WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Tony Evers, PhD, State Superintendent

April 7, 2015

Dear Superintendent:

Student emotional well-being is an essential condition for effective learning. The Wisconsin Department of Public Instruction (DPI) and partners invite your district, including up to three schools, to apply to be part of a four-year *Wisconsin School Mental Health Project.* Selected schools and districts will receive professional development and technical assistance in:

- promoting the emotional well-being of all students;
- engaging families as partners in supporting student emotional well-being;
- detecting early warning signs of student mental health challenges and making effective referrals;
- providing effective services by school staff and community partners to help address the needs of youth with mental health needs; and
- integrating mental health/emotional well-being work with Positive Behavioral Interventions and Supports (PBIS), Response to Intervention, and other multi-level systems of support.

Selected school districts will receive modest financial awards to help support travel and substitute teacher costs. Unlike the professional development for PBIS, professional development in this project will address students with high mental health needs from the beginning and each year, while also supporting school-wide strategies to benefit all students. School-community teams will select from a variety of professional development activities, including online modules, professional learning communities, and in-person workshops.

The attached memorandum of understanding (MOU) describes the supports DPI will provide and the expectations for participating districts and schools. If your district has one to three schools that meet the requirement of current PBIS fidelity at Tier 1, and has each principal's commitment to this four-year project, please submit the signed MOU and attachment by May 11, 2015. School districts will be notified by May 22 of acceptance, and expected to send a team to the August 17 initial training, held as a pre-conference to the Wisconsin PBIS Conference.

If you have any questions regarding this project or your district's possible participation, please contact Kathryn Bush, PhD, school psychology consultant at 608-266-1999 or kathryn.bush@dpi.wi.gov.

Sincerely,

Carolyn Stanford Taylor
Assistant State Superintendent
Division for Learning Support

CST/dw

Enclosures

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Tony Evers, PhD, State Superintendent

Memorandum of Understanding
Wisconsin School Mental Health Project

The Wisconsin Department of Public Instruction (DPI) and partners welcome schools to apply by **May 11, 2015** for participation in a four-year project on student emotional well-being and mental health. This project will support professional development and capacity building for 50 school-community teams to put in place policies, practices, partnerships, and programs that support all students in developing emotional well-being, and support students with mental health challenges including, if needed, accessing community-based clinical mental health care. Expected outcomes include greater student engagement in learning, more positive school climate, improved attendance and behavior. These strategies are designed to be integrated with PBIS. Teams will select from various professional development activities based on their needs.

The following outlines the commitments of DPI and state partners:

1. Select school districts and approximately 50 schools to participate in the project, and assign to two cohorts for 2015-2018, and 2016-2019. Notify school districts of acceptance into the project by May 22, 2015.
2. Follow the principles in *Wisconsin's Approach to School Mental Health* (attached).
3. Provide professional development and technical assistance at no cost to school-community teams for three years per cohort. The types of professional development are described below in school-community commitments.
4. Provide an external coach to provide personalized technical assistance and offer resources throughout the three-year implementation period.
5. Provide opportunities for networking and resource sharing among the 50 school-community teams.
6. Provide funding to school-community teams to help support travel and substitute teachers, estimated at $2,000 per year.
7. Organize and implement an evaluation of the project that helps school teams document the positive effects on academic outcomes such as attendance, behavior, and academic progress.

The expected commitments of school-communities include the following. *Check all that the school district commits to*:

- ☐ Follow the principles in *Wisconsin's Approach to School Mental Health* (attached).
- ☐ Maintain fidelity of PBIS implementation in selected schools at least at Tier 1, and make any timely corrections needed to regain fidelity if it is lost, for a period of three years, either 2015-2018 or 2016-2019, depending on cohort.
- ☐ Prior to beginning in the project, determine that at least 80 percent of the school staff are committed to improving student emotional well-being and mental health through sustained school-wide efforts.
- ☐ Participate in three annual district administrator and principal overviews, via video conference, to help administrators understand the commitments needed. Viewing archived conferences is an acceptable option. Annual written commitments by the district administrator and principal are required to continue.

