

Iowa School-Based Mental Health Service Model

Overview

- Iowa's students have reported a lack of emotional safety at school.
- Approximately 1 in 5 of Iowa's adolescents live with a mental illness.
- Only half of the children and youth who have a mental illness receive help.
- Approximately one in 10 students, which is about three students in every classroom, reported that they had a plan to kill themselves in the past twelve months.
- At present, there is little guidance for school administrators and teams as they work to develop mental health systems of support within their buildings.
- Schools have access to a variety of mental health professionals, many who already work in the buildings: School Counselors, School Social Workers, School Psychologists, and Community-based Mental Health Counselors
- A systems-level MTSS model was developed as guidance for schools wishing to develop efficient and effective mental health services for their students.
- This model includes a systems view and a role specification that describes how the existing mental health professionals can work together across the three tiers of the MTSS to address mental health in schools.

School-Based Mental Health Service Model Rationale and Narrative

The most recent Conditions for Learning survey revealed that approximately 70% of 3rd through 12th grade students reported not feeling emotionally safe at school and only 52% of students reported positive adult-student relationships at school (Iowa Department of Education, 2019). In a detailed report entitled *Iowa Has a Public Health Crisis* (Bomhoff, 2019); it was reported that 20% of Iowa's youth, ages 13 to 18, live with mental illness, and approximately half of those receive the help they need. Many students do not get the help they need and receive delayed treatment up to a decade after the first signs and symptoms arise (Bomhoff, 2019). In 2019, the American Foundation for Suicide Prevention reported that Iowa ranked 29th in the nation for the number of deaths by suicide. Iowa's suicide rate is 14.55 per 100,000, while the national average was reported to be 13.42 per 100,000. Results of the Iowa Youth Survey (IYS) conducted in 2018 showed an overall increase of 53% between 2012 to 2018 in the percentage of students who reported having a plan to complete death by suicide within the past year. Approximately one in 10 students, which is about three students in every classroom, reported that they had a plan to kill themselves in the past twelve months. This increase was seen for both males and females, demonstrating the vast and non-discriminatory mental health needs of our youth.

In order to address these issues, the Iowa state legislature created a Children's Mental Health System that allows dollars allocated to the state's mental health regions to be used for children to access mental health care. Unfortunately, there is no funding for this system; therefore, in order to fund childhood mental health services, existing dollars must be reallocated from adults needing services. Further, this system utilizes the state's mental health regions and does not create collaboration or cooperation with schools. In 2001, the Surgeon General of the United States encouraged early identification and intervention of mental health difficulties in existing child-focused systems, such as schools, because these services could be easily accessible for students and families in these settings. Yet, in Iowa, we continue to lack a clearly established system for providing mental health services in our public schools.

Due to the lack of a clearly established system, local school districts are doing their best to address student mental health. With approximately 20% of all school-aged students having a mental health difficulty (Bomhoff, 2019), local educators come face to face with the mental health difficulties of their students daily. District administrators are using existing tools to address these needs to the best of their ability; however, the lack of guidance from state agencies has led to a variety of mental health professionals taking on a variety of ambiguous roles to address the considerable mental health needs

of the students. For example, social workers were recently added to the list of professionals on the operational sharing policy, providing districts with financial incentives to share social workers across local education agencies. Many schools saw an opportunity and collaboratively hired social workers, but without a system in place or clear job descriptions, the effectiveness of these added professionals is limited and questions remain about how they are to work in collaboration with existing student support staff, such as school counselors, contracted community mental health providers, and AEA school social workers and school psychologists.

Across the state, community stakeholders are reporting a lack of mental health providers. Data gathered from families, professionals, and advocates as part of the Children's System State Board Strategic Plan in the Fall of 2018 revealed a number of themes, including lack of services or service providers, lack of support for families, poor access to care, waiting lists for mental health providers, and children having to miss school to get mental health support they need. Families reported the services they needed were not available in their rural communities and that their children were often added to waitlists for needed services, prolonging the amount of time their children were in distress (Iowa Department of Human Services, 2018). Many schools are taking the lead by creating partnerships with area mental health providers to provide services in their buildings. These partnerships have increased access for many students, but for many rural communities, this type of system is impossible due to a lack of community-based mental health providers. Further, for those schools that have access to community-based mental health providers, there are systemic challenges, such as an inefficient referral system, lack of collaboration between school staff and the contracted community mental health providers, and growing waiting lists for students to access school-based services. While schools struggle to create systems to incorporate contracted community-based mental health providers, there is a group of school-based mental health providers already in place in schools across the state. These are the school counselors, AEA school social workers, and AEA school psychologists. These professionals' mental health skills are sorely underutilized. All three are well-trained to take on some of the mental health needs of students. Due to a lack of a state-wide, comprehensive school-based mental health system, professionals are either over or underutilized, and students fall through the cracks in our lack of a system.

