



The Our American States podcast—produced by the National Conference of State Legislatures—is where you hear compelling conversations that tell the story of America’s state legislatures, the people in them, and the policies, process and politics that shape them.

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Children, Mental Health and Schools | April 19, 2021 | OAS Episode 128

Ed: Hello and welcome to “Our American States,” a podcast from the National Conference of State Legislatures. This podcast is all about legislatures: the people in them, the policies, process and politics that shape them. I’m your host, Ed Smith.

“We know good mental health is critical to students and children’s success in school and in life, and in 2019 prior to the COVID pandemic, 36% of students in Minnesota responded to the Minnesota Student Survey, which is Minnesota’s version of the Youth Risk Behavior Survey, and they indicated they are experiencing emotional distress.”

That was Craig Wethington with the Minnesota Department of Education who is a guest today on the podcast.

Sending kids back to the classroom is a goal across the country for many reasons. Along with concerns about falling behind academically and parents’ need to have children in school, experts also are concerned about mental and behavioral health needs. Studies indicate children in need of such services are much more likely to receive them at school.

Wethington discusses how his state has used the Collaborative Improvement and Innovation Network, or COIIN, to improve the quality of school mental health services. He also talks about a community survey of students that indicates many kids were struggling with mental health issues even before the pandemic and how the legislature in his state worked to improve mental health programs.

Another guest on the show is Rebecca Astorga with the Arizona Department of Education. She discusses programs and resources states can employ to bolster their mental health services and the role that Project AWARE, a federal grant program, has played in expanding the capacity of states to address mental health issues among young people.

But let's start with Noah Cruz, an NCSL policy researcher who offers some background on the topic. Noah, welcome to the podcast.

Noah: Hey, Ed, thanks for having me. Glad to have this platform to talk about these important issues.

Time Marker (TM): 02:14

Ed: Noah, later on in the podcast I'm going to be talking with a couple of experts in Minnesota and Arizona about mental and behavioral health services for children through the school system. But before we get started with those discussions, can you give us some basic background on children's mental health?

Noah: Children's mental health has been an issue states have been contending with since before the pandemic and it's something that has increasingly become a point of emphasis for legislatures. Before the outbreak of COVID-19, over 13 million children had been diagnosed with a behavioral health disorder, and we know COVID has only contributed to increased anxiety and depression for youth.

Children have experienced a change in routine, a drastic change in routine, in terms of how they learn and access healthcare and socialize, and like adults, many have missed out on significant life events and milestones and instead have had to contend with insecurities in regard to income and transportation, housing and food.

Going back to before the pandemic, in 2019, screenings for anxiety among children were up nearly 10%, but more than that, we learned that youth aged 11 to 17 were shown to be more likely than any other age group to score moderate to severe for symptoms of serious mental health illness or suicidal ideation.

TM: 03:25

Ed: So, I've read a number of news stories... I think everyone has... about how crucial it is to get children back into the classroom and how it relates to their mental health. Can you talk about that and any innovative efforts in the states to address this issue?

Noah: States are responding in many ways. Some have leveraged already existing school systems and school-based health centers where kids already spend most of their days and are already more likely to receive treatment if they receive treatment at all.

Additionally, some states have utilized the Cares Act and other COVID relief funds to ensure students continue to have access to these behavioral health resources and care that they had at schools as they continue to learn from home on their computers.

We also know state and federal actors are developing new programs and models for providing mental health care and resources to schools. For example... sorry, this is a bit of a mouthful... the Substance Abuse and Mental Health Service Administration's Advancing Wellness and Resiliency in Education Grant Program, also known as SAMHSA's Project AWARE and their collaborative improvement and innovation network, COIIN for short.

This COIIN, as the name suggests, leverages collaborative collective knowledge innovations among districts of about five states to quickly apply this new evidence and improvements in school mental health systems in these states. Today, as you mentioned, we'll hear from two executive branch representatives from Arizona and Minnesota who are participants in these federal grant programs, and they'll highlight their state partnerships with these federal actors as well as the role and collaboration of legislatures in enhancing children's mental health systems.

Ed: Well, Noah, thanks for that background. I'll be back right after this with Craig Wethington from the Minnesota Department of Education.

