Blue Cross Blue Shield of Michigan Foundation

NIHCM Foundation Webinar
Teen Mental Health: Supporting Schools and Expanding Resources
February 24, 2020

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Executive Director and CEO
BCBSM Foundation
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](https://www.bcbsm.com/foundation).
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
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 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

Community Foundation for Southeast Michigan
Steel & James Flinn Foundation
BCBSM Foundation
Blue Cross Blue Shield of Michigan
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Detroit Public Schools Community District
Michigan Department of Education
Proper Road Foundation

Microsoft Health Endowment Fund
Michigan Health Endowment Fund

University of Michigan
The Jewish Fund
Michigan Department of Health and Human Services
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

Children’s Foundation
Youth Mental Illness: A Tripartite Problem

HIGH PREVALENCE 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
Effective mental health care, accessible in all schools.
Didactic instruction for school staff

Online resources

Follow-up support from a TRAILS Coach
TRAILS CORE FEATURES: A 3-TIERED APPROACH

TIER 3: Suicide Risk Management

TIER 2: Early Intervention

TIER 1: Universal Education & Prevention
<table>
<thead>
<tr>
<th>TIER 1</th>
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<tbody>
<tr>
<td>Integration of SEL curriculum materials into the classroom setting by teachers.</td>
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<td>Improved student access to accurate information about mental health</td>
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<td>Increased student utilization of adaptive mental health promotion strategies</td>
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<th>TIER 2</th>
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<td>Utilization of evidence-based CBT and mindfulness techniques by student support staff (e.g., social workers, counselors, school psychologists).</td>
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<tr>
<td>Improved student access to evidence-based mental health services.</td>
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<tr>
<td>Increased student utilization of effective social and behavioral coping skills</td>
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<td>Training and resources to increase use of standardized suicide risk screening tools and align all staff on a common risk management protocol.</td>
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<td>More timely and accurate identification of students at risk for suicide.</td>
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<td>Improved management of students at risk of suicide</td>
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<tr>
<th>OUTCOMES (Short Term)</th>
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<td>Improved mental health knowledge in the school community and reduced stigma associated with help seeking and treatment</td>
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<td>Improved utilization of effective self-care and wellness strategies among all students</td>
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<td>Improved self-regulation among students impacted by mental illness or environmental stress</td>
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<td>Decreased rates of high-risk behaviors and impulsivity among students</td>
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<th>OUTCOMES (Intermediate)</th>
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<td>Reduced rates of depression and anxiety among students, including decreased risk of student suicidal ideation</td>
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<td>Increased student class- and school attendance</td>
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<td>Improved student participation in the classroom and completion of assignments</td>
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<td>Reduced student referrals for disciplinary action</td>
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<th>OUTCOMES (Long Term)</th>
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<td>Improved student academic performance as measured by GPA, achievement test scores</td>
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<td>Improved student progression through school as evidenced by grade promotion</td>
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<td>Increased student graduation</td>
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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

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

Family Metrics (N=1,000)
- Priority needs: resources, training, support
- Perceptions/knowledge of mental illnesses
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
TRAILS CORE FEATURES:
A 3-TIERED APPROACH

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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
### Student Suicide Risk Management Protocol

- **Optional** Contact the 24-Hour Washoe County CMH Crisis Team to seek support or consultation (734-944-3050)
- Complete the Columbia SSRIS
- 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 (734-906-5900) 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)

### Improving Care Coordination: Student Risk Referral and Communication Tools

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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

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Grade level</th>
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<tr>
<th>School</th>
<th>Primary concerns (check all that apply):</th>
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<tr>
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<td>Self-report of attempted suicide</td>
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<td>Self-report of a planned suicide</td>
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<tr>
<td></td>
<td>Third-person report of an attempted or planned suicide</td>
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Further details/information:

#### Referring school professional(s):

- **Daytime contact phone:**
- **After-hours contact phone:**

- **Contact fax:**
- **Email:**

Consulted w/ 24-Hour Washoe County Community Mental Health Crisis Team (734-944-8600):

- **Yes:**
- **No:**

If yes, name of Crisis Team contact:

- **Phone:**

#### Services Provided:

- Primary depression
- Primary anxiety
- Other

#### PES/UMHS contact information:

- **Contact phone:**
- **Email:**

**Signature:** Indicates that this form may be sent to a health professional 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 refer to.

- **AAPS - Paul Deloney**
- **YPS - Darla Landis**
- **ICS - Robert Willers**

**Parent/Guardian Signature:**

**Date:**
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
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!

TRAILS
Transforming Research into Action to Improve the Lives of Students

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