A state-wide, comprehensive system for school-based mental health will result in a variety of positive outcomes for students. School-based services will increase access for all students, especially those who traditionally lack access to mental health supports, such as students of color, students from low-income families, and students who live in rural communities (Centers for Disease Control & Prevention, 2020; Cook et al., 2019; Cook et al., 2016). Increasing access to needed mental health care will positively impact school safety. When students learn positive coping strategies and experience positive relationships with peers and adults at school, they are more likely to feel safe and report safety concerns to adults who can intervene. Addressing the mental health needs of students by providing social-emotional, resilience, and other mental well-being education is the most effective method of improving school safety (NASP, n.d.). Providing these services systemically through a multi-tiered system of support can ensure that schools are reaching all students and not only those with the most intense needs. Further, when mental health needs are addressed through a comprehensive system of supports, academic achievement is improved (Taylor et al., 2018; Madigan et al., 2016), social relationships are improved (Catalano et al., 2002), and students will likely possess the skills to be productive adults when they graduate from high school.

There is also an impact on school staff and the community. Burnout and attrition are high in the teaching profession, and one of the reasons reported for this high level is poor student behavior (Skaalvik & Skaalvik, 2017). Oppositional, disrespectful, disruptive, and other problem behavior often stems from trauma and mental health difficulties students bring to school (McLeod et al., 2002). Addressing student mental health and improving school safety may also improve teacher well-being and decrease teacher burnout and attrition. It can be argued that school-based mental health services reach students in a way that minimizes the stigma of seeking mental health intervention (Golden, et al., 2013). Lessening the stigma of mental health difficulties will likely result in more adults seeking care, which will likely improve the culture and climate of the community.

We have developed a model for the provision of school-mental health services through a multi-tiered system of support utilizing the variety of mental health professionals who are already working in

and with Iowa schools. We believe this model to be based on best practices in school psychology, school social work, school counseling, and mental health counseling. Implementation of this model will likely improve school climate and culture, which is a requirement of the Every Student Succeeds Act and measured by the annual Conditions for Learning survey. We can no longer ignore this issue. The mental health of our students was a problem before the COVID-19 pandemic, and this pandemic has put a spotlight on student mental health and the lack of access to mental health care for so many of our students. While many districts and AEAs have started this work, it continues to lack cohesion with a variety of philosophies and processes working in silos rather than in collaboration with state leadership.

The proposed model is based on several resources including the Boston Public Schools (n.d.) behavioral health model, the model for school psychological practice from the National School Psychologists Association (Skalski, 2015), School Social Work of America's (n.d.) description of the role of a school social worker and their position paper on school social worker's role-specific to mental health (Kelly, 2020), the American School Counselor Association's (2019) Professional Standards and Competencies, and the American Mental Health Counselors Association (2020) Standards for the Practice of Clinical Mental Health Counseling.

Application of the Model

This model is meant to be a guide for state and local education agencies as they develop comprehensive systems for addressing student behavioral and mental health. The roles of each of the five mental health providers were selected based on the training and practice guidance disseminated by each profession's national association and graduate program accrediting body. This resulted in broad and overlapping roles for each of the mental health professionals that state and local education agencies can use to determine model specificity to meet their needs. Some schools will have access to all five of these professionals, but other schools will have access to one or two. As schools develop their systems to address behavioral and mental health, they can refer to this model to help construct specific job responsibilities for their mental health professionals and ensure that all students have access to a provider and no gaps exist across the tiers of service.

