

# School Mental Health Spotlight

SCHOOL DISTRICT OF PHILLIPS

APR 2020

## Phillips Partnership with Price County Mental Health and AODA Coalition

### Introduction & Background: Key Players

The School District of Phillips has worked closely with the Price County Mental Health and AODA Coalition through the planning and implementation of the programming, utilizing the Stomp Out Stigma (SOS) sub-committee to ensure all key players have a voice in the county-wide initiatives. SOS, comprised of representation from the Pupil Services departments of all three school districts in Price County (Chequamegon, Prentice, and Phillips), Public Health, and the local hospital, meets monthly to discuss concerns, projects, activities, and updates at the individual schools, as well as plan for county-wide community and school education (staff, students, and families), policy/procedure updates, initiatives, and data collection and utilization.

SOS's first large-scale project was a Price County suicide prevention and intervention training utilizing the Lifelines® program and curriculum from Hazelden. The training, hosted by the Phillips School District at Northcentral Technical College in August 2018, covered how to recognize the signs and symptoms of suicidality, where and how to refer a youth, and how to handle traumatic death in a way that supports everyone impacted. This three-day training brought together representatives from many different sectors (school, clinics/hospitals, police, clergy, violence prevention, local suicide prevention organizations, health and human services, parents, etc.). School policies and procedures were updated to mirror the other districts in the county, referral pathways were identified, and all participating agencies walked away with common knowledge and plans for working together on this topic. The program led to the creation of a county-wide "Return to Learn" procedure, outlining how a student might return to classes after a crisis or sickness-caused prolonged school absence with support from school counselors and teaching staff. Additionally, the collaboration provides stability for students who move between the schools in the district.

Following the success of the Lifelines® training and collaboration, the schools looked at ways to introduce program that "moved upstream," focusing on early, positive programming and interventions to encourage

student resiliency, empathy, and care for their peers. The SOS committee determined Sources of Strength would be the best program to meet these needs in our rural area. Beginning in October of 2019, all three districts received training in the program, this time involving public health, the local hospital, and the community public library in addition to school staff. Sources of Strength utilizes peer social networks to address suicide, bullying, and substance abuse by acknowledging the root causes of these problems. Then, instead of focusing on the negative outcomes, students and staff leverage their peer influences and change the conversation to concentrate on the personal strengths on which one can rely when they hit a life crisis. Over 10% of the student bodies of all three schools were trained as Peer Leaders, learning leadership skills to help them promote the positive message of personal strengths. Through assistance from the adult mentors, the Peer Leaders started using Sources of Strength in the schools immediately, kicking programming off with a social media campaign highlighting individual student strengths. The districts have individually hosted the campaign, with Prentice completing it and "passing the torch" to Phillips and Phillips planning to "pass the torch" to Chequamegon at the completion of their campaign. This one campaign has generated a lot of community interest and involvement, with citizens contacting the school and involved students, complementing the positivity of the program.

### Developing & Improving School Mental Health Referral Pathway

Prior to the 2018-19 school year, students in Price County did not have access to a community mental health provider; there was no mental health provider in the area who saw youth for any reason. Because of this, if students were in counseling, they often had to miss a half day of school to travel to and from their appointments an hour away. Often families could not afford the travel or taking work off regularly and students would stop attending counseling shortly after beginning it. In early 2018, the district signed a memorandum of understanding (MOU) with a company called SOAR Services, which had recently

hired a youth counselor. This counselor, Anna, agreed to provide weekly counseling hours within the schools in the district; in exchange, the schools would provide the counselor Anna with a comfortable and private space for her meetings, and ensure the students were excused from class when meeting with her. In her first six months providing counseling within the district, Anna saw 38 students; roughly 5% of the student body. She continues to expand hours providing services within the school, with her coworker adding hours within the district this year to meet the increasing need.

The district also signed MOUs with public health and the local domestic and sexual violence agency for onsite hours for their services. Chelsea, a reproductive health nurse, provides scheduled services weekly for students, and is available for emergency services as well. Angela, a program coordinator with Embrace, not only hosts scheduled onsite hours, but provides small groups, classroom presentations, and an emergency helpline service for students.

With the addition of the Mental Health/AODA Coordinator position made available through the DPI mental health and AODA grants, the school has been able to add student access to Screening, Brief Intervention, and Referral to Treatment services (SBIRT), small group interventions and supports (mental health, AODA, decision-making, family/peer issues, coping skills, etc.), streamlined referral processes and access to resources, and increased universal activities and programming.

Working closely with Public Health nurse Susie Daniels, Co-Chair of the Price County Mental Health/AODA Coalition, the school district was able to secure funding and assistance from Aspirus in the form of CARESNorth--a program designed to fill the gaps left by insurance coverage and poverty issues. If a student is receiving services from the community mental health provider in the district and has any concerns about paying copays or fees, or if they're uninsured, CARESNorth will cover the cost of the visits.

Lastly, the Return to Learn program ensures that students and families continue to have support and access to resources after a student has returned from a treatment facility or after an extended absence from school. The meeting takes place immediately the morning of the student's first day back to school, outlining the school and family expectations. The school utilizes this time to incorporate any accommodations or follow-up plans into the student's schedule; if teaching staff needs to be aware of any changes, the school counselor will speak to them in person to talk about the updates. The staff are

typically encouraged to handle the student with care as they adjust to being back in the school system and be aware of any concerns or warning signs that may need to be mentioned to the school counselor as well.

## Big Ideas for Kids

The biggest difference for the youth in the district is the openness and positivity surrounding conversations about mental health. It is discussed widely, not only in health classes, but in core subjects too and in weekly student/teacher meetings (called "CREW"). Students are aware everyone has mental health and it's important to do what we can to keep it healthy and also notice if it's unhealthy. They're aware of different disorders, potential causes, the impact trauma can have on a person's life, who and where the resources are, and the need to have it be a regular topic of conversation. The students know they have access to the community mental health provider and, if a short-term solution will work, access to the buildings' Take Ten rooms (a place for a student to take a break and meet briefly with the coordinator of the room to discuss coping strategies and/or a plan for returning to the classroom environment; students can be referred to the guidance office as needed from here). This year in particular we have witnessed an increase in peers supporting each other and even being more willing to seek out support for a struggling friend or walk along with them on their way to access the support.

## Focus on Equity

The School District of Phillips is located in a very rural, low-economic, low-access area of Northern Wisconsin. Nearly 50% of the student body receives free and reduced lunch. Additionally, 22% of our students have an IEP or 504 plan. The focus of our plan was on these students--the ones in our district who wouldn't normally have access to or support for mental health assistance or improvement.

Traditionally, the students who are in need of school supports feel a stigma regarding any extra services they may need. With the focus on reducing stigma and providing mental health education and support to as many students as possible, students are no longer singled-out or identified in a way that may cause them to feel different or apart from their peers. With the message that all people have mental health, positive or negative, and that it is vital to recognize and understand it, topics like coping skills, warning signs and symptoms, and seeking help have become as common as discussions about healthy food choices, physical exercise, or safety.

## SUBMIT YOUR SCHOOL MENTAL HEALTH SPOTLIGHT STORY

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