2018 LEGISLATIVE SUMMIT

OCTOBER 2, 2018

South Carolina
Institute of Medicine & Public Health
HEALTH POLICY FELLOWS
Program

TOMORROW'S HOPE

INNOVATIVE APPROACHES TO SCHOOL MENTAL HEALTH SERVICES

Summary Report

South Carolina Institute of Medicine & Public Health

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INTRODUCTION

The South Carolina Institute of Medicine and Public Health (IMPH) developed the Health Policy Fellows Program (HPFP) in 2013 to provide members of the General Assembly with clear, evidence-based health policy information in a nonpartisan manner in order to assist understanding complex health and health care issues. Through feedback to the program over the years and responding to the need to provide a neutral forum for difficult policy discussions, IMPH planned an event intended to provide a 'safe space' for discussing policy solutions.

On October 2, 2018, IMPH hosted a one-day Legislative Summit. The objective of the summit was to convene HPFP alumni participants, along with IMPH current and former board members, to provide an in-depth look at a timely public health topic: improving access to school mental health services.

- Children living in poverty are often more likely to have behavioral health problems due to adverse childhood experiences and the toxic stress of living in poverty
- School based mental health services provide an opportunity for early identification and intervention, often mitigating lifelong problems that start in childhood.

IMPH first recommended placing a mental health professional in every school in South Carolina through a Taskforce report in 2014, *Hope for Tomorrow: The Collective Approach for Transforming South Carolina's Behavioral Health System*. From September of 2013 through December of 2014, the IMPH convened a taskforce of public and private behavioral health providers, researchers and advocates to address the complex challenges of people with behavioral health illnesses. The Behavioral Health Taskforce engaged experts from across our state in exploring critical issues and identifying solutions based on promising practices. The result of this process was the development of actionable recommendations that outline a collective approach for transforming South Carolina's behavioral health systems, detailed in *Hope for Tomorrow: The Collective Approach for Transforming South Carolina's Behavioral Health System*. The Behavioral Health Taskforce envisioned that all children attending South Carolina schools would have access within their school to behavioral health services. As a result of our Taskforce, the South Carolina Behavioral Health Coalition was formed in 2017. Most recently, the Coalition issued a Safe School Environment Vision and Call to Action which emphasized the critical need for school-based mental health services. A critical component of this Call to Action is placing a mental health professional in every South Carolina school by the year 2022.

The focus of the Summit centered around the collaborative agreement between the South Carolina Departments of Education and Mental Health to achieve this ambitious goal. This report briefly summarizes the presentations, discussion and outcomes that emerged from the Summit.

ACKNOWLEDGEMENTS

A special thanks to The Duke Endowment and the Sisters of Charity Foundation of South Carolina for their support, which allowed us to bring together our Health Policy Fellows Program alumni and members of the IMPH Board of Directors to explore the important issue of school mental health services.

SYSTEMIC INTELLIGENCE: INCREASING CAPACITY TO BUILD AND EXECUTE HIGH LEVERAGE POLICIES

CHRIS SODERQUIST
PONTIFEX CONSULTING

This session provided an introduction to systemic intelligence as an enabling skill to build high leverage mental models for public policy solutions.

Sometimes short-term solutions to a problem makes it worse in the long term due to unintended consequences. Likewise, there are instances where long-term the solutions create other or more severe problems. A systemic thinking process takes potential consequences into consideration to develop high leverage policies. Routine problems are easily defined and diagnosed, while adaptive challenges can often be hard to define or diagnose. As a result, adaptive challenges are well suited for systemic intelligence-based solutions. The most challenging public policy issues are typically toward the adaptive end of the continuum.

We can't solve problems by using the same kind of thinking we used when we created them. – Albert Einstein

Mental models determine strategies and effectiveness. Systemic mental models develop a causal theory of what drives the behavior that needs to improve. Systemic intelligence is required to achieve higher performance, moving from myopic reactive thinking to high leverage understanding. Leverage requires a mental model of the structure generating the behavior that is to be influenced. Systemic intelligence is the ability to develop mental models that clearly articulate the behaviors to be understood, influenced and improved, along with the systemic structure that generates the behaviors, and identifies high leverage opportunities to improve it – the policy solution.