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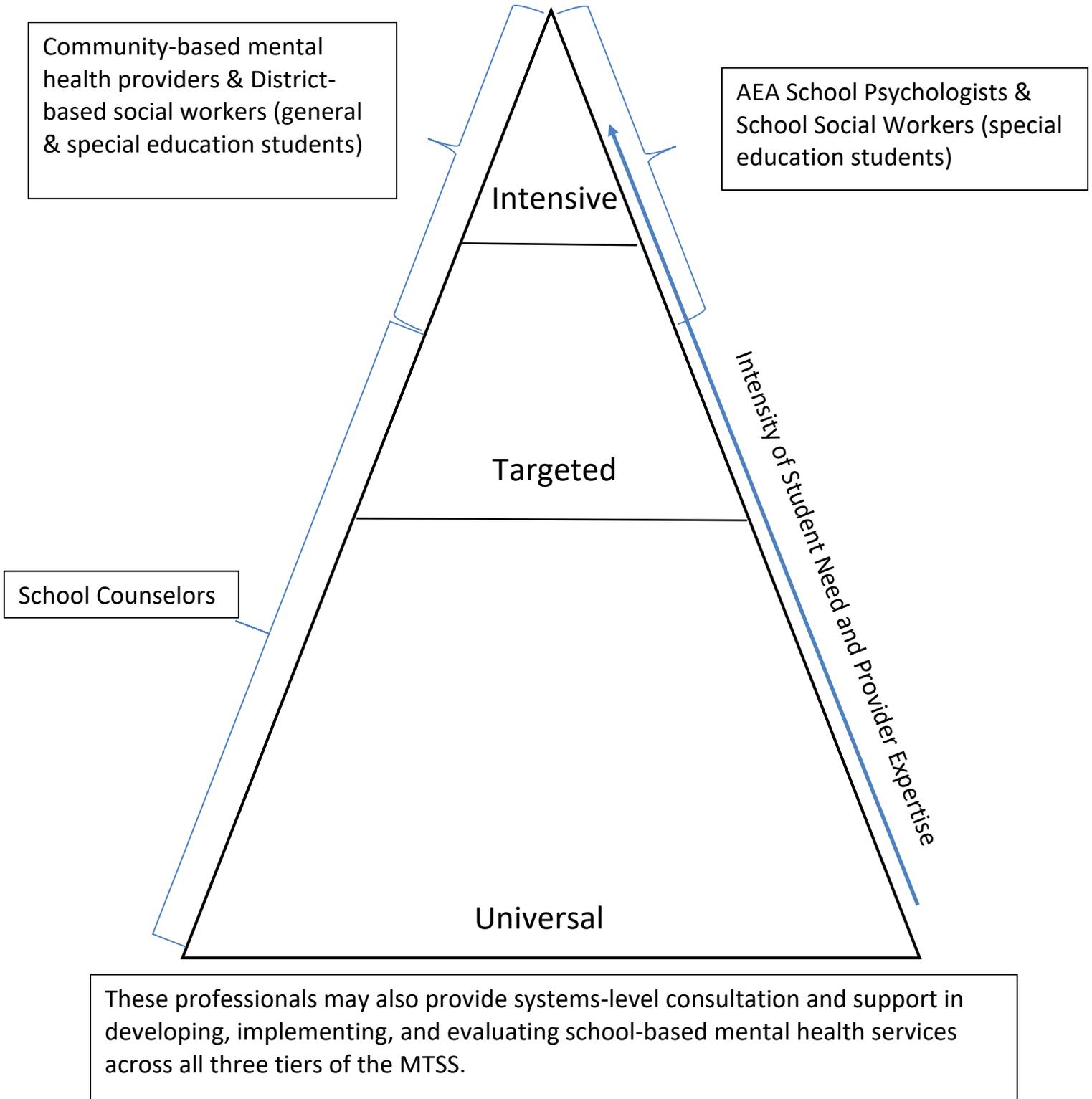
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Iowa School-Based Mental Health Service Model Individual Student Services