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Ed: I'm back with Craig Wethington from the Minnesota Department of Education. Craig, welcome to the podcast.

Craig: Thank you for inviting me. I'm glad to be here.

TM: 05:47

Ed: So, I just spoke with Noah Cruz from NCSL, and he explained how the Collaborate Improvement and innovations Network, or COIIN, brings together states to accelerate the adoption of evidence-based practices to improve comprehensive school mental health systems. Can you tell us a bit about why Minnesota wanted to participate in this program?

Craig: We know good mental health is critical to students' and children's success in school and life and in 2019, prior to the COVID pandemic, 36% of students in Minnesota responded to the Minnesota Student Survey, which is Minnesota's version of the Youth Risk Behavior Survey. They indicated they were experiencing emotional distress.

So, the MSS asked students in grades 8, 9 and 11: Over the last two weeks, how often have you been bothered by little interest or pleasure in doing things, feeling down, depressed or hopeless, feeling nervous, anxious or on-edge, not being able to stop or control worrying?

Students who reported that they were bothered more than half the last days or nearly every day for at least one of the above questions or comments in that indicator, so again, 36% of the students answered positively to at least one of those questions. And nearly 25% of the students answered yes to all four questions. In addition, 52% of the students in Minnesota reported having been exposed to one or more adverse childhood experiences.

We also know that many schools are operating some form of multi-tiered approach to student mental health and wellbeing, and some even provide school-based or school mental health

services. But we know there are still gaps in Minnesota's comprehensive school mental health system.

So, participating in the COIIN provided us the opportunity to assess the quality of all Minnesota's comprehensive mental health systems and really work to innovate or implement innovations to help close the gaps in that system. It also provided us opportunities to connect with other states and districts on these innovations and to share ideas around policy and system change necessary to develop a more comprehensive school mental health system and meet the needs that our students were telling us of in the Minnesota Student Survey.

TM: 07:59

Ed: Well, I can see how those survey results would be concerning. Now, I understand you had a team in Minnesota working on this project. Can you talk a little bit about what that team was like and what sort of collaboration you engaged in?

Craig: Minnesota's partnerships in school mental health date back to the '80s when two laws were passed, and those two laws created state and local advisory councils for Minnesotans to give voice to legislators as well as state agencies and local agencies on the experiences they were having dealing with the system as well as the services they were or were not provided access to in schools.

And so, these advisory councils still meet today and still provide input to local and state agencies on our comprehensive school mental health system. In addition, community stakeholder groups or advocacy organizations have always played an important role in shaping policy and system change in the state. Advocacy is an important means of raising awareness on mental health issues and ensuring that mental health is one of the legislative agenda items on the government agencies or elected officials' agendas.

Lastly, Governor Walz, the current governor of Minnesota, prioritized children's mental health and wellbeing and, through his children's cabinet, established a children's mental health and wellbeing action team that directed members to develop a set of recommendations that state agencies can put into place to advance comprehensive school mental health systems.

Several stakeholder engagement events were hosted by the children's cabinet on children's mental health and wellbeing as well as opportunities for state agency staff to contribute to the ideas for action. These collaborative partnerships and engagement activities are really what are needed for Minnesota to address the gaps that remain in our comprehensive mental health system by identifying closely to the source what our needs are in our current system.

TM: 09:59

Ed: Craig, I think you know that our audience is primarily legislators, legislative staff and other state policymakers, and they would be particularly interested in the role of the legislative branch in this process. Can you talk about that?

Craig: Our legislative branch plays a very important role in addressing the gaps that remain in our comprehensive school mental health system. Since 2007, the Minnesota legislature has

pioneered efforts to bring mental health services to students through funding the school mental health program. Through this program, funds go out to mental health providers and practitioners who partner with schools and districts to provide direct service right in the schools or collated services in the community and clinics.

That investment annually in Minnesota currently is 11 million dollars and that supports 56 mental health service providers working with over 1,000 schools. Additionally, legislators collaborate with the Governor's office, state agencies, state quota groups and advocacy groups to advance policies and system changes for comprehensive school mental health.