Addressing student mental health is a good example of an adaptive challenge that can utilize systemic intelligence to avoid applying simplistic routine solutions that that do not fully resolve the challenge or lead to unintended consequences. Chris Soderquist offered the following set of questions to be used for applying systemic intelligence to any adaptive challenge in public policy:

1. How broad a time horizon is useful in order to really understand the issue? The optimal horizon is often broader than we think.
2. What is the single most significant rend that communicates the severity of the issue? Draw it. Is there another trend that help communicate/describe he current reality?
3. What's the future price paid if the trend(s) continue?
4. Who else is (should be concerned with this issue? Other departments? Other Stakeholders? Are they concerned? If not, how might they be engaged?
5. Imagine gathering in the future (5/10 years) to celebrate achieving "beyond our wildest dreams" success. What would the trends be between now and then) that indicates we've succeeded? (Vision)
6. When trying to address this in the past (future) has there been (might be) some push back (resistance) from the system? If so, how haws the resistance manifested (or might manifest in the future)?
7. If you try to make a change directly on the issue, where else will there be an impact/change? (could be positive/negative)
8. Does there appear to be a vicious cycle at play? How?
9. How can you orchestrate a process of learning – develop a common picture of this issue and required strategy?

STATE AGENCY LEADERSHIP AND COLLABORATION

An Overview of the Department of Mental Health and School Mental Health Services

JOHN H. MAGILL, STATE DIRECTOR
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

Director Magill shared that South Carolina was one of the first states in the nation to provide state funding for the care and treatment of people with mental illnesses. Currently, the South Carolina Department of Mental Health is one of the largest health care systems in the state. It serves approximately 100,000 patients annually, of which 30,000 are children. The system is comprised of 17 community-based outpatient community mental health centers with clinics that serve all 46 counites. FY18 expenditures were $435.4 Million and FY19 projected at $454.4 Million. About half of its operating budget is paid for through direct billing of services.

One out of five children have a diagnosable mental health disorder. Emotional and behavioral problems impact a child's ability to learn. Early identification and intervention addressing emotional and behavioral problems may mitigate lifelong problems. Recognizing that schools are well positioned to identify and address student health needs, South Carolina has been leading the nation in the provision of school mental health services.

The Department's mission for school-based mental health is to promote academic and personal success through identifying and intervening at early points and partnering to support the social and emotional/behavioral wellbeing of children and youth in South Carolina. The scope of services includes prevention and early intervention, clinical assessment, individual therapy, family therapy, group therapy, crisis intervention, psychiatric assessment/evaluation and mental health awareness.

School mental health services will be expanded to address the significant gap between youth who need and receive services, such that every student in the South Carolina public school system will have easy access by 2022.

The Department currently employs more than 350 master's level mental health professionals who provide mental health assessment, intervention and treatment services on-site in approximately 660 of our state's 1,262 schools. In addition to clinical services, these clinicians also establish collaborative relationships that engage school, family and community. School staff are also provided with development workshops and trainings. In fiscal year 2018, the Department treated 16,000 children and provided 190,000 services.

In early 2018, a joint agreement was reached between the Department of Education and the Department of Mental Health to address the signification gap between youth who need and receive mental health services. The agreement sets a goal to expand services so that every student in the public-school system will have easy access to school mental health services by 2022 with the provision of one mental health counsellor per school. Technology, such as telepsychiatry, may assist with this expansion effort. The major constraints to expansion will be based on the number of professionals that can be hired.

The School Safety Vision for South Carolina

MOLLY SPEARMAN, MA, ED.S, SUPERINTENDENT OF EDUCATION
SOUTH CAROLINA DEPARTMENT OF EDUCATION

To enhance school safety, legislation was enacted earlier this year to provide one school resource officer in every South Carolina school, with a $2 million appropriation to hire more. Currently, all high schools are covered, but the new focus will be on elementary schools. The primary duty of school resource officers is the responsibility to act as a law enforcement officer, advisor and teacher for that school. However, the Department of Education's school safety vision for South Carolina includes the expansion of school mental health services as reflective of the joint agreement with the Department of Mental Health.

From the Department of Education's perspective, Superintendent Spearman highlighted an additional unique benefit to expanded access to school mental health services: improved teacher retention. South Carolina has a significant teacher retention problem. According to the Department's Committee on Educator Recruitment and Retention Recommendations Report provided to the South Carolina Legislature pursuant to Proviso 1.92 of the 2017-18 Appropriations Act, the vacancy rate for teaching positions grows each year, fewer students are entering the teaching profession and there is a significant rise in the percentage of teacher turnover with those who leave the profession within their first five years of teaching.

The 2022 goal of one mental health counselor per school is expected to do more than just improve the learning environment and help children and families – it should improve teacher retention as well.

Superintendent Spearman shared that an important reason for high teacher turnover was due to a lack of support with student behavioral health issues. Accordingly, the 2022 goal of one mental health counselor per school is expected to do more than just improve the learning environment and help children and families – it should improve teacher retention as well.