Iowa School-Based Mental Health Service Roles

Tier I				
General Education School Counselor	General Education School Social Worker	Special Education School Social Worker	Special Education School Psychologist	Contracted Community Mental Health Provider
<ul style="list-style-type: none"> ● Collaborate with district leaders/multidisciplinary teams to contribute to the development of policies and practices within an MTSS model ● Support the development and implementation of a universal SEBMH screening system ● Deliver the SEBMH, academic, & career curriculum that proactively provides prevention and universal interventions for all students enhancing student mental well-being ● Participate on building level universal student support teams ● Educate teachers, administrators, parents/guardians, and community stakeholders about the SEBMH needs of all students ● Advocate, collaborate, and coordinate with school and community stakeholders to ensure that students and their families have access to mental health services ● Evaluate the effectiveness of services, of a program, or practice for meeting student needs using multiple data points 	<ul style="list-style-type: none"> ● Collaborate with district leaders/multidisciplinary teams to contribute to the development of policies and practices within an MTSS model ● Support the development and implementation of a universal SEBMH screening system ● Participate on building level universal student support teams ● Educate teachers, administrators, parents/guardians, and community stakeholders about the SEBMH needs of all students ● Advocate, collaborate, and coordinate with school and community stakeholders to ensure that students and their families have access to mental health services ● Evaluate the effectiveness of services, of a program, or practice for meeting student needs using multiple data points 	<ul style="list-style-type: none"> ● Consult with district leaders/multidisciplinary teams to contribute to the development of policies and practices within an MTSS model ● Support the development and implementation of a universal SEBMH screening system ● Educate teachers, administrators, parents/guardians, and community stakeholders about the SEBMH needs of all students ● Serve as an external coach for PBIS ● Support implementation fidelity evaluation of MTSS and related student support systems ● Advocate, collaborate, and coordinate with school and community stakeholders to ensure that students and their families have access to mental health services ● Evaluate the effectiveness of services, of a program, or practice for meeting student needs using multiple data points 	<ul style="list-style-type: none"> ● Consult with district leaders/multidisciplinary teams to contribute to the development of policies and practices within an MTSS model ● Support the development and implementation of a universal SEBMH screening system ● Educate teachers, administrators, parents/guardians, and community stakeholders about the SEBMH needs of all students ● Consult with school problem-solving teams to support their use of data to make intervention decisions for students around mental health and behavior ● Serve as an external coach for PBIS ● Support implementation fidelity evaluation of MTSS and related student support systems ● Advocate, collaborate, and coordinate with school and community stakeholders to ensure that students and their families have access to mental health services ● Evaluate the effectiveness of services, of a program, or practice for meeting student needs using multiple data points 	<ul style="list-style-type: none"> ● Educate teachers, administrators, parents/guardians, and community stakeholders about the SEBMH needs of all students ● Advocate, collaborate, and coordinate with school and community stakeholders to ensure that students and their families have access to mental health services

Tier II				
General Education School Counselor	General Education School Social Worker	Special Education School Social Worker	Special Education School Psychologist	Contracted Community Mental Health Provider
<ul style="list-style-type: none"> ● Provide students with individual SEBMH, academic, and career planning ● Participate on tier II student assistance teams ● Provide short-term counseling or crisis intervention focused on mental health or situational concerns with the intent of helping the student return to the classroom and removing barriers to learning ● Provide targeted small group counseling to address SEBMH needs ● Collaborate with school and community stakeholders such as families, teachers, administrators, school counselors, IEP teams, AEA personnel, community providers/agencies to promote coordination of services for at-risk students 	<ul style="list-style-type: none"> ● Participate on tier II student assistance teams ● Provide short-term counseling or crisis intervention focused on mental health or situational concerns with the intent of helping the student return to the classroom and removing barriers to learning ● Provide targeted small group counseling to address SEBMH needs ● Conduct home-visits ● Provide input to families on SEBMH development at home ● Collaborate with school and community stakeholders such as families, teachers, administrators, school counselors, IEP teams, AEA personnel, community providers/agencies to promote coordination of services for at-risk students 	<ul style="list-style-type: none"> ● Collaborate with school and community stakeholders such as families, teachers, administrators, school counselors, IEP teams, community providers/agencies to promote coordination of services for at-risk students ● Participate on tier II student assistance teams to <ul style="list-style-type: none"> ○ Analyze data to determine which students are in need of tier II interventions and services ○ Identify interventions matched to student need ● Provide support in the use of data to make intervention decisions and to determine suspicion of educational disability. ● Support evaluating the effectiveness and fidelity of tier II interventions using multiple data sources 	<ul style="list-style-type: none"> ● Collaborate with school and community stakeholders such as families, teachers, administrators, school counselors, IEP teams, community providers/agencies to promote coordination of services for at-risk students ● Participate on tier II student assistance teams to <ul style="list-style-type: none"> ○ Analyze data to determine which students are in need of tier II interventions and services ○ Identify interventions matched to student need ● Provide support in the use of data to make intervention decisions and to determine suspicion of educational disability. ● Support evaluating the effectiveness and fidelity of tier II interventions using multiple data sources 	<ul style="list-style-type: none"> ● Consult with school and community stakeholders such as families, teachers, administrators, school counselors, IEP teams, AEA personnel, community providers/agencies to promote coordination of services for at-risk students and students currently receiving services ● Participate in tier II problem-solving meetings to identify potential referrals ● Provide referrals for students ineligible/not appropriate for school-based therapy

