Blue Cross Blue Shield of Michigan Foundation

NIHCM Foundation Webinar

Teen Mental Health: Supporting Schools and Expanding Resources

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Blue Cross Blue Shield of Michigan Foundation Background

- **The BCBSM Foundation was created by Blue Cross Blue Shield of Michigan in the 1980s with $20 million in seed money from Michigan physicians. As the philanthropic affiliate of Blue Cross Blue Shield of Michigan we function as an independent organization that maintains an average endowment of $60 million, the Foundation has never received funding from Blue Cross. Annually the Foundation makes grants totaling between $2 and $3 million throughout the state. Grants made by the Foundation focus on the cost, quality and access to health care.**

Mission: To support research and innovative demonstration and evaluation projects designed to improve the health of all Michigan residents.

Vision: Michigan's population will enjoy improved health and access to cost effective, quality care. Michigan will be known as a state that fosters the development of socially responsible and innovative solutions to critical issues that affect the health of its residents.

- **What types of health initiatives do we fund?**
  - The foundation allocates about 50% of the grants funds for research projects conducted by universities professors, hospital physicians and stipends for medical and doctoral students researching in health care issues and innovative solutions. The BCBSM Foundation will focus half of our grants funds on community programs that foster local innovative solutions to critical health care problems conducted by non-profit organizations
  - More information regarding our programs and grant opportunities is located at https://www.bcbsm.com/foundation.

Blue Cross Blue Shield of Michigan Foundation Program Funding

- **The BCBSM Foundation has a long history of supporting the work of organizations to focus on teens physical and mental health issues. We recognize that the health and well being of our teens will impact the future of our state. Our current focus has been on working with communities to tackle the issue of diagnosed, undiagnosed and untreated behavioral health difficulties. The following list includes grants provided in the past 24 months that will impact the mental health of teens.**

  - University of Michigan - TRAILS 3-Tiered Model of Mental Health Programming in Detroit Public School Community District.
  - Wayne Metropolitan Community Action Agency - A Community Solution to Trauma
  - The Jed Foundation - Healthy Minds Study for High Schools
  - Baraga-Houghton-Keweenaw Child Development Board Inc. - Watch Me Shine – Fostering Resilience
  - Great Lakes Recovery Center – Exercise Based Intervention Enhancing Recovery Outcomes
  - Helen Newberry Joy Hospital - Behavioral Health Services Expansion
  - Munising Memorial Hospital - School-based Health Clinic
  - Judson Center – Integrated Health Care Solution
  - Saginaw County Community Mental Health Authority – Mental Health First Aid Training

Blue Cross Blue Shield of Michigan Foundation
TRAILS – Detroit Public Schools Community District

- **Transforming Research into Action to Improve the Lives of Students**
  - TRAILS grant made to benefit the DPSCD is co-funded by multiple organizations including the Blue Cross Blue Shield of Michigan Foundation, The Ethel & James Flinn Foundation, The Michigan Health Endowment Fund, Metro Health Foundation, The Children's Foundation, The Jewish Fund, DMC Foundation, and The Community Foundation of Southeast Michigan. It also receives support from the Centers for Medicare and Medicaid Services through the Michigan Department of Health and Human Services.
  - The program will bring mental health resources to each of the district's 110 schools, with the potential to reach 50,000 students and 4,000 staff by helping improve social and academic outcomes across all grade levels.

TRAILS

Transforming Research into Action
to Improve the Lives of Students

TRAILS improves access to evidence-based mental health services among youth, by training school mental health professionals to utilize cognitive behavioral therapy and mindfulness techniques.