- ☐ Build upon existing teams implementing PBIS, or create new ones to focus on mental health, for each of Tier 1 and Tiers 2 and 3.
- ☐ Include in the teams at least one (non-staff) family member, preferably with experience of raising a child with mental health challenges. The family member must be involved in on-going decision making regarding mental health strategies.
- ☐ Include in the district school-community leadership team at least one community mental health professional to both attend professional development and participate in ongoing decision making. *This is desired but optional.*
- ☐ Include in the district team the principal and at least one pupil services staff from each participating school.
- ☐ Participate as a team in two days of centralized, out-of-district professional development for each of three years, including one day in late summer (August 17, 2015, if selected for first cohort); the other day in winter/spring.
- ☐ Participate in statewide conference calls, video conferences, and webinars, estimated at six 45-minute sessions per year, for three years.
- ☐ Participate in other professional development selected by the school-community team, both via web and in person.
- ☐ Implement multiple strategies to support student emotional well-being and mental health at the universal, selected, and targeted levels. School-wide/universal strategies will begin in the first year and be sustained for three years. Selected and targeted strategies will begin in the second year and be sustained for a third year. School-community teams will have options to select strategies aligned with family and student needs and values. However, some general strategies are considered essential for all schools. These include:
    - Trauma-sensitive schools practices (*see http://sspw.dpi.wi.gov/sspw_traumastrategies*);
    - Alternatives to suspension and expulsion, to minimize use of exclusionary discipline;
    - Active family engagement in school mental health decisions including strategy selection.
- ☐ Participate in the project evaluation, including:
    - Implementing school-wide climate surveys of students, parents, and school staff in the first and third years;
    - Sharing data with DPI via brief surveys, forms, and interviews; this will include measures of implementation such as referrals for mental health concerns.

After having checked the boxes above indicating the districts' commitments, the following signatures, names, and titles document this commitment.

School names (up to 3): _____

District name _____

_____

District authorized representative name, title, signature, date

Please send this MOU, as well as the following attachment completed for each school, to Kathryn Bush via email at kathryn.bush@dpi.wi.gov; fax 608-266-3643 or mail P.O. Box 7841, Madison, WI 53707-7841 by May 11, 2015.

Wisconsin School Mental Health Project
MOU Attachment Instructions

In a statement *for each school* applying for the Wisconsin School Mental Health Project, include the following, in no more than two pages:

A) **School name; school district name.**
B) **The need for additional student mental health promotion and services.**
C) **Current PBIS fidelity status, including the name, score, and date of the most recent assessment demonstrating PBIS fidelity** (Self-Assessment Survey; Team Implementation Checklist; Benchmarks of Quality).
D) **A succinct list of current school mental health-related instruction and services.** Examples follow:
   - Positive supports are employed in classrooms.
   - Social-emotional learning (SEL) instruction is provided in multiple grades.
   - Evidence-based strategies are utilized to promote physical and mental wellness and positive behavior.
   - Comprehensive physical activity is provided for students (e.g., brain breaks, open gym, active recess).
   - A school wellness policy is in place that promotes adequate sleep, good nutrition, a balanced lifestyle and body-mind connection, and wellness planning.
   - Stress reduction techniques are taught and encouraged for both adults and students.
   - Alternatives to exclusionary discipline are encouraged and/or codified in policy. Examples include: recess is not withheld as discipline; positive climate is deliberately promoted; school is focused on prevention; an instructional approach to school discipline is adopted; clear, developmentally-appropriate, and consistent behavioral expectations and consequences to address disruptive behavior are developed; students are removed from the classroom only as a last resort; alternative settings to provide academic instruction are utilized and students are returned to class as soon as possible; school staff are trained to apply school discipline policies and practices in a fair and equitable manner; proactive, data-driven, and continuous efforts, including gathering feedback from all stakeholders to prevent, identify, reduce, and eliminate discriminatory discipline, are utilized.
   - Regular training and supports are provided to all school personnel regarding how to engage students, support positive behavior, and engage families based on mutual trust, respect, and listening.
   - Consistent, comprehensive, and sustained outreach to families and communities is ongoing, while welcoming parents (and community representatives) into school and honoring families as an expert on their children.
   - Purposeful events and school displays that target specific cultural and ethnic groups to involve and inform are planned. Partnerships in the school community are developed that help to promote a sense of belonging for all students. Cultural brokers are identified to consult about issues of mental health.

