

Wisconsin School Mental Health Framework

- Leadership Conference
- 18 October 2016
- Kathryn L. Bush, Ph.D.
- Student Services / Prevention and Wellness Team



Agenda

- How big is the problem?
- Barriers to access
 - Disproportionate access
 - Mental health provider shortages
 - Funding stream issues
- Wisconsin School Mental Health Framework
- Who are our partners?

The Wisconsin School Mental Health Framework
Objectives: Part 2

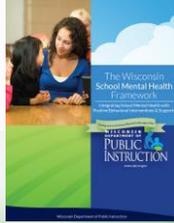
You will:

- become familiar with what the Wisconsin Mental Health Framework is and how it compliments the work you're currently doing
- understand ways mental health can be integrated into existing school structures/systems
- explore mental health strategies and tools that can be embedded into existing structures/systems
- identify the next steps you will take to introduce the Framework to your schools/districts

Wisconsin School Mental Health Framework

WHY?

- 1. To improve student mental health by participating in the Wisconsin School Mental Health Framework.
- 2. Because improving mental health improves student learning.
- 3. Because focusing on mental health improves conditions for teachers.
- 4. Because all children and youth deserve it and are entitled to it.



Student Mental Health Disorders Data



24.6% of students felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months
(Wisconsin Youth Risk Behavior Survey 2013)

Student Mental Health Disorders Data

Up to 1 in 5 children experience a mental disorder in a given year.
(Perou et al., 2013)



Up to 1 of 5 children experience a mental **disorder** in a given year
(Perou et al., 2013)

In Wisconsin, that would mean as many as

174,000

school-age children last year

WI DPI (2016)

60-90% of children with mental health disorders do not receive treatment

- In Wisconsin that means between about 100K to 150K School-age children with a diagnosable mental health disorder do not receive treatment **yearly**



Of the 10 – 40% who do receive treatment

- About ¾ of children & youth receiving mental health services get these services **in schools only**

Burns et al., 1995

Shortages of Mental Health Providers in Schools

Pupil Services	Wisconsin Pupil Services Ratios 2016	National Recommendations
School Counselors	468:1	250:1
School Psychologists	1008:1	500-700:1
School Social Workers	1,645:1	250:1
School Nurses	1,889:1	750:1*

*750:1 for students in the general population, 225:1 in the student populations requiring daily professional school nursing services or interventions, 125:1 in student population with complex health care needs, and 1:1 may be necessary for individual students who require daily and continuous professional nursing services (National Association of School Nurses, 2009)

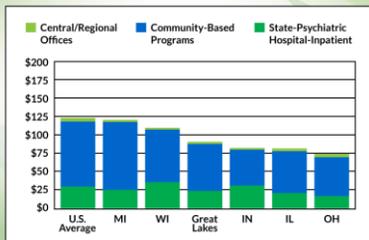


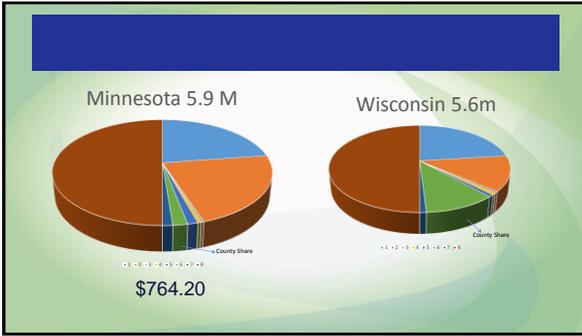
Shortages of Mental Health Providers in Wisconsin Schools



Many counties is in the top quartile nationally for unmet need.

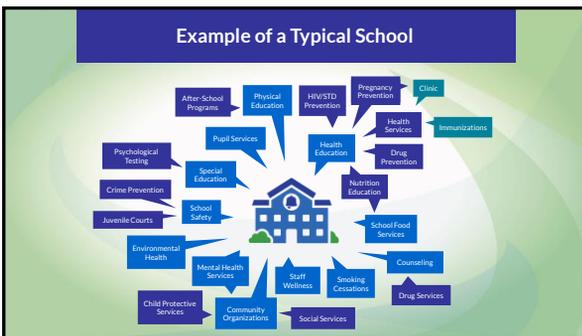
Per Capita State and Community Expenditures





Wisconsin School Mental Health Framework

1. Improve student mental health by participating in the Wisconsin School Mental Health Framework.
2. Improving mental health improves student learning.
3. Focusing on mental health improves conditions for teachers.
4. All children and youth deserve it and are entitled to it.



But How?



Combat Initiative Fatigue

Meaningful and ...

manageable



But how?