Acknowledgements

The Ethel and James Flinn Foundation

Michigan Health Endowment Fund

Blue Cross Blue Shield of Michigan Foundation

Metro Health Foundation

The Children's Foundation

Community Foundation for Southeast Michigan

Detroit Medical Center Foundation

The Jewish Fund

Michigan Department of Health and Human Services

Michigan Department of Education

The University of Michigan Department of Psychiatry and Comprehensive Depression Center

The Prosper Road Foundation

The Mackey Family

The American Psychological Foundation

Detroit Public Schools Community District

Detroit Wayne Integrated Health Network

Youth Mental Illness: A Tripartite Problem

HIGH PREVALECE OF MENTAL ILLNESS

57% trauma exposure
49.5% impacted by MI
22.2% severe impairment
20% comorbidity

LOW TREATMENT ACCESS

- **80% lack treatment access**
- Limited EBP availability
- Insufficient health insurance
- Transportation & scheduling barriers
- Social stigma / shame
- Low community awareness

SCHOOLS UNDER-RESOURCED

- Limited EBP graduate training
- Cost prohibitive professional development
- Lack of material resources
- Low implementation support, loss of fidelity

Finkelhor, 2015; Ginsburg, 2019; HRSA, 2015; Kataoka, 2002; Merikangas et al., 2010

Solutions require intentional design

Successful EBP implementation models should:

- ✓ Attend to local and cultural relevancy
- ✓ Select streamlined, generalizable interventions
- ✓ Provide all needed materials and resources
- ✓ Ensure leadership engagement and commitment
- ✓ Engage multiple, cross-sector stakeholders
- ✓ Link outcomes data to stakeholder priorities
- ✓ Create potential for scale and replication
  - ✓ Adhere to an operational protocol or model
  - ✓ Utilize existing resources
  - ✓ Demonstrate cost efficiency and potential for sustainment via established funding streams (e.g., Medicaid, CHIP, public/block grants, Title Funds)

CMS/SAMHSA, 2019; Herlitz et al., 2020; Hoover et al., 2019; Lyon & Bruns, 2019

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Effective mental health care, accessible in all schools.

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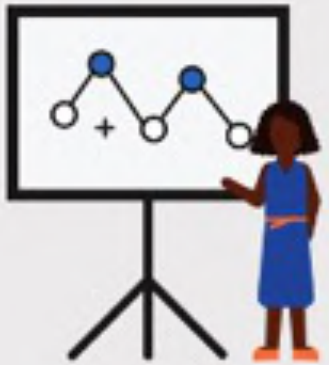