So, in Minnesota the legislative branch has been very active in creating and establishing advisory committees to gain input from stakeholder groups to funding increased access for students, as well as partner with agencies to look at policy and system change for school mental health.

TM: 11:20

Ed: So, Craig, could you talk about what the key goals of the effort were and what the process was like?

Craig: The Governor's office and the children's cabinet have set goals in four areas: school access, community access, wellbeing and promotion, and long-term services. Our participation in the COIIN offered this opportunity to really assess in those areas and then engage in conversations with stakeholders to identify a range of activities that can help close the gaps in those goal areas.

There are over 35 action items that the children's cabinet has developed to close the gap related to those engagement activities in our assessments. Again, these goals and strategies are a result of those engagement strategies and, additionally, the state's normal legislative process where agencies actually work with the Governor's office and legislators to advance policy and budget proposals. Collectively that was the process in how we came up with the goals and specific strategies that we want to implement in Minnesota.

And, again, a key to the process is the broad engagement that occurred, allowing a range of perspectives to be shared to inform the children's goals that the Governor's office as well as legislators' goals and strategies.

TM: 12:41

Ed: Now, I understand through this effort, you created a legislative report that recommended the adoption of comprehensive school mental health systems' language and also aimed to improve the school-linked mental health programs in Minnesota. This report included recommendations for the legislature. Can you talk about some of those and what the legislative response has been?

Craig: The legislature always has an eye on Minnesota's comprehensive school mental health system, and they passed a law in 2019 asking the Department of Human Services to conduct an assessment of school-linked mental health programming and come back with recommendations for improvements.

This report, along with other legislative reports coming out from other legislatively mandated groups, has been instrumental in helping the Governor's office, the children's cabinet and legislators develop many of the budget and policy proposals currently being heard in session right now.

What's great about the recommendations in this report is that they are lined with many of the recommendations in other legislative reports as well as the children's cabinet's goals and strategies, and this is a result, again, of the engagement that occurred between the Governor's office, legislators, state agencies, advisory committees, community groups, and advocacy organizations.

TM: 13:55

Ed: So, as leaders in other states look to the effort in Minnesota to try to see how it might apply to their states, was there anything unique about your process?

Craig: Broad engagement has been important in our work to advance the comprehensive school mental health system. What was different and unique this past year was the level of access to the Governor's office and the children's cabinet created for state agency staff like me who work with schools, students, their families, and providers day to day.

We know that the comprehensive school mental health system works and can quickly point out areas of improvement in order to achieve them. While this may not sound like a unique idea, it's not very often that state policymakers provide access to state agency staff like myself to provide input into that process. So, that in itself was unique at least in our state.

TM: 14:46

Ed: Craig, before we wrap up, is there anything else you'd like to share with our listeners?

Craig: Closing the gaps in our state's comprehensive school mental health system will not be easy and will require many policy and system changes, and there is just too much to do. Large gaps exist for a few people or a few organizations to make a difference.

And so, for me, the advice really is we'll make an effort on many and I would just encourage policymakers to prioritize engagement to help solve these challenging policy and system problems facing our systems today.

Ed: Well, Craig, thanks again for sharing your time and experience in this effort. I'll be right back with Rebecca Astorga with the Arizona Department of Education.

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Ed: I’m back with Rebecca Astorga from Arizona. Rebecca, welcome to the podcast.

RA: Thank you. I’m very happy to be here with you.

TM: 16:18

Ed: Now, I understand that like Minnesota, Arizona is involved in the COIIN approach, but is also involved with Project AWARE. Can you tell us a bit about these programs and why you wanted to participate?

RA: Well, as a small school health and safety unit at the Arizona Department of Education, we sought every opportunity to provide training on the CDC’s “whole school, whole community, whole child” framework, which places the student at the center and identifies 10 components within the education community that coordinate to provide a learning environment in which a student feels safe, healthy, challenged, engaged, and supported.

But we needed a way to amplify the work and when we saw the funding announcing from SAMHSA for Project AWARE advancing wellness and resiliency in education, we saw this as a perfect opportunity for us to further our commitment specifically to youth mental health. We applied and received a notice of award in September 2018 for 9 million dollars over the course of five years.

