Policy to Practice

Supporting Student Mental Health and Academic Achievement

Presented to the Wisconsin State Legislature
May 2, 2013
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National Community of Practice

National Association of State Directors of Special Education
3 Practice Groups:
- Autism
- Response to Intervention
- Credit Flex

School Behavioral Health

Transition

Center for School Mental Health, University of MD
3 Practice Groups:
- IDEA Partnership
- Early Childhood
- Family, School, Community Collaboration

16 State Level COPs

12 Practice Groups
A Framework for Building Communities of Practice (CoP)

CoPs: the IDEA Partnership Way

- New kinds of leadership
  *Translate complex challenges into ways that individuals can contribute*
- Shared Concerns
  *What will bring people together?*
- Focus on the work and the relationship
  *Recognize Individual pursuits and shared goals*
- The right mix of stakeholders
  *Who must be involved to ensure changes in practice?*
- Leading by convening
- Coalescing around issues
- Doing work together
- Ensuring relevant participation

Source: www.sharedwork.org
Definition of School Mental Health

Source: Center for School Mental Health, U-MD
A partnership between schools and community health and behavioral health organizations…

guided by youth and families.

Source: Center for School Mental Health, U-MD
Builds on *existing* school programs, services, and strategies.

Source: Center for School Mental Health, U-MD
Focuses on all students…

…in both general and special education

Source: Center for School Mental Health, U-MD
Levels and Types of Intervention

- Promotion/Universal
- Prevention/Selected
- Intervention/Indicated

Source: National Assembly on School-Based Health Care
Definition of School Mental Health

• Involves **partnership** between schools and community health/mental health organizations, as guided by **families and youth**

• Builds on **existing school programs**, services, and strategies

• Focuses on **all students**, both general and special education

• Involves a **full array** of programs, services, and strategies, from mental health education and promotion through intensive intervention

Source: Center for School Mental Health, U-MD
Who provides mental health services in schools?

Of the 98,000+ public schools in the United States, mental health services are provided by...

Contracts:
- County MH (29%)
- Community Health (19%)
- Individual Providers (18%)
- Juvenile Services (17%)
- Hospitals (6%)
- Faith-based (4%)

Combination of School/District Staff and Contracts 40%
School/District Staff Only 32%
Outside Contracts only 28%

Foster et al. (2005)

Source: Center for School Mental Health, U-MD
## Who Are Wisconsin’s School Employed Mental Health Providers?

<table>
<thead>
<tr>
<th>FTE</th>
<th>2003</th>
<th>2012</th>
<th>Overall Loss/gain</th>
<th>Overall Loss/gain</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Nurses</td>
<td>331</td>
<td>456</td>
<td>+125</td>
<td></td>
</tr>
<tr>
<td>School Social Workers</td>
<td>507</td>
<td>495</td>
<td>-12</td>
<td>-12</td>
</tr>
<tr>
<td>School Psychologists</td>
<td>843</td>
<td>871</td>
<td>+28</td>
<td>+28</td>
</tr>
<tr>
<td>School Counselors</td>
<td>2,036</td>
<td>1,856</td>
<td>-180</td>
<td>-180</td>
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<tr>
<td></td>
<td>3,717</td>
<td>3,678</td>
<td>-39</td>
<td>-164</td>
</tr>
</tbody>
</table>

Source: WI Department of Public Instruction
## WI Professional-to-Student Ratio

<table>
<thead>
<tr>
<th>Ratio per professional</th>
<th>2003</th>
<th>2012</th>
<th>Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Nurse</td>
<td>1:1,891</td>
<td>1:1,596</td>
<td>NASN 1:750</td>
</tr>
<tr>
<td>School Social Worker</td>
<td>1:1,132</td>
<td>1:1,050</td>
<td>NASW 1:250, SSWAA 1:400, Federal 1:800</td>
</tr>
<tr>
<td>School Psychologist</td>
<td>1:1,017</td>
<td>1:956</td>
<td>NASP 1:500-700 (new model)</td>
</tr>
<tr>
<td>School Counselor</td>
<td>1:430</td>
<td>1:466</td>
<td>ASCA 1:250</td>
</tr>
</tbody>
</table>