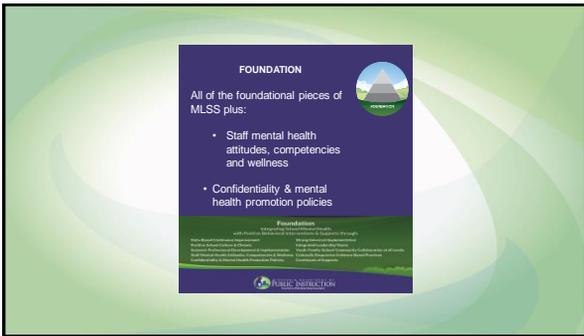
- Culturally-responsive practices
- Trauma-sensitive practices
- Relationship building
- Resiliency building
- Rich social-emotional learning
- Seamless transitions
- Positive school culture and climate
- School-family collaboration
- School-community collaboration
- Strengths-based approach
- Mental health and wellness educations
- Behavior as communication
- Stigma reduction
- Adult self-care



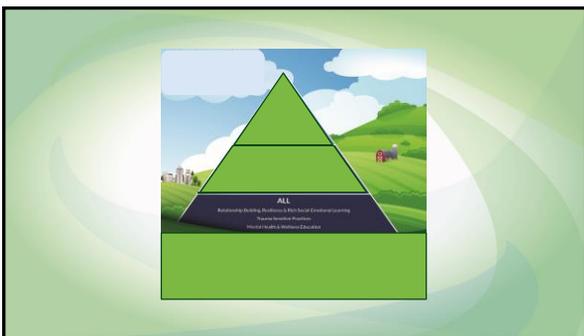












Universal for All

Relationship building, resiliency, and rich social-emotional learning

Trauma-sensitive practices

Mental health and wellness education

<https://www.youtube.com/watch?v=atPI-MNUJG1>

Universal

Resiliency
<http://dpi.wi.gov/spwmental-health/resiliency>

Social/Emotional Learning
<http://dpi.wi.gov/spwmental-health/SEL>

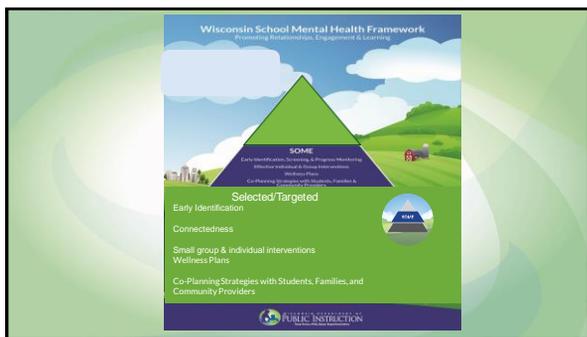
Trauma Sensitive Practices
<http://dpi.wi.gov/spwmental-health/trauma>

Suicide Prevention Education for Secondary
<http://dpi.wi.gov/spwmental-health/youth-suicide-prevention>

ALL
 Resiliency, Social/Emotional Learning, Trauma Sensitive Practices, Suicide Prevention Education for Secondary

PUBLIC INSTRUCTION

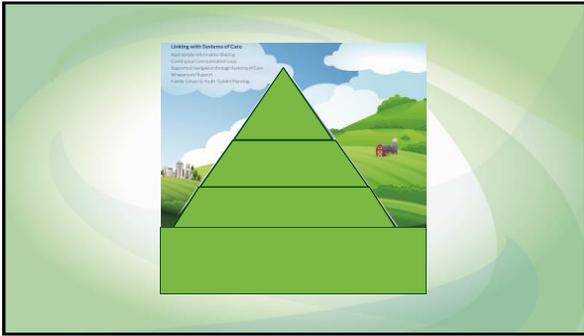
SOME



Teacher Care Meetings: Tier 2 Co-Planning Strategy

1. All adults: share one thing you **truly enjoy about the student**.
2. Ask the student, **"What did you hear?"**
3. All adults: share **one wish** you have for the student in school
4. Ask the student, **"What did you hear?"**
5. **Student: sets the goal(s)** and indicates what support they need
6. All adults: shares **how they will support** student in meeting their goal(s)
7. Determine **point person** at school to follow-up on progress





