

Identifying Creative Solutions to Address the Mental Health Needs of Students in CESA 12

AmericInn, Ashland, Wisconsin
January 22, 2013 9:00 – 3:00

Agenda

1. **Introductions:** This work group was begun within the Special Education Directors networking meeting in June. Some area providers joined the meeting to discuss issues and concerns surrounding meeting the needs of students with mental health needs in the schools. The group worked to expand the participants in the work group. DPI recommended Dan Naylor as a consultant to the group.

2. **Review existing CESA 12 data: CESA 12 specific data has not arrived so we discussed student needs in general terms**
 - Alcohol and drug abuse, violent behaviors, absenteeism, acting out
 - Younger students showing difficulty paying attention for academic instruction
 - We have a lot of students who are defined as “homeless” and are not having basic needs met (food, shelter, etc).
 - Difficulties accessing services for various reasons (general availability, transportation to receive services, parental support).
 - Services are not always delivered in a culturally-responsive way, or in ways to address various educational levels of parents/guardians.

3. **What’s working in CESA 12 to address the mental health needs of students**
 - Family Fun day in Minocqua sponsored by Wisconsin Family Ties---child care available so that parents can attend workshop sessions. Minimal cost for families to attend, and this event is an opportunity for parents to share information and address feelings of isolation.
 - Improving communication among county services, school districts and ICW---county judge is working with schools on truancy issues
 - PBIS (Positive Behavior Intervention and Supports) and Rtl (Response to Intervention) initiatives are helping to get supports to students in a more timely manner and without the label of special education
 - Putting therapists in schools (counseling)—contracts with school districts and with CESA to provide services in specific districts.
 - Partnerships in Iron County have resulted in a clinic.
 - Mentoring program for children and families in Iron County—peer mentoring and parent mentoring-- use the Childrens’ waiver when possible to support those programs.
 - Leadership in collaboration with partner agencies
 - Contract with Bad River tribe and Bay Area Mental health---staff at Bad River providing services there.
 - Development of assessment skills and improved identification of ADHD, then providing services
 - Developing core relationships with school districts and service providers

- Hospital involved with Family Education day (monthly at Behavior Health Building)—substance abuse disorders. Open to anyone over the age of 13
- Hospital working with drug court program/schools
- STAR program that previously existed in Hayward school district (working with students with EBD).
- MMC satellite program with Ashland Middle School---more positive communication with school districts (child and adolescent therapy)
- Ashland working with county truancy program, therapists in schools, new committee dealing with children of incarcerated parents, trying to focus on working one on one with parents and families to address specific needs, transition program for students with Emotional/Behavior disorders (from middle to high school), “Rachel’s Challenge” program coming to the school district in February (with community business support)-have invited neighboring school districts to participate
- Working with wraparound teams---Coordinated Services Team meetings (Ashland county this Thursday)
- Targeted work on getting services to families and having families identify what they need---intensive in-home services for families at greater risk of maltreatment, changes in placement, etc.
- Family engagement coordinators
- Northland Counseling working with a Sawyer county group home via satellite office (Oasis) providing services to youth, starting parent support group to develop some family therapies so that students who leave the group home to return home can go home to an improved environment. Working with tribes to address generational trauma
- Sawyer County CST—teaming is systematic---requested by families and professionals, has hired a cultural engagement outreach person to work with LCO, CST meetings at school, STAR program will be reinstated next fall in Hayward district, Coordinated Services Team and Individual Education Program meetings are held jointly.
- Memorandum of Understanding that Red Cliff tribe has with Bayfield school district and Bayfield county services leading to more collaborative work in supports and service delivery, tribal parents are becoming more knowledgeable of different processes. Working on incorporating culture into systems—that culture is more than race or ethnicity. Tribal gathering on family engagement in this area.
- Northland Counseling and Ashland, Iron and Price County have a mental health crisis program---alternative to mental health emergency treatment that does not include the hospital. Therapists are available 24/7 doing assessments, and there is a 4-bed facility in the Ashland office. “Telehealth” program providing crisis services via technology
- Maple school district restructured their middle school program to better address needs of students in that age group returning from day treatment programs or residential treatment programs.