A key feature of this grant is the collaborative work between ADE and the state mental health Medicaid authority known as ACCESS in Arizona. As a result of this grant and partnership, we are working to identify challenges in implementing school-based services to streamline the process of connecting students to needed services and supports while helping to bridge the gap between educators in the districts and schools and the behavioral health providers.

The Project AWARE grant brought long-needed funding to our unit and newly elected Superintendent of Public Instruction, Kathy Hoffman, really brought the oxygen. She is elevating our work and she is listening to students and educators. Under her leadership our team, now the School Safety and Social Wellness Unit, operates within the newly organized division of equity, diversity and inclusion, and under her leadership a social wellness committee was formed, an outcome of which was a partnership with CASEL, the Collaborate for Academic, Social and Emotional Learning.

And in August 2020, Arizona released SCL competencies for K-12, really K-12 through adulthood, along with an SCL funding guide and online SCL train-the-trainer modules which are slated for registration come summer of 2021.

So, through Superintendent Hoffman’s executive team, we were encouraged to apply for the school health services national health quality initiative, the Collaborative Improvement and

Innovation Network's comprehensive school mental health track. It's what you referred to in your question as the COIIN.

Arizona was selected to participate in both 2019 and 2020 and while this initiative does not come with funding, it provides technical assistance from the national experts to improve access to and quality of mental health services and supports for youth and families. This includes the use of the SHAPE or School Health Assessments and Performance Evaluation system, which was developed by the National Center for School Mental Health out of the University of Maryland.

It provides a sustainable free tool for schools, districts and state-level teams, which includes a school mental health quality assessment and a trauma responsiveness assessment, both with customized reports. It provides access to a library of vetted resources and a library of screeners, many of which are free or low cost.

As more and more districts share their assessment data with the state team through this free tool, they contribute to aggregate state-level data that can inform collaborative efforts between state agencies and the legislature, really to identify needed resources and supports in our state.

TM: 20:23

Ed: Well, let's go back to Project AWARE for a minute. Can you talk about what the goals were and how the funding was used?

RA: Oh, absolutely. Project AWARE, first of all, it provides funding to three partnering school districts focused on three main goals: 1) to build infrastructure for mental health and mental health referral pathways; 2) to provide training and workforce development to detect and respond to mental health concerns; and then also to engage students, families and the community to raise awareness around mental health and normalize the conversation of mental health and wellbeing.

At the state level, we utilized funding to create mental health messaging in the form of flyers and radio station public service announcements for each of our 22 tribal nations in Arizona, which have been impacted by historical trauma and high rates of suicide.

We're utilizing funding to provide suicide prevention training to school staff and the community. These trainings help school personnel receive evidence-based training per the Mitch Warnock Act, which requires this type of training once every three years for school personnel that are serving students in grades six through twelve.

This bill went into effect in the fall of 2020. The act was named after Mitch Warnock, a high school student from Tempe, Arizona, who died of suicide. And his parents were instrumental in seeing this bill passed.

TM: 22:04

Ed: So, a lot of this work in Arizona has been between the legislative and executive branches. Our audience, of course, is largely legislators, legislative staff and other state policymakers who I think would be very interested in how the legislature helped the work in Arizona move forward.

RA: The work of the legislature has been very helpful in Arizona. Much has happened in the last five years in Arizona to provide additional funding for behavioral health and suicide prevention services. In 2017, the state legislature, with the support from Governor Ducey, passed a 4-million-dollar bill providing the state Medicaid agency with 3 million dollars to increase access to behavioral health services in schools for eligible children, and 1 million dollars in funding for training of educators in suicide prevention and social/emotional learning.

The funding was repeated in 2018 with a federal match. This meant 20 million dollars in new funding for behavioral health services in the school setting. And, as a result, there was a 300% increase in the number of Medicaid-eligible students who received a service in Arizona. Further, from 2018 to 2019, there was a 41% decrease in suicides among youth in Arizona. The Governor's office has been a strong proponent of ensuring funding and support is in place.

Several legislators came together in 2017 to fund a state suicide prevention specialist at the state Medicaid agency. Prior to this, there was no dedicated state staff working on suicide prevention. Once these legislators successfully funded the position, which was filled in 2018, they moved on to other areas where policy changes could help reduce the state's rate of suicide.