A challenge to be addressed is the shortage of mental health professionals. In that regard, the Department of Education is considering the use of waivers for education requirements to address certification issues when candidates might not have all the credentials but do have the requisite years of relevant experience.

It was also noted that another matter of attention for school districts is how to bill Medicaid for school-based mental health services. The Medicaid program recognizes the importance of school-based health services in the delivery of essential medical care to eligible children and allows states to use their Medicaid programs to help pay for certain health services delivered to children in schools. However, Medicaid third-party liability rules apply to schools billing Medicaid for coverable health services and associated administrative costs (CMS, 1997). That is, Medicaid will not pay for Medicaid coverable services provided to Medicaid enrollees if another third party (e.g., another health insurer or other federal or state program) is legally liable and responsible for providing and paying for the services. Thus, another area for opportunity are those students who fall in the gap between Medicaid and third-party insurance providers.

INNOVATIONS IN INTERVENTION & PREVENTION

Advancing School Behavioral Health in South Carolina

MARK D. WEIST, PHD, PROFESSOR OF PSYCHOLOGY
DIRECTOR OF THE SCHOOL BEHAVIORAL HEALTH TEAM
COLLEGE OF ARTS AND SCIENCES
UNIVERSITY OF SOUTH CAROLINA

Dr. Weist explained the concept and vision of expanded school mental health as including the full continuum of effective mental health promotion and intervention for students in general and special education. It must reflect a "***shared agenda***" involving school-family-community system partnerships and collaborating community professionals to augment the work of school-employed staff.

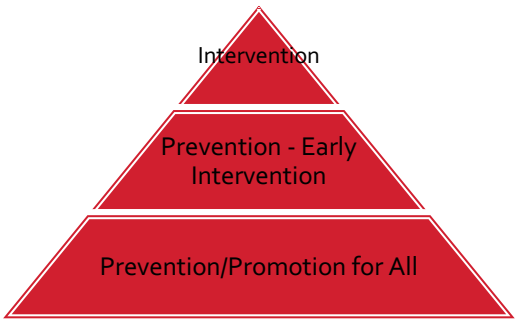
When done well, the advantages of school mental health services are improved access to services, improved early identification and intervention, reduced barriers to learning and the achievement of valued outcomes. However, programs and services often develop in an ad hoc manner that lack an implementation structure.

School mental health programs and services often develop in an ad hoc manner. Effective programs need an implementation structure where positive behavior intervention and supports collaboration with mental health services rather than working in parallel. More collaboration fewer silos are needed in South Carolina.

Positive Behavior Intervention & Support (PBIS) is a decision-making framework to guide selection and implementation of best practices for improving academic and behavioral function. PBIS promotes effective decision making, reduces punitive approaches, improves student behavior and improves student academic performance, ***when done well***. While PBIS is used in about 26,000 schools across the country, many do not have the resources and struggle to implement effective interventions, viewing student issues through the lens of "behavior." An Interconnected Systems Framework (ISF) provides a structure and process for education and mental health systems to interact in the most effective and efficient way, guided by key stakeholders who have the authority to reallocate resources, change roles and functions of staff and change policy to better meet the needs of students.

THE ISF CONCEPTUAL FRAMEWORK

- Improved behavioral/academic outcomes for all
- Greater depths and quality in services
- Improved data use and team functioning
- Systemic Memoranda of Agreements
- Strong district building leadership
- A SHARED AGENDA



Specific recommendations to consider for state-level policies included:

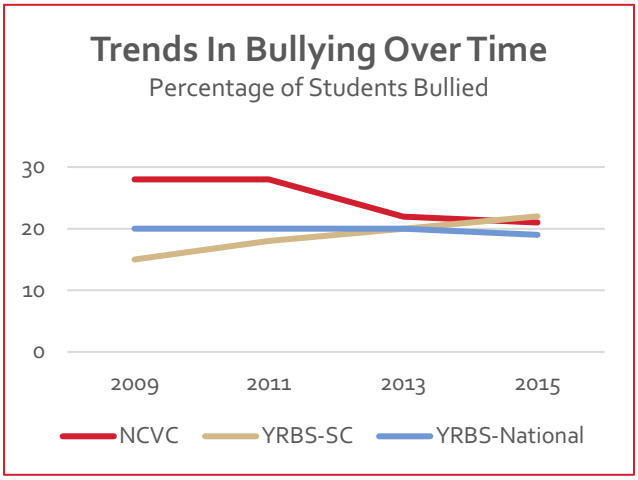
- Building a strong state-level initiative for school mental health that pursues a "Shared Agenda" from all key stakeholders.
- Moving toward standardization of services and expectations through memoranda of agreements.
- Developing a strong infrastructure for training, coaching and technical assistance.
- Increasing systematic screening for social, emotional and behavioral challenges, along with matching evidence-based programs and services to address early and developing problems.
- Providing funding to support mental health system in schools.
- Assuring systems of accountability for school mental health services.
- Attending to the harmful effects of labeling students.
- Leveraging a state level liaison role for federal and national support, utilizing the experiences and resources from other states.