Tier III				
General Education School Counselor	General Education School Social Worker	Special Education School Social Worker	Special Education School Psychologist	Contracted Community Mental Health Provider
<ul style="list-style-type: none"> ● Collaborate with school and community stakeholders such as families, teachers, administrators, school counselors, IEP teams, AEA personnel, community providers/agencies to promote coordination of services for at-risk students 	<ul style="list-style-type: none"> ● Collaborate with school and community stakeholders such as families, teachers, administrators, school counselors, IEP teams, AEA personnel, community providers/agencies to promote coordination of services for at-risk students 	<ul style="list-style-type: none"> ● Collaborate with school and community stakeholders such as families, teachers, administrators, school counselors, paraeducators, IEP team members, AEA personnel, and community providers/agencies to promote coordination of special education services 	<ul style="list-style-type: none"> ● Collaborate with school and community stakeholders such as families, teachers, administrators, school counselors, paraeducators, IEP team members, AEA personnel, and community providers/agencies to promote coordination of special education services 	<ul style="list-style-type: none"> ● Collaborate with school and community stakeholders such as families, teachers, administrators, school counselors, IEP teams, AEA personnel, community providers/agencies to promote coordination of services for at-risk students

<ul style="list-style-type: none"> ● Participate on tier III student assistance teams ● Support individualized plans (such as safety plan, behavior contract, 504 plans, general education SEBMH support plan) ● Provide short-term SEBMH individual and group counseling ● Participate on building Crisis Response Team ● Review student records, conduct interviews, and complete individualized SEBMH assessments ● Perform suicide risk assessments and coordinate postvention support plans ● Conduct crisis assessments such as threat assessments, abuse/neglect, homelessness, etc. 	<ul style="list-style-type: none"> ● Participate on tier III student assistance teams to <ul style="list-style-type: none"> ○ Analyze data to determine which students are in need of tier III interventions and services ○ Identify interventions matched to student need ● Support individualized plans (such as safety plans, behavior contract, 504 plan, general education SEBMH support plan) ● Provide short-term evidence-based SEBMH individual and group counseling ● Participate on building Crisis Response Team ● Review student records, conduct interviews, and complete individualized SEBMH assessments ● Perform suicide risk assessments and coordinate postvention support plans ● Conduct crisis assessments such as threat assessments, abuse/neglect, homelessness, etc. 	<ul style="list-style-type: none"> ● Participate on tier III student assistance teams to <ul style="list-style-type: none"> ○ Analyze data to determine which students are in need of tier III interventions and services ○ Identify interventions matched to student need ● Collaborate in the creation and provision of individualized support plans (such as safety plan, behavior contract, 504 plans, general education SEBMH support plan, IEP services) ● Evaluate the effectiveness and fidelity of tier III interventions for meeting the student needs using multiple data sources ● Provide support in the use of data to make intervention decisions and to determine suspicion of educational disability ● Attend & facilitate special education meetings and complete related documentation for students with SEBMH needs ● Administer, score, and interpret SEBMH individual assessments ● Collaborate on student progress monitoring by determining appropriate assessment instruments and creating progress monitoring tools ● Monitor fidelity of special education services and documentation to ensure compliance. ● Participate on Crisis Response Teams ● Provide individual social work services documented in the IEP: “Provides behavioral, social, emotional, developmental and educational assessment and direct services through counseling in the home, school, and community” ● Provide social work services not documented in the IEP 	<ul style="list-style-type: none"> ● Participate on tier III student assistance teams to <ul style="list-style-type: none"> ○ Analyze data to determine which students are in need of tier III interventions and services ○ Identify interventions matched to student need ● Collaborate in the creation and provision of individualized support plans (such as safety plan, behavior contract, 504 plans, general education SEBMH support plan, IEP services) ● Evaluate the effectiveness and fidelity of tier III interventions for meeting the student needs using multiple data sources ● Provide support in the use of data to make intervention decisions and to determine suspicion of educational disability ● Attend & facilitate special education meetings and complete related documentation for students with SEBMH needs ● Administer, score, and interpret SEBMH individual assessments ● Collaborate on student progress monitoring by determining appropriate assessment instruments and creating progress monitoring tools ● Monitor fidelity of special education service implementation and documentation to ensure compliance. ● Participate on Crisis Response Teams ● Provide evidence-based behavioral and mental health interventions to students for whom SEBMH services are written into their IEPs 	<ul style="list-style-type: none"> ● Provide evidence-based SEBMH individual and group counseling through private insurance ● Provide individual student mental health intake assessment and diagnostic assessments/evaluations, for identified at-risk students. Share assessments with school/AEA personnel as needed ● Support individualized plans (such as safety plan, behavior contract, 504 plans, general education SEBMH support plan, IEP) for students receiving therapy services
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