Source: WI Department of Public Instruction
Making the Case for School Mental Health

- What do we know intuitively?
- What is the demonstrated need?
- What are the benefits of a school setting?
- Is there a connection to academic outcomes?
- What are the social and economic costs?
What we know intuitively

Healthy students make better learners

It is challenging to teach a child who is not able to focus on schoolwork

A child who succeeds in school is more likely to be healthy
Median Age of Onset: Mental Illness

Birth

- Autism Spectrum Disorders
  - Phobias & Separation Anxiety
  - ADHD
    - Conduct Disorder
    - Intermittent Explosive Disorder
  - Opposition Defiant Disorder

Mid-teens

- Mid-20s
  - Psychosis
    - Major Depression
      - Substance Abuse

Age 20

Age 40

Age 60

Age 80

Source: WHO World Mental Health surveys as reported in Kessler et al. (2007)

Later onset mostly secondary conditions

Severe disorders preceded by less severe untreated disorders
In a given classroom of 25 students....

1 in 5 will experience a mental health problem of mild impairment.

1 in 10 will experience a mental health problem of severe impairment.

Fewer than half of those who need it will get services.

Source: Center for School Mental Health, U-MD
Of those who DO receive services, over 75% receive those services in schools.

Sources: Duchnowski, Kutash, & Friedman, 2002; Power, Eiraldi, Clarke, Mazzuca & Krain, 2005; Rones & Hoagwood, 2000; Wade, Mansour, & Guo, 2008
Study: Treatment “Show” Rates in Traditional Outpatient Settings

Source: McKay et al., 2005
Why Schools?

Advantages of the school setting

• Less time lost from school and work
• Greater generalizability of treatment to child’s context
• Less threatening environment
• Students are in their own social context
• Outreach to youth with internalizing disturbances
• Greater access to all youth leading to improved mental health promotion/prevention
• Cost effective
• Greater potential to impact the learning environment and educational outcomes
What does the research tell us about school mental health outcomes?

- Improvements in social competency, and behavioral and emotional functioning
- Improvements in academics (GPA, test scores, attendance, teacher retention, graduation rates)
- Cost savings!
- Increased access to care → Decreased health disparities

Greenberg et al., 2005; Greenberg et al., 2003; Welsh et al., 2001; Zins et al., 2004; Bruns et al., 2004; Lehr et al., 2004; Jennings, Pearson, & Harris, 2000; Hoagwood, Olin, Kerker, Kratochwill, Crowe, & Saka, 2007 and Wilson & Lipsey, 2007)
10 Critical Factors for Successful Development & Implementation of School Mental Health Initiatives Supported by State Resources

Source: National Assembly on School-Based Health Care
Before You Add One More Thing...
FACTOR ONE: State leaders across child-serving public sectors must establish a cohesive and compelling vision and shared agenda for school mental health that can inspire localities to act.

STRATEGIES:

3. Develop and regularly update a state policy or legislative agenda.

Source: National Assembly on School-Based Health Care
FACTOR TWO: State public agencies invested in a shared vision need a centralized organizational infrastructure and accountability mechanisms to assure the vision’s implementation across sectors.

STRATEGIES:

1. Establish and sustain a state level body (e.g., partnership, taskforce, committee).
   
   *Illinois: Children’s Mental Health Act (2003)*

8. Establish results-oriented grant-making and contracting processes.

Source: National Assembly on School-Based Health Care
FACTOR THREE: State policymakers and leaders need to create feasible and sustainable school mental health funding models that maximize use of patient revenue and provide categorical grants for comprehensive school mental health services, including prevention and early intervention.