Didactic instruction for school staff

Online resources

Follow-up support from a TRAILS Coach

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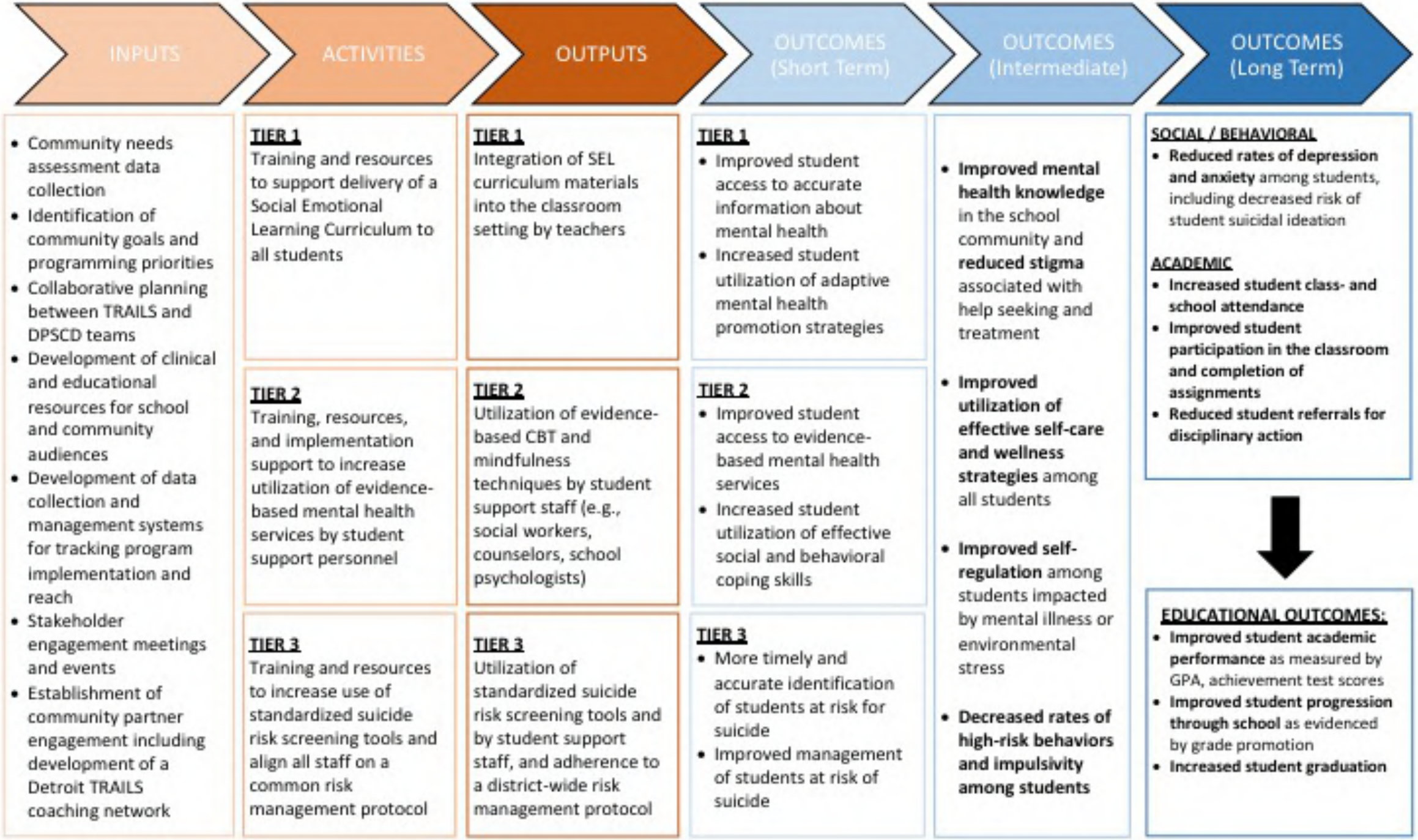
TRAILS CORE FEATURES: A 3-TIERED APPROACH

TIER 3: Suicide Risk Management

TIER 2: Early Intervention

TIER 1: Universal Education & Prevention


INPUTS
ACTIVITIES
OUTPUTS
OUTCOMES (Short Term)
OUTCOMES (Intermediate)
OUTCOMES (Long Term)
• Community needs assessment data collection
• Identification of community goals and programming priorities
• Collaborative planning between TRAILS and DPSCD teams
• Development of clinical and educational resources for school and community audiences
• Development of data collection and management systems for tracking program implementation and reach
• Stakeholder engagement meetings and events
• Establishment of community partner engagement including development of a Detroit TRAILS coaching network
TIER 1
Training and resources to support delivery of a Social Emotional Learning Curriculum to all students
TIER 2
Training, resources, and implementation support to increase utilization of evidence-based mental health services by student support personnel
TIER 3
Training and resources to increase use of standardized suicide risk screening tools and align all staff on a common risk management protocol
TIER 1
Integration of SEL curriculum materials into the classroom setting by teachers
TIER 2
Utilization of evidence-based CBT and mindfulness techniques by student support staff (e.g., social workers, counselors, school psychologists)
TIER 3
Utilization of standardized suicide risk screening tools and by student support staff, and adherence to a district-wide risk management protocol
TIER 1
• Improved student access to accurate information about mental health
• Increased student utilization of adaptive mental health promotion strategies
TIER 2
• Improved student access to evidence-based mental health services
• Increased student utilization of effective social and behavioral coping skills
TIER 3
• More timely and accurate identification of students at risk for suicide
• Improved management of students at risk of suicide
• Improved mental health knowledge in the school community and reduced stigma associated with help seeking and treatment
• Improved utilization of effective self-care and wellness strategies among all students
• Improved self-regulation among students impacted by mental illness or environmental stress
• Decreased rates of high-risk behaviors and impulsivity among students
SOCIAL / BEHAVIORAL
• Reduced rates of depression and anxiety among students, including decreased risk of student suicidal ideation
ACADEMIC
• Increased student class- and school attendance
• Improved student participation in the classroom and completion of assignments
• Reduced student referrals for disciplinary action
EDUCATIONAL OUTCOMES:
• Improved student academic performance as measured by GPA, achievement test scores
• Improved student progression through school as evidenced by grade promotion
• Increased student graduation