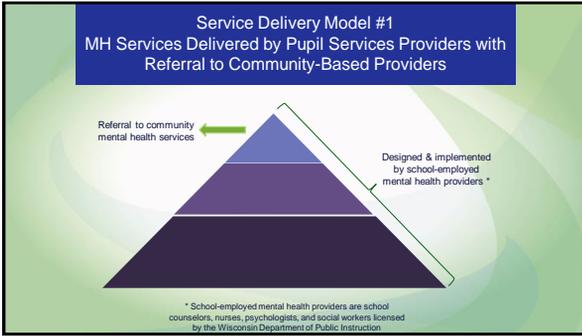
Linking with Systems of Care 

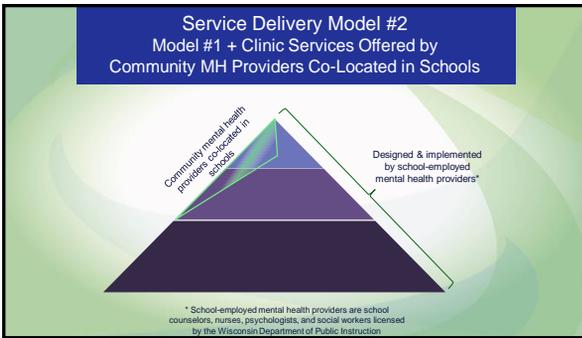
- Appropriate Information Sharing
- Continuous Communication Loop
- Supported Navigation through Systems of Care
- Wraparound Support (In-School or In-Community)
- Family-Driven and Youth-Guided Support
- See School Mental Health webpage for schools' guidance on developing Memoranda of Understanding with community mental/behavioral health providers to offer face-to-face services in schools

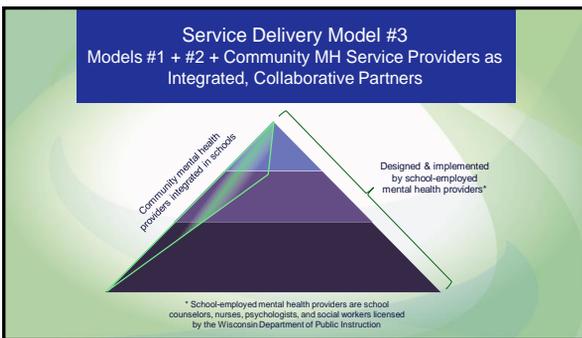
Wisconsin School Mental Health Framework: Our Goal

> Help reduce barriers to students, families and staff by:
 > Promoting mental health at all tiers of service
 > Linking with systems of care
 > Promoting trauma sensitive practices
 > Collaborating with communities, families, and students

In a way that's meaningful and manageable





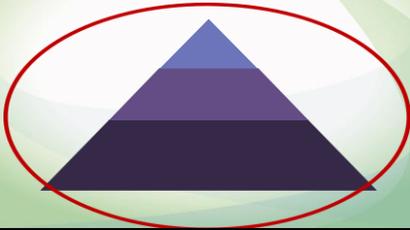


Example from La Crosse



http://www.youtube.com/watch?v=QmhekE7_k

Three Models of Service Delivery



Who Are Our Partners?

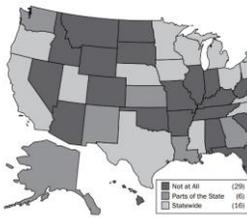
Office of Children's Mental Health

Focus is on ensuring program policies & services are best meeting the needs of children throughout the state <http://www.children.wi.gov>



State vs. County Administered Mental Health Services

Figure 18: Extent to Which City/County Authorities Administer Community Mental Health Services



Comprehensive Community Services (CCS)

- Expands intensive, targeted community-based care for adults & children with severe mental illness <http://www.dhs.wisconsin.gov/ccs/index.htm>
- Report <https://www.dhs.wisconsin.gov/publications/p01224.pdf>

Coordinated Services Teams

- Expands CST program statewide & funds CST coordinators on a regional basis to integrate & coordinate community-based care for juveniles in multiple systems of care
<http://www.wicollaborative.org/>
- Annual report:
<https://www.dhs.wisconsin.gov/publications/p00940-14.pdf>

Child Psychiatry Consultation Line

THE CPCP PILOT PROJECT IS CURRENTLY BEING IMPLEMENTED IN 19 WISCONSIN COUNTIES:



Ashland, Bayfield, Florence, Forest, Iron, Kenosha*, Langlade, Lincoln, Marathon, Milwaukee, Oneida, Ozaucsee*, Portage, Price, Sawyer, Taylor, Vilas, Waushesha*, Wood

*Funded through a private donation from the Charles E. Kully family

The Primary Care Providers in these counties are actively enrolled in CPCP OR have the opportunity to enroll in the future.

Collaboration is the Key



What are you already doing?