Bullying Among Children & Youth: Innovations in Prevention

Susan P. Limber, PhD, MLS
Dan Olweus Professor
Department of Youth, Family, & Community Studies
Clemson University

The Centers for Disease Control and Prevention (CDC) defines bullying as any unwanted aggressive behavior(s) by another youth or group of youths, who are not siblings or current dating partners, involving an observed or perceived power imbalance. These behaviors are repeated multiple times or are highly likely to be repeated. Bullying may inflict harm or distress on the targeted youth including physical, psychological, social or educational harm.

According to the School Crime Supplement to the National Crime Victimization Survey (NCVS), in 2015, 21% of students in the United States had been bullied at school (ages 12-18). The Youth Risk Behavior Survey (YRBS) reveals that South Carolina youth bullying over time has increased from 15% to 22%, between 2009 and 2015. In 2015, 22% of South Carolina youth had been bullied on school property, while 18% had been electronically bullied (YRBS). While both national YRBS and National Crime Victim Survey results have been decreasing, youth bullying has been on the rise in South Carolina.



Children who are bullied can suffer from internalized problems such as depression, anxiety, panic disorder, self-harm, suicidal thoughts and attempts, psychosomatic problems (headaches, stomach pains, sleeping problems and/or poor appetite) and academic problems. Bullying others is related to later criminal and antisocial behavior, and often, those who bully others exhibit antisocial or delinquent behaviors, dislike or drop out of school, drink alcohol and smoke cigarettes, come from homes with intimate partner violence and/or carry weapons.

Dr. Limber emphasized that the misdirection of bullying is evidenced by suspensions and related exclusionary techniques, conflict resolution approaches, grouping youth who bully together and short-term awareness raising events. Best practices use multi-tiered approaches, focus on the social environment of the school, engage

families, integrate bullying prevention with existing programs and supports and include a focus on the broader community. The Olweus Bullying Prevention Program (OBPP) offers the following guiding principles:

- Adults must show warmth, positive interest and involvement,
- Set firm limits for unacceptable behavior,
- Consistently use supportive, predictable consequences and
- Serve as positive role models.

Dr. Limber drew specific attention to four challenging areas in laws and policies pertaining to bullying:

1. Different definitions and understandings of bullying.
2. Efforts to criminalize bullying behaviors.
3. Use of zero tolerance policies.
4. Time for training staff, evidenced-based strategies and other resources.

Bullying is primarily presented as a routine problem with routine solutions rather than as an adaptive challenge needing community-based, nonexpert, evolving solutions.

A robust discussion surrounded the need to update the state bullying law, highlighting the failed attempt during the last legislative session. While House Bill 4701 passed in the House, it failed to advance in the Senate. This Bill would have updated the state anti-bullying law. It was acknowledged that a closer look at future legislation should take into consideration the issues that have been highlighted at this Summit to assure alignment with the objectives of school mental health services. It was noted that while the law should be updated, careful consideration must be given to what should be mandated from the state level.

PUBLIC POLICY CONSIDERATIONS & NEXT STEPS

The gathering of legislators, government officials, legislative staff and state/national experts revealed common themes that included positive approaches to establishing the appropriate behavioral supports; the culture needed in schools to achieve academic success; and how teachers, mental health clinicians, administrators and families, along with the community, can promote the overall well-being of students.

In terms of crafting policy solutions, the key theme that emerged was the importance of systemic solutions to adaptive challenges. The issues presented in expanding access to school mental health services are not routine problems with existing solutions. It is an adaptive challenge that requires a systemic approach.

School mental health services will be a legislative priority under school climate and safety for the 123rd Session of the South Carolina Legislature that started January 2019. The Summit revealed a desire for consistency throughout the state in terms of screenings, behavioral supports, training and resources for school mental health services. A cost-effective approach must be taken to ensure that the price tag does not kill the initiative. Statewide consistency must be mandated by the legislature. Moreover, all necessary stakeholders must be involved to embrace and advanced a shared agenda for school mental health services, while building consensus and support in the legislature.