TRAILS-Detroit

Program Stakeholders

- University of Michigan Medical School
- University of Michigan School of Public Policy
- Detroit Public Schools Community District
- Southeast Michigan Funders Consortium
- Central Medicaid Services / Michigan Medicaid
- Detroit Wayne Integrated Health Network
- Michigan DHHS

DPSCD Project Summary

To improve student behavioral health and academic outcomes sustainably, by strengthening the capacity of the district provide 3-tiered, evidence-based, culturally relevant emotional and behavioral support services for students and families in all K-12 buildings.

Year 1

Needs assessment

Summary Report

Programming recommendations

Year 2

Pilot Implementation

Program Revision

Years 3-4

Implementation

Data analysis

District Survey

Staff Metrics (N=4,000)

- Current practices, programming in place
- Priority needs: resources, training, support
- Perceptions/knowledge of mental illnesses
- Prior training, clinical expertise
- Professional development access & barriers
- Leadership and district support

Family Metrics (N=1,000)

- Priority needs: resources, training, support
- Perceptions/knowledge of mental illnesses

Student Metrics (N=12,000)

- Perceptions/knowledge of mental illnesses
- Stressors and coping strategies
- Mental health clinical indicators:
  - PHQ-9T (Depression)
  - GAD-7 (Anxiety)
- ACEs
- Access to mental health services
- Perceptions of school climate
- Living environment

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DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT
Students Rise. We All Rise.

YOUTH POLICY LAB
UNIVERSITY OF MICHIGAN

TRAILS CORE FEATURES: A 3-TIERED APPROACH

TIER 3 - SUICIDE PREVENTION & INTERVENTION

- Student suicide risk identification and management
- Resources for coordination of care

TIER 2 - EVIDENCE-BASED MENTAL HEALTH CARE

- Programming for students impacted by mental illness
- Resources to identify and refer students in need

TIER 1 - PREVENTION & STIGMA REDUCTION

- Anti-stigma education and awareness programming
- Social emotional learning for the classroom setting
- Family outreach and engagement

TRAILS SEL

Social Emotional Learning Curriculum for the Classroom

What will classrooms experience?

- 20 short lessons grounded in CBT and Mindfulness
- Delivered in class by the classroom teacher
- Grade appropriate:
  - Lesson content
  - Handouts, activities
  - Videos & supplemental materials
  - Family letter (lesson summary, tips for home)
- Activities to build skills and promote self-reflection
- Tools to use independently
- Tips for classroom integration
- Feedback and impact survey

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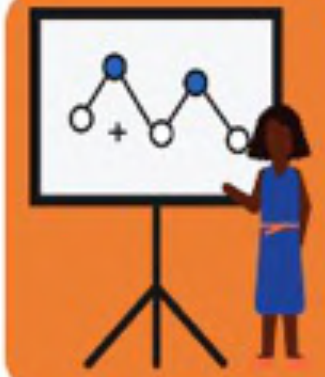


