# **School Mental Health Spotlight**

## **RACINE UNIFIED SCHOOL DISTRICT**

DEC 2019

## Racine Collaborative for Children's Mental Health Partnership

#### **Introduction & Background**

In the Racine Unified School District, we developed a plan for comprehensive school mental health programming by utilizing data from our schools and from our community to determine specifically where to place our focus. These data points included:

- Attendance
- Suspension
- Expulsion
- YRBS data (depression and suicide questions)
- Community unemployment rates
- Racine County Health Rankings
- Racine Community Health Needs Assessment
- ACEs survey data from the Central Racine County Health Department' Visiting Nurse program
- Mental Health service and provider availability
- Locally available data regarding youth depression and suicide

This review of data demonstrated a significant need for several school-based programming changes. The first of these included the development of School-Based Mental Health clinics to grow the capacity of PBIS Tier III interventions. We began this journey with clinics in two of our elementary schools and have grown to five school-based mental health clinics and one community clinic. We currently offer services students with no insurance, state insurance, and private insurance in all of our mental health clinics. Within our elementary schools we are utilizing the integrative model to best meet the needs of our students and increase the skills and competency of the adults in our schools to address mental health and trauma issues in our students and their families.

The steps we have taken to improve overall mental health in our schools and community have been bolstered by the award of a DPI Mental Health Grant, which we applied for to extend our successes into additional schools.

In developing our grant application, we decided that to reach more students in more schools we needed to focus our work on trauma and resilience. We wrote for the grant in the spring of 2018 with a focus on implementation of Trauma Sensitive Schools (TSS) in all 31 of our schools. We felt that the best approach would be to partner with a community mental health provider to begin the implementation process. Each school developed a TSS team that worked with the community mental health provider to build knowledge and capacity in each of our schools. The schools all participated in a readiness survey that assisted the provider in determining the path to take with each individual school. Through the course of the 18-19 school year, we were able to build the introductory knowledge base regarding how trauma affects a child's ability to learn, and improve skill sets of all staff in all schools in regard to approaches to classroom management and behavioral intervention.

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The 19-20 school year brought an opportunity for renewal of the DPI Mental Health Grant for a two-year term. We applied a second time with adjustments to our original plan. The second grant application and plan for continued implementation of TSS included a narrowed focus for our community mental health provider on nine specific schools, and a broader focus by the District on the remaining schools. We learned after the first year that engaging in all schools was not feasible for our community mental health provider if we wanted to truly make a change in the culture of the school and positively impact our students. We now have our community mental health provider doing classroom observations and providing real-time feedback to teachers and administration based on the principles of trauma informed care. Thus far, this has been going well. The feedback is generally well accepted and welcomed. Our community mental health provider focuses on the adult behavior that can be modified in order to better understand and meet the needs of the students, rather than traditional practices centered on punitive measures and/or attempts to change the child's behavior.

#### Key Players at the Table

The Racine Unified School District has a longstanding history of working collaboratively with a widerange of community partners in order to develop and implement strategic improvement plans for the district. As part of this process, RUSD has been an active partner in the Racine Collaborative for Children's Mental Health (C2MH) since 2012. C2MH is committed to helping increase understanding and awareness around the need to help all children optimize their mental health so that they may lead healthy and vibrant lives. C2MH membership includes community leaders, nonprofit and healthcare organizations, RUSD Administrative and Support staff, Human Services, faith-based leaders, and parents/caregivers with lived experiences. Members of C2MH have explored the key challenges in improving children's mental health and believe it is vital to address the issues related to coordination of services and the ability to access care.

One goal of this project is the creation of one "uniform" website for children and families in our community to access a wide array of resources ranging from meeting concrete needs to successfully navigating the mental health care system.

C2MH has been instrumental in the planning and implementation of the School-Based Mental Health Clinics with RUSD Administrative and Student Support Services staff working in collaboration. The level of operational and clinical expertise of C2MH has made it possible to create innovative care pathways to address the unmet mental health needs of our children at RUSD. Another key collaborative partner in this work is the Healthier Wisconsin Partnership Program (HWPP / AHW) through the Medical College of Wisconsin. The work of HWPP / AHW is to assist with improving the Social-Emotional Learning (SEL) Competencies of students in grades K-5 at RUSD. One goal of this project is the creation of one "uniform" website for children and families in our community to access a wide array of resources ranging from meeting concrete needs to successfully navigating the mental health care system in our community. Children's Wisconsin and Professional Services Group has been a collaborative community mental health provider partners in this work. They assist in building capacity and deepening our understanding of trauma, provide evidenced based treatments, and professional learning for staff and administrators.