STRATEGIES:

1. Identify existing and new dedicated funding sources (e.g. Medicaid, private insurance, philanthropy, federal grants, state budget).
   
   **Missouri: Senate Bill 1003 (enacted 2004)**

2. Identify funding sources that support establishment of infrastructure and programs, sustainability of programs and services, prevention and early intervention efforts, and quality care and evidence-based practice.
   
   **Oregon: Senate Bill 267**

Source: National Assembly on School-Based Health Care
FACTOR FOUR: School mental health stakeholders must demonstrate that mental health programs are necessary and integral to students’ academic enrichment and success in school.

STRATEGIES:

4. Address legal (e.g. consent and confidentially) and accountability issues.

Source: National Assembly on School-Based Health Care
FACTOR FIVE: Youth and families from a diversity of backgrounds must be engaged in all aspects of school mental health policy and program development.

Source: National Assembly on School-Based Health Care
FACTOR SIX: School staff and school mental health providers must recognize the needs of students from diverse cultural backgrounds and offer programs that reduce disparities in services.

Source: National Assembly on School-Based Health Care
FACTOR SEVEN: Pre- and in-service training should prepare educators on child and adolescent mental health as well as factors related to providing mental health services in a school setting.

STRATEGIES:

1. Advocate for legislation at the state level that mandates mental health training for educators.

Source: National Assembly on School-Based Health Care
FACTOR EIGHT: State and community stakeholders should support practitioners in utilizing and monitoring best practice models.

STRATEGIES:

3. Support development of local organizational capacities related to planning, implementation, evaluation, and sustainability of evidence-based programs.

Oregon: Statewide Children’s Wraparound Initiative HB 2144

Source: National Assembly on School-Based Health Care
FACTOR NINE: State and community stakeholders should coordinate the myriad of resources dedicated to students’ academic success, mental health, and well-being to assure full integration and equitable distribution across schools.

STRATEGIES:

3. Develop and regularly review and update memoranda of understanding (MOU) between schools and mental health service providers. Assure that funding requires school-provider collaboration and provider participation on school teams.

   Oregon: Children’s Mental Health Initiative  HS-3

Source: National Assembly on School-Based Health Care
FACTOR TEN: State and community stakeholders should agree on and collect performance data that document impact on core psychosocial and academic indicators.

STRATEGIES:

1. Ensure that program evaluation is compliant with federal laws e.g., Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Family and Educational Rights and Privacy Act (FERPA).

3. Adopt policies that encourage establishing locally defined goals and outcomes for evaluation.

Oregon: Senate Bill 267

Source: National Assembly on School-Based Health Care
WI Policy & Legislative Implications

1. Insure mental health access for students and families.
   a. Support training and professional development on school mental health for all providers
   b. Continue to require licensing that includes training about and experience in schools (HQ)
   c. Establish a student-to-school mental health provider ratio for each pupil service profession
   d. Promote the development of collaborative school/community mental health clinics as part of a continuum of services, especially in rural and impoverished areas
2. Review and provide adequate funding for school mental health
   a. Provide adequate categorical aids to avoid drawing from the general school budget
   b. Include a poverty factor in formulas that are the basis for school funding
   c. Fulfill WI’s 2/3 school funding commitment
   d. Guarantee minimum per pupil state funding across districts
   e. Encourage schools to access Medicaid funds as appropriate
   f. Insure that funds (state, federal, grants) targeted to support students remain in the pool for which they are intended
WI Policy & Legislative Implications

3. When drafting legislation insure that students and staff with mental health needs are helped
   a. Maintain a confidentiality standard but allow for sharing among service providers
   b. Promote interagency cooperation and collaboration, i.e., school and community partnerships for student mental health
   c. Require trained mental health threat assessment teams in schools similar to special education assessment teams
   d. Include a role for parents and, when appropriate, for students
It is easier to build strong children than to repair broken men.

--Frederick Douglass