- Mastery experiences are provided to promote self-efficacy and confidence.
- Relationships between adults and students are mapped in an effort to intentionally support student connectedness. Student-adult matches are created for students appearing to have few or no relationships at school.
- Problem-solving meetings focus on the factors that can be changed, using a strength-based approach.
- A continuous improvement model is used for efficient and effective teaming.
- Data is used for decision making regarding student mental health.
- Systems (i.e., team structure, policies, and data sources) are built that support high fidelity implementation regarding student mental health.
- Adult discussions of beliefs about students are held, working toward a positive mindset, shared vision, and collaborative leadership. Teachers and other staff are provided opportunities to reflect on relationships with students. Professional practices and biases are examined to ensure that diversity is respected and celebrated.
- Suicide prevention is explicitly addressed with students, including the conditions that cause and the signs of suicidal thinking, the relationship between suicide and AODA use, and intervention services available in the school and community.
- Effective means by which students may avoid/halt physically or psychologically abusive situations are explicitly addressed, as well as awareness of available school and community services, in order to help students develop positive psychological, emotional, and problem-solving responses.
- Anti-stigma education related to mental health issues is offered for staff, parents, and students, primarily by sharing positive results and recovery.
- An early warning system is used to identify students with risk factors (e.g., attendance, office disciplinary referrals, etc.) and systematic interventions are provided.
- Strategies to promote self-regulation of emotions and behavior are taught to students.
- Annual training is provided and support is available for strategies to 1) minimize trauma reactions following a critical incident and 2) learn about early warning identification for mental health challenges, including suicide, promotion of empathetic and caring responses, proper actions, and a clear referral path for students of concern (gatekeeper training).
- Community supports to 1) align resources, build capacity, and provide services to students with mental health needs and 2) access to trauma- and culturally-competent, and linguistically-appropriate services for prevention, early intervention, mental health treatment, and crisis intervention is sought.
- A systematic, sound method (e.g., screening, informed referral) for identifying students at risk of mental health challenges is employed to support early identification, especially internalizing difficulties. Identified students receive assistance to help clarify immediate needs for intervention or referral.
- Individual or group intervention services (e.g., brief intervention, anger, anxiety, or depression-coping groups, psychoeducational groups, case management) are provided to promote school adjustment and success.

- Transitions for students returning from psychiatric hospitalization, critical incidents, and traumatic events are planned and implemented.
- A proactive crisis plan is in place for students with challenging mental health issues whose difficulties in school require flexible, proactive, and timely responses.
- Strategies to minimize trauma responses following a critical incident are planned and associated training is provided (e.g., reaffirm physical health and safety for special populations, understand factors affecting traumatic stress, evaluate psychological trauma, conduct psychological triage, empower survivors and caregivers, small group or individual crisis intervention, immediate psychological first aid, referral to psychotherapy).
- Trauma-sensitive, brief functional behavioral analysis and behavior intervention plans for students receiving general education and special education services are utilized for students who are struggling.
- Training on speaking with parents about lethal means restriction, especially firearms, during critical times is provided to staff.
- Collaborative partnerships with community-based mental health service providers, possibly including satellite mental health clinics co-located in schools, is encouraged.
- Legal, appropriate, authorized, and seamless sharing of information between agencies and providers working with students and families regarding student mental health issues is obtained.

Wisconsin Department of Public Instruction Approach to School Mental Health

Background

Over the past several decades, the Wisconsin Department of Public Instruction (DPI) and partners implemented a collaborative youth development initiative resulting in an approach to school mental and behavioral health[i] which benefits from multiple perspectives and integrates various initiatives. These perspectives and initiatives include:

- social and emotional learning and development, as the foundation for other related work;
- school-based AODA prevention and intervention to address a critical barrier to learning;
- school-based youth suicide prevention;
- resilience, protective factors, and asset development;
- school-based health promotion for all students through coordinated school-wide approaches based on public health practices;
- collaborative pupil services in addressing learning supports in a coordinated, integrated manner;
- positive behavioral intervention and supports (PBIS) and related multi-level systems;
- trauma-sensitive schools (trauma-informed care in the school setting);
- school climate improvement, including school-wide violence prevention and supportive disciplinary practices; and
- anti-stigma education related to mental health issues.

Based on these perspectives and initiatives, DPI and partners have developed the following approach to school mental health.