Following the Mitch Warnock Act, which I mentioned, Jake's Law was passed by the state legislature in 2020 mandating healthcare insurance parity. The law was named after a high school student who died by suicide after not receiving sufficient behavioral healthcare from his private health insurance provider. Similarly, his parents were instrumental in seeing the bill passed.

The bill funded 8 million dollars of behavioral health services for uninsured and underinsured students on school campuses. The bridge funding is intended to see that all students in need have access to behavioral health insurance through Medicaid providers until the private insurance rules can be changed to reflect parity.

There are two other suicide prevention laws that were passed in 2019. One mandates a state review by the state health department to determine the number of veterans who died by suicide annually, and the second requires public and charter schools that use school badges to include suicide prevention information for students in grades 9 through 12.

Most recently in 2020, Arizona added 156 school counselors and 105 school social workers to school campuses through the state-funded school safety program, and more positions will be added in 2021 and 2022. This is a direct result of the Governor, lawmakers and advocates prioritizing the need during the previous legislative session, resulting in an additional 20 million dollars to that program.

Then, the Arizona Department of Education worked closely with the Governor's office, the state board of education staff and other stakeholders to develop a plan to expedite that funding, the 20 million dollars, to schools as quickly as possible.

TM: 26:00

Ed: So, one of the goals of NCSL and this podcast is to show the best practices among the states. What advice would you give to someone in another state as they begin work toward improving children's mental health?

RA: I love this question so much because there are many ways, whether you are a school, a parent, a student or a member of the community, or a member of the legislature, we all have multiple roles and can be a positive influence within our sphere of influence as we learn more about our own social and emotional wellbeing.

To school leaders and district decision makers I would say please register your teams in the SHAPE (School Health Assessment and Performance Evaluation System) system to complete the free assessments, contribute to state-level aggregate data, and use the customized reports to inform your comprehensive school mental health infrastructure. Parents can register too and are a valuable partner to the school community.

Schools and districts may invite their partnering behavioral health providers to register and join their site or district level teams. Utilize the SHAPE system resources to select appropriate screeners to monitor student wellbeing. Purchase a student information system that tracks multitiered systems of support to increase data-based decision making and develop policy for mental health referral pathways.

I would say investigate using Medicaid-eligible providers to provide school-based services and professional development that is aligned with the identified needs. Also, implement suicide prevention and post-vention policies that are public facing. Prioritize staff wellbeing – that one is really critical. Implement quality schoolwide social and emotional learning. Go to the ADE. In Arizona, you can go to the ADE/SCL webpage and sign the SCL pledge and involve families and adults in SCL skill building.

Adopt restorative practices. As adults, let's unpack the implicit bias to reduce disproportionality in discipline. Involve parents and students in district and site-level decision making and in the review of policies and procedures and programs and practices to ensure that they are equitable, inclusive, trauma-sensitive, and culturally responsive and sustaining.

To the students, you are the change-makers. Share your voice. We're listening to you and we are learning from you.

Ed: Well, that's a great list of specific suggestions that I think people in other states will find helpful.

TM: 28:56

Ed: Before we wrap up, is there anything else you'd like to share with our listeners?

RA: I ask our legislators, school boards and members of the community to support statewide implementation of school policies that support equity and wellbeing in education. Restorative justice practices, universal screeners as a critical element of any multitiered systems of support, our MTSS model, and implementation of a schoolwide climate survey that would really help inform where we're doing well and where there are areas of opportunity.

And I really want to thank our Arizona legislators who have made student mental health and wellness a priority, and I really look forward to this continued emphasis through policy and funding.

Ed: Rebecca, thanks for taking the time to share your expertise on this critical topic. Take care.

MUSIC

Ed: And that concludes this edition of our podcast. We encourage you to review and rate our episodes on iTunes, Google Play or Spotify. You may also go to Google Play, iTunes or Spotify to have these episodes downloaded directly to your mobile device when a new episode is ready. For the National Conference of State Legislatures, this is Ed Smith. Thanks for listening and being part of "Our American States."