Expansion of Building Bridges crisis stabilization program to reach all MMSD attendance areas

One in five children in our district are struggling with mental health concerns that impede performance, engagement or ability to attend, estimates Jeannette Deloya, Coordinator of Mental Health Supports. For many, this is a result of adverse experiences, like exposure to community violence, family violence or bullying. Others are dealing with homelessness, frequent family moves or extended absences due to medical or psychiatric hospitalization.

For far too long in Madison, students who need mental health supports haven't been able to get to them. Deloya has seen first-hand how earnestly Student Services staff in schools "did the best they could and provided really good and adequate care for many kids." But, she says, the skilled, trained, specialized mental health services have not been reaching students.

It's not that these services are unavailable in Madison. But accessing them is another issue. She says barriers to access "are as diverse as the kids in the schools" — lack of transportation, being on the wrong bus route, waiting lists, work schedules, services not being available in the language spoken at home, feelings within families that they aren't culturally relevant and stigma, to name some.

"There is some cultural acceptance [of mental health services] among white middle class Americans, but that may not be true for all the people who live within our community," Deloya points out. For some, there is a degree of shame, "that somehow seeking mental health services means there's something wrong with you. Or that you're weak. And that if you just tried harder you would get over it."

When mental health issues go unresolved, kids are not available for learning. "The brain is basically trying to stay safe. Thoughts like *I've got to protect my environment so that I can be safe*. Or *I've got to make sure I don't connect with people who might be threatening to me so that I can stay safe* take an enormous amount of cognitive energy," Deloya says.

So when a teacher has just given the class a set of instructions for a math equation, "this child is sitting there worried about what's going to happen when they get home. Or who they're going to sit with in the lunchroom. And they've missed all the instructions. And

then they’re embarrassed...and thinking about how it’s going to look to everybody else.”When this happens day after day, week after week, a child can quickly fall behind.

Not surprisingly, unmet mental health needs take a heavy toll on teachers, who are trying hard to cope so they can be available to do their best teaching for children.

“That’s what they’re inclined to do. That’s what they’re wired to do. That’s why they came into this teaching field. And they will do it,” Deloya says. “They’ll do it and they’ll do it until the weekend comes. And then they’ll rest and then they’ll come back on Monday and they’ll do it again.”

"*They see a kid who is worried and in pain and they take that on because they care about kids.*" – Jeannette Deloya

Any teacher can tell you that a student struggling with an unmet mental health need can bring an entire lesson plan to a screeching halt. On top of that, teachers worry. “They see a kid who is worried and in pain and they take that on because they care about kids,” and that’s stressful, Deloya says.

Enter Building Bridges, a 90-day crisis stabilization program that serves students in 4K-8 in Madison, Sun Prairie, Verona and DeForest, now in its second year. The program grew out of two converging concerns.

Dane County Executive Joe Parisi was hearing consistently from school districts in the county that students lacked access to mental health services. At the same time, the MMSD mental health task force identified “crisis coordination” — now called “short-term stabilization” — as a high need.

“Building Bridges came out of that combined need and the county’s willingness to support it,” Deloya explains. Through Building Bridges, school districts partner with Dane County Human Services and Catholic Charities to provide short-term support to students, their families and school teams when kids are struggling with acute mental health issues. The program is voluntary and there is no cost to families.

In the 2014-15 school year, MMSD piloted Building Bridges with 14 open spots per 90-day cycle in the East attendance area.

MMSD Social Worker Meg Nelson is the Crisis Stabilization Lead with Building Bridges. Last year, she and Clinical Coordinator Lynn Witte from Catholic Charities made up one of three pairs of Building Bridges caseworkers — one pair per district (DeForest is new this year).

The process of providing support to a student with mental health goes like this. A school that has exhausted tier 1 and 2 supports to help a child dealing with mental health challenges can request a tier 3 intervention from Building Bridges after getting parental consent.

"The school's multi-tiered systems of support is used for determining appropriate interventions and referrals for services," Deloya notes. "This means classroom interventions are developed and implemented first, often with involvement of the Student Services team at the school. When these services are ineffective, inadequate or inappropriate, a case may progress to more intensive, specialized services such as Building Bridges or the services of mental professional professionals that are now in several of our schools” (more on that later in article).

Nelson believes that “schools are recognizing that kids are coming in with more complex needs and more complex histories. And they want to be very thoughtful and cautious” as they evaluate cases to see if there’s anything that can be provided to the student prior to contacting Building Bridges.

"I was expecting a lot of the older elementary and middle school kids. The majority of the kids we see have been in the kindergarten, first, second and third grade levels." – Meg Nelson

Initially, she was surprised at how many of the cases referred to the program involve younger children. “I was expecting a lot of the older elementary and middle school kids. What we found is that the majority of the kids we see have been in the kindergarten, first, second and third grade levels,” she says.

Students at this age might have a hard time following transitions throughout the day and staying regulated. The result: behaviors