Training

- 1-day training for SMHPs in core elements of CBT
- Printed manuals

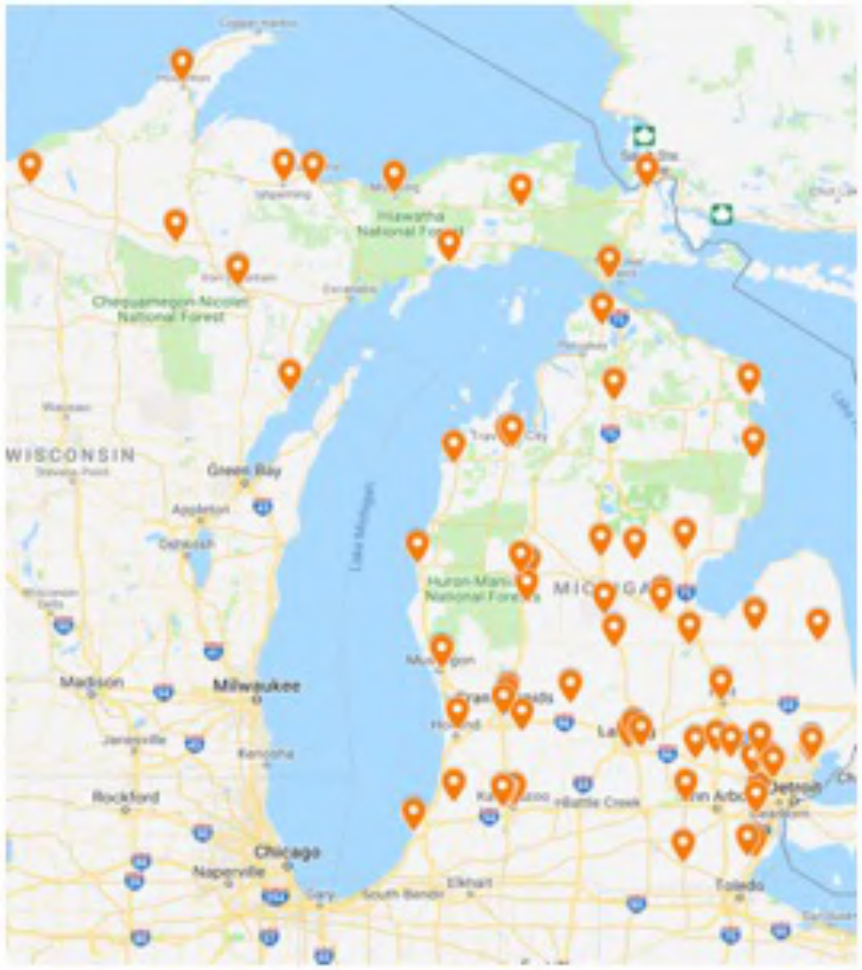
Web-Based Support

- Electronic resources to support student services
- Materials organized by treatment component

In-Person Coaching

- Comprehensive protocol for TRAILS Coaches
- Delivered in the school setting during groups

TRAILS Coach Network

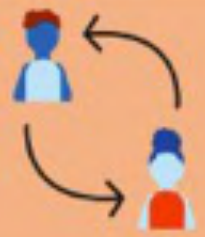


Training

- 1-day CBT training for community-based providers
- Printed manual

Web-Based Support

- Electronic resources to support clinical care
- Materials organized by treatment component



Remote Consultation

- Practice-case based with structured role plays
- Delivered weekly via video, phone, email

Coach Training

- 1-day training in TRAILS coaching protocol
- Printed manual

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Supporting High-Risk Students

- Gatekeeper training and coaching to support accurate and timely identification and referral
- Resources to increase effective screening and risk-identification
- Tools to improve communication with local providers
- System-level partnerships to improve care coordination and delivery

Improving Care Coordination: Student Risk Referral and Communication Tools

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RISK MANAGEMENT
Student Suicide Risk Management Protocol