Elements of DPI's Approach to School Mental Health

1. *Addressing barriers to learning* through learning supports is an *essential function of schools*. Therefore addressing student emotional well-being and mental and behavioral health is an essential function of schools.

2. School mental health strategies address, in an integrated manner, a wide variety of:
    a. learning supports, such as positive social and emotional development and related states of mental/emotional well-being, and
    b. barriers to learning, including behavioral health challenges such as AODA, self-harm and interpersonal violence, as well as disconnectedness and related internalizing behaviors.

3. Mental health refers to a *continuum of emotional well-being and health*, not merely the presence or absence of mental illness. Mental health promotion refers to *improving the social and emotional development of all students*, including the capacity to be resilient and healthy despite prior exposure to chronic stress and trauma.

4. School mental health refers to a *continuum of learning supports* that are integrated throughout the school community: *universal strategies* to promote the social and emotional well-being and development of all students; *selected strategies* to support students at risk of or with mild mental or behavioral health challenges; and *targeted strategies* to support those with significant needs. Various school and community resources are coordinated to address barriers to learning as an essential aspect of school functioning.

5. School mental health-related strategies and services must focus on *students' strengths and specific needs* and be provided by *compassionate, trauma-sensitive, and culturally competent* adults.

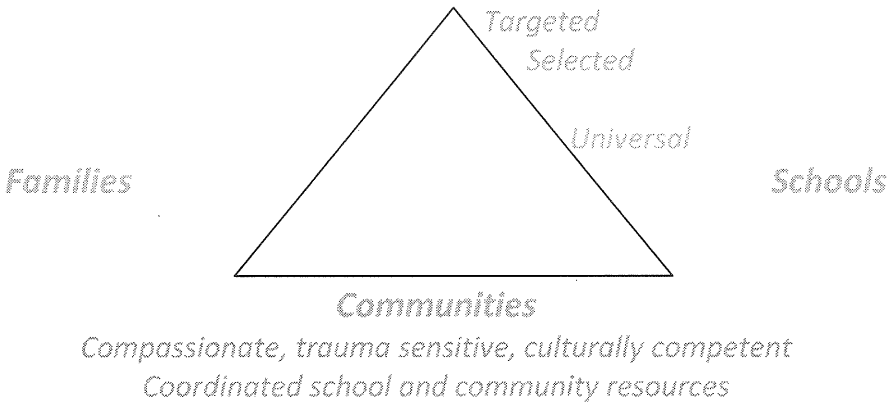
6. *Families respectfully and authentically engaged* in determining school mental health learning supports for their children are essential to effective efforts. School and community professionals respect and engage families in ways that are meaningful to the families.

7. *Stigma associated with mental illness* must be directly addressed and eliminated. This is most effectively done through including people similar to students and others in the school-community with lived experience of mental health challenges sharing positive results and recovery.

8. *Most school mental health strategies and services are provided by school personnel in partnership with families*. Every person in the school-community impacts the school climate and thus the environment for student mental health promotion.

9. *Community-based mental health service providers are welcomed as collaborative partners* with school personnel and families in the design and delivery of universal, selected, and targeted school mental health strategies. School-community linkages are critical for effective crisis response and referrals from school to community services. However, in some communities, community mental health providers are not available to collaborate on universal, selected, and targeted strategies; in those cases, school personnel with leadership from school counselors, nurses, psychologists, and social workers provide services to families but without community partners. If clinical services are provided in a school setting, they are only done so in partnership with families and schools, available equitably for all students who need them, and consistent with other elements of Wisconsin's approach to school mental health.

10. An *ideal structural framework for school mental health* includes:
    - Families, schools, and community partners working together.
    - Implementation of compassionate, trauma-sensitive, and culturally competent universal, selected, and targeted strategies.
    - School and community resources are integrated in a coordinated and systematic manner.
    - School mental health work is integrated with other multi-level systems of support such as PBIS and academic Response to Intervention.



11. Systematic needs assessment, progress monitoring, evaluation, and data-based decision making are essential to effective efforts. Student and family perceptions of the school environment are one critical dimension of this.

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[i] The term mental and behavioral health is used to encompass both mental health and associated conditions of substance use and other behavioral health issues. The term behavioral health may be used to include all of these, but it is not well known in the education community. As a result, we use mental health to include mental and behavioral health.