**Getting Started
Conducting a Needs Assessment**

- Identify strengths and areas of improvement
- Complete with a team to get the best assessment



**WISCONSIN SCHOOL MENTAL HEALTH
NEEDS ASSESSMENT**

	Not at all	Slightly	to Fair	to Good	Very Good	Rate in the assessment sheet	Rate in the Needs Assessment
Foundations							
1. A school uses its own or a leadership model which includes parents and community partners, and engages the work of peers, staff and students to identify, assess needs, build prevention, and address or refer ongoing prevention and treatment to appropriate mental health. At least one member of the team for the school is responsible for ongoing assessment, change and use of data, and change policy.	<input type="checkbox"/>						
2. School staff support a focus on the positive social-emotional development of students.	<input type="checkbox"/>						
3. The school's mission, philosophy, and policies reflect an explicit focus on the social-emotional development and well-being of students.	<input type="checkbox"/>						
4. The school demonstrates an ability to respond.	<input type="checkbox"/>						

http://sppw.dpi.wi.gov/sppw_mentalhealth

Needs Assessment Planning

Purpose collective reflection
Outcome assess the needs at your school by engaging in rich discussions using the School Mental Health Project Needs Assessment.

Process

- Complete the Needs Assessment,
- Prioritize the top 5 areas of focus
- Document next steps
- Align priorities with your strategic or improvement plan



Needs Assessment Planning

Directions

1. Steps on the Planning Sheet
2. Read through the entire SMH Needs Assessment
3. Reach Consensus
4. Consider Evidence
5. Identify Priorities
6. Guiding Questions
7. Next Steps



Needs Assessment Planning

1
Foundational

+

1
Foundational

=

2
Priorities

1
Trauma Sensitive Schools

+

1
Rated Partially in Place

=

2
Priorities

+

1
School Specific

=

5 SMH
Priorities for Your School

Next Steps:

- Complete your team:
 - Parents with Lived Experience
 - Community Partners
- Finish the Needs Assessment and Planning
- Identify Strategies to maintain the momentum





Thank You

Kathryn Bush, Ph.D.
School Psychology Consultant
Student Services / Prevention and Wellness Team
Wisconsin Department of Public Instruction
608-266-1999
kathryn.bush@dpi.wi.gov









More on Ross Greene
<http://www.livesinthebalance.org/>

More about Reducing Stigma:
<http://rogersinhealth.org/>

More on Co-planning:
<https://media.dpi.wi.gov/sspw/av/positive-parent-engagement/story.html>

References

Burns, B. J., Costello, E. J., Angold, A., Tweed, D., Farmer, E., & Ehrhart, A. (1995). Children's mental health service use across service sectors. *Health Affairs*, 14, 147-159.
<http://open.heartaffairs.org/doi/abs/10.1177/01633122951400147>

Cowen, K. C., Valencourt, K., Rossen, E., & Foltz, K. (2013). A framework for safe and successful schools [Brief]. Bethesda, MD: National Association of School Psychologists.
<http://www.nasps.org/resources/framework-safe-and-successful-schools.aspx>

Dell, B., & Cummings, J.A. (Eds.) (2008). *Transforming School Mental Health Services: Population-Based Approaches to Promoting the Competency and Wellness of Children*. Thousand Oaks CA: Corwin Press & Arlington VA: National Association of School Psychologists.

Hurwitz, L. & Weston, K. (2010). *Using Coordinated School Health to Promote Mental Health for All Students*. National Assembly on School-Based Health Care. <http://www.nasbhc.org/sites/default/files/2009-09/2-2761-42FB-8C7A-C8EE5F0C1F09B7087898763C930A08D8A2678709F04A.pdf>

Kroff, D. et al. (2008). *The Mental Health of Adolescents: A National Profile*. 2008. San Francisco, CA: National Adolescent Health Information Center.

National Plan and Provider Enumeration System. 2013. Map of county-level ratios of county population to number of mental health providers, NPI Files - 2013.

Perou, R. et al. (2013) *Mental Health Surveillance Among Children-- United States, 2005-2011*. Supplement to the *Morbidity and Mortality Weekly Report*, 62 (62), 1-35. Center for Disease Control
<http://www.cdc.gov/mmwr/preview/mmwrhtml/a6202a1.htm>

Wisconsin Department of Health Services. Wisconsin Interactive Statistics on Health (WISH) database. <http://www.dhs.wisconsin.gov/wish/>

Wisconsin Department of Public Instruction (2016) Wisconsin Information System for Education Dashboard (WIS2data) - Public: <http://wise.dpi.wisconsin.gov/wis2data/>

Wisconsin Department of Public Instruction (2014). 2013 Youth Risk Behavior Survey Executive Summary, digital image. <http://www.dpi.wisconsin.gov/files/s2014/yrb13execsum.pdf>
