost of implementing telehealth services can vary; however, generally, the purchase of equipment can be between $500 and $10,000 (McCance-Katz, E. & Lynch, C., 2019). Providers may use SLMH grant dollars for necessary technology requirements within the school building and must follow MN Statute [256B.0625] Subd. 3b. Telemedicine services.

It should be noted that school personnel costs will need to be covered to bring students to the room where telehealth is being provided and the student may need additional support after the session. In addition, while telemedicine is an important innovation and opportunity, AspireMN member providers encounter several restrictions with commercial plans that prohibit it in multiple circumstances (e.g. client must go to one clinic and therapist is at another clinic, only allowed for rural situations, focus on psychiatric care only, commercial plan is an out of state plan and prior authorization is difficult).

Incorporate a parent satisfaction survey to existing data collection methods, to inform the quality of CSMHS services. Providers are currently collecting data from teachers, student support providers and parents related to mental health symptom changes. However, equally important is how well the treatment method is working to produce positive outcome changes within a family-focused, culturally sensitive framework.

Utilize the Minnesota Youth Council*, or an alternative EBP youth advisory process, to review implementation practices, methods and barriers to school linked programs to gain youth perspective on successful access to services. Actively involving young people in a consultation process can create an opportunity to get reliable information about young people’s needs and everyday experiences accessing mental health services.

*By authority of Minn. Stat. 124D.957, the Minnesota Youth Council Committee provides advice and recommendations to the legislature and the governor on issues affecting youth.

VI. Implementation language

DHS will work with stakeholders to provide technical assistance on implementation language and report recommendations.

VII. Appendix

This appendix provides information specific to the committee members and their professional affiliations and reference to additional data sources and supporting articles.

SLMH Work Group Committee members:

Eric Kloos, Minnesota Department of Education, Special Education Division
Maisha Giles, Minnesota Department of Human Services, Behavioral Health Division
Chelsea Magadance, Minnesota Department of Human Services, Behavioral Health Division
Kristin Lofgren, Minnesota Department of Human Services, Behavioral Health Division
Rod Franks, Minnesota Association of County Social Service Administrators (MACSSA)
Mark Sander, Hennepin County School Mental Health, Minneapolis Public Schools
Sue Abderholden, National Alliance on Mental Illness, NAMI Minnesota
Kirsten Anderson, AspireMN
Jinny Palen, Minnesota Association of Community Mental Health Programs (MACMHP)
Dave Hartford, Minnesota Association of Resources for Recovery and Chemical Health (MARRCH)
Jennifer Goerger, Lighthouse Child & Family Services
Rudy Rousseau, Amherst H. Wilder Foundation
Christy McCoy, Minnesota School Social Workers Association (MSSWA)
Kathy Kimani, Office of School Support St. Paul Public Schools

2019 Minnesota Session Laws:

School-Linked Mental Health Grants; Minnesota Session Laws 2019, 1st Special Session, Chapter 9, Article 6, Sec. 3. [MS 245.4901] Office of the Revisor of Statutes website

Direction to the Commissioner; Improving School-Linked Mental Health Grant Program; Minnesota Session Laws 2019, 1st Special Session, Chapter 9, Article 6, Sec.78. Office of Revisor Statutes website

School Mental Health National Quality Assessment
Overview of Domains and Indicators

NCSMH NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

SHAPE School Health Assessment and Performance Evaluation System

Teaming

- Have multidisciplinary team
- Use best practices for meetings, role delineation, and data sharing
- Avoid duplication and promote efficiency
- Make mental health referrals to school-based and community-based services
- Meaningfully involve youth and families
- Facilitate effective school-community partnerships
- Address each tier of the multi-tiered system of support
- Use data to determine service needs

Needs Assessment/ Resource Mapping

- Assess student mental health needs
- Assess student mental health strengths
- Use needs assessment to determine appropriate services and supports
- Conduct or access current resource mapping
- Use current resource map to inform decisions about services and supports
- Align existing mental health services and supports

Mental Health Promotion Services & Supports

TIER 1

- Allocate time for staff to deliver needed Tier 1 evidence-informed services
- Determine evidence to support Tier 1 services
- Ensure Tier 1 services match unique school considerations
- Support training and monitor fidelity for Tier 1 services
- Assess and improve school climate and staff well-being
- Determine and implement school-wide positive behavior expectations
- Reduce exclusionary discipline practices
- Proactively build healthy relationships and community
- Promote mental health literacy
- Support social & emotional learning

Early Intervention and Treatment Services & Supports

TIER 2&3

- Determine evidence to support Tiers 2 & 3 services
- Ensure Tiers 2 & 3 services match unique school considerations
- Support training for Tiers 2 & 3 services
- Monitor fidelity of Tiers 2 & 3 services
- Monitor individual student progress across tiers
- Implement systematic protocol for crisis response
- Create SMART intervention goals
- Place staff with allocated time to deliver needed Tier 2 evidence-informed services
- Place staff with allocated time to deliver needed Tier 3 evidence-informed services

Screening

- Screen for student distress and well-being to identify and refer students for additional supports.

Impact

- Document and report the impact of your comprehensive school mental health system on educational, social/emotional/behavioral and services outcomes to a wide range of stakeholders

Funding and Sustainability

- Use multiple and diverse funding and resources
- Leverage funding and resources to attract potential contributors
- Have strategies to retain staff
- Maximizer expertise and resources of all stakeholders
- Monitor federal, state, and local policies that impact funding
- Support funding and resources at each tier
- Maximize opportunities to bill for eligible services

For a full copy of the school mental health national quality assessment, visit ***www.theSHAPEsystem.com***

IV. Notes

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