#### **Universal Approaches to Wellness**

The universal approaches we use at RUSD include: PBIS, Restorative Practices, Social-Emotional Learning, Mindfulness and Morning Meeting. In an effort to increase our PBIS Tier I supports for schools, our daily schedules in 4K-8th grade classrooms all begin with a Morning Meeting that includes a greeting, share and activity. The idea is to welcome every child and enable classrooms to build relationships and community daily. Guides for each grade level were created to support teachers and eliminate extra planning. The daily schedules also include at minimum 5-10 minutes of Mindfulness after lunch or recess. Inner Explorer, an online resource that has daily grade-level mindful practices, was purchased for all schools. Inner Explorer teaches students about their brain and how it responds to emotions and how they can regulate it for learning. Social-Emotional Learning time was also added to the daily schedule: 15 minutes daily for 4K-5 and a 45 minute period for 6-8. Our 4K-5th grade classrooms utilize Second Step and 6th-8th grades uses Character Strong for our social-emotional learning curriculum.

#### **Improving the Referral Pathway**

RUSD is partnering with HWPP / AHW and Racine County Human Services to develop and implement a web-based program called the Trilogy Network of Care. This website is meant to be a behavioral health resource for families, children, and youth within Racine County. It was created as a tool for families living in Racine County to have a "one stop" shop of all the behavioral health resources and services available in Racine County. Part of this web-based program will include a pathway to referral for outpatient mental health and addiction treatment. This pathway to referral will allow for ease of access to providers that are accepting new patients and have agreed to be a partner. All students and their families will have access to this referral pathway to care which provides a real-time response to our families in need of outpatient mental health care.

#### **Outcomes**

We are continuously collecting quantitative and anecdotal data about our collective impact since implementation of our strategic programs. The most noticeable change has been in the mindset shift of our adults and their ability to view students and student behavior through a trauma sensitive lens. Our behavior data shows us that our students are not responding to suspension. Many of our students repeat the same negative behavior. We have created a work group with administrators to transform the way we address behavior in schools with a restorative lens. The goal is to "teach" alternative behavior practices. As we continue to grow our programs and more fully implement our SEL strategies, we foresee positive outcomes for staff, students, and families.

We have been tracking longitudinal data for our students being treated within the School-Based Mental Health Clinics since we implemented clinics in 2015. Our data has shown a reduction in their ODRs and suspensions with an improvement in attendance and academic performance as measured by student MAP scores.

#### **Student Experience**

By implementing these different SEL skills our students are coping with their emotions in a more positive manner. Our adults in the school setting are utilizing a more trauma focus by asking, "what happened to you?" and truly trying to engage students differently in support of their mental and emotional wellbeing. Take A Break (TAB) areas are being utilized by students to provide resources to manage their frustrations in a positive manner.

#### **Partnership with Families**

As part of the collaborative partnership of C2MH and the District, we have created a Lived Experience Advisory Council which launched this Fall. The Lived Experience Advisory Council is composed of young people with lived mental health experience ages 18-25 or a parent with personal experience in children's mental health that guide the work in ensuring that our programs and services that are provided in the school setting meet the needs of our families. We also offer educational programs to assist with capacity building for our families through Parent University during the school year.

#### **Serving Underrepresented Students**

As we embarked on our journey of School-Based Mental Health Clinics, we have had a lens to equity with an identified priority population of those students that are living in poverty experiencing difficulty accessing mental health services in our community due to Medicaid funding or no insurance. Families had trouble understanding how to access mental health services in our community due to the fragmented mental health system. Parents often have to leave work to take their child to see a mental health provider in the community, which created a high no-show rate when families have to sacrifice lost wages, childcare costs and transportation challenges. Our data today reflects that about 90% of our students receiving services within the School-Based Mental Health Clinics have no insurance or Medicaid insurance. We continue to support our underrepresented students that are living in poverty by ensuring that they have equitable access to services within the school setting.

### SUBMIT YOUR SCHOOL MENTAL HEALTH SPOTLIGHT STORY

info@schoolmentalhealthwisconsin.org

#### Submitted by:

Andrea Rittgers <u>Andrea.Rittgers@rusd.org</u> Julie Hueller <u>Julie.Hueller@rusd.org</u>

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