4. What’s not working - Identify challenges in serving students with mental health needs including but not limited to:

Transportation: Access to reliable transportation to allow clients and families to make appointments

- \$ for public transportation or for gas
- access to reliable car or licensed driver
- child care so parents can attend appointments, etc.
- time lost from work/school, stress caused

Funding: Lack of financial and other resources to address the issue

- Reduce caseloads to allow more time for each student/client
- How to pay for services that cost money, but are not provided by the school
- Options of financial collaborations to serve high-cost needs
- Planning time for providers is not billable time---how to recover this cost?
- Funding to develop school-based systems that can address needs that school don't currently address and send students elsewhere to address.

Rules/Regulations:

- Flexibility in Medicaid rules (ie: paying for medications, but not intensive therapeutic services)
- "Service Areas"
- Privacy regulations
- Need to have "branch offices" for mental health providers in order to bill services that occur in schools

Co-locating programs:

- Branch office issue of putting therapists in schools and the certification requirements for those that do that
- Providing more formal instruction to students who are in day-treatment situations, etc.
- Is it a delivery of services or a building?
- Funding

Training and support for teachers

- Culture and environment—eliminating "silos"
- Awareness
- Teacher certification and training to work with diverse groups and needs
- Person-first language and communication, policies/procedures/practices
- Time to collaborate
- Knowledge of the resources that exist
- Mental health is about all of us
- Warning signs for mental health issues
- PBIS training for Tier 3
- RENEW program---school based wraparound
- Special education programming and placements decisions

Parent engagement and support

- Mental health and addiction issues of the greater family/home environment
- Issues around stigma, judgment and perception
- Focus on strengths rather than deficits
- Trust-building
- Autism support groups

Developing more educational options for students with Mental Health needs

- Consideration of a full range of options
- Discussions of how to share resources among districts or among buildings within a district

Other:

- Attracting therapists and teachers to the Northland
- Transition from substitute care
- Certifying volunteers

5. Review various models and resources supporting collaboration

- Hayward School District / Impact Counseling
 - a. Contact Renee at Impact Counseling or Aimee at Hayward School District
- Coordinated Services Team Initiative (CST) - what is it, where does it exist, who are the contact people
 - a. refer to powerpoint presentation from Dan Naylor on CST
 - b. List of CSTs in the CESA 12 area in folder
- Wisconsin Family Ties - Peer Support
 - a. Refer to handouts on Parent Peer Specialists
 - b. "Who Cares About Kelsey?" documentary by Dan Habib (could be used in inservice—focus on a high school student with EBD)
 - c. distributed information about poster contest for mental health awareness week
- Dodge County – Safe Schools / Healthy Students Initiative
 - a. See handout in folder
 - b. Director of this project has offered to provide more information to our group about this
- Positive Behavior Interventions and Supports (PBIS)
 - a. Refer to handout in folder
- Dane County – Community Mental Health Collaborative
 - a. Jerianne will send a link about this to the group:
<http://dpimedia.wi.gov/main/SilverlightPlayer/Default.aspx?peid=d73722ca1f7246539aaba53c5d8c92a1>
- Telepsychiatry
 - a. Refer to handout in folder

6. Other potential resources

- Affordable Care Act

7. Impact of the Sandy Hook tragedy—see handout in folder

- State Mental Health Council recommendations
- President Obama's recommendations

8. Develop plan of action

Group voted on priority areas from above by voting for their top 3 priority areas. Work group will discuss how to work on these priority areas at the next meeting in March. Note: This information was brought to the Special Education Director's meeting on January 25th. The Director's Group also voted on their priorities noted in blue.

- Funding-9, 14 = 23
- Training and supports for schools-11, 10 = 21
- Developing Educational Options-6, 10 = 16
- Parent Engagement and Supports-11, 2 = 13
- Rules and Regulations Research-7, 0 = 7
- Transportation-6, 1 = 7
- Co-locating Programs-2, 5 = 7