Student Suicide Risk Management Protocol

- ☐ (Optional) Contact the 24-Hour Washtenaw CMH Crisis Team to seek support or consultation (734-544-3050)
- ☐ Complete the Columbia SSRS
- ☐ Determine if a referral to PES is needed (seek consultation as needed)
- ☐ If yes, complete the top half of the referral worksheet
- ☐ Contact the family (unless contraindicated)
- ☐ Call PES (734-936-5900) and alert them that you are referring a student and will be faxing a school referral and communication worksheet
- ☐ Fax the worksheet to PES (734-763-7204)

TRAILSforWellness.org
Last edited: 10/08/2019

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PES Referral and Communication Worksheet

A completed Columbia Suicide Severity Rating Scale should be provided to the hospital along with this referral form.

Student and School Information and Primary Concerns Date:

Student Name: Grade level:
School:
Primary concerns (check all that apply):
- ☐ Self-report of attempted suicide
- ☐ Self-report of a planned suicide
- ☐ Third person report of an attempted or planned suicide
- ☐ Severe and persistent suicidal ideation
- ☐ Suicidal or severe self-harm behavior
- ☐ Homicidal plan or intent

Further details/information:

Referring school professional(s):
Daytime contact phone: After-hours contact phone:
Contact fax: ☐ May receive confidential health information Email:
Consulted w/ 24-hour Washtenaw Community Mental Health Crisis Team (734-544-3050): ☐ Yes ☐ No
If yes, name of Crisis Team contact: Phone:

UM Psychiatric Emergency Services: Phone: 734-936-5900, Fax: 734-763-7204
UM Emergency Dept 1500 E Medical Dr., Ann Arbor, MI 48109

St. Joe's Hospital Phone: 734-712-3800
5301 McAuley Dr., Ypsilanti, MI 48197

PES Recommendations Date:

- ☐ Admitted to inpatient unit – further information to follow at discharge
- ☐ Enroll in a partial day program. Referral made to:
- ☐ Follow up with outpatient mental health care provider
  - ☐ Referral provided to family for new outpatient treatment
    Agency/Provider name: Date of scheduled appointment:
  - ☐ Continue with established provider
    Provider name: Phone:
- ☐ Review safety plan with a school counselor or school mental health care provider
  Copy of plan provided to: ☐ Family ☐ School
- ☐ Referral to school-based CBT (if available)
  ☐ Primary depression ☐ Primary anxiety ☐ Other:
- ☐ Family declined recommended admission, hospitalization, or partial day treatment program

PES / UMHS contact name:
Contact phone: Email:

Signature below indicates that this form may be sent by a medical provider to the referring school professional(s) or to the appropriate school staff member listed below for coordination of care and follow up. Please check the box of the school district this form should be returned to:

- ☐ AAPS – Paul DeAngelis, Fax: 734-994-2955
- ☐ PCS – Carlos Lopez, Fax: 734-221-1214
- ☐ LCS – Robert Williams, Fax: 734-484-7347

Parent/Guardian Signature: Date:

Last edited: 03/05/2020

TRAILS Detroit: Program Evaluation

District Staff

- Competency in CBT
- Utilization of TRAILS materials / Protocols (Tiers 1-3)
- Coordination with community partners / CMH
- Satisfaction / Perceptions / Attitudes
  (clinical materials, school climate, priority needs)

Students

- Treatment access
- Clinical outcomes (Depression / Anxiety)
- Coping strategies
- Educational outcomes (attendance, performance)
- Behavioral outcomes

Families

- Program engagement
- Satisfaction

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Pre-Implementation Readiness Assessment

- How many schools
- Within each school:
  - Priority mental health need & method of identification
  - Which program tier per school
  - Programming already in place
- Requested timeline
- Budget (and source)
- Stakeholders involved
- Prior successes / challenges

Questions?

thank you!

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Transforming Research into Action
to Improve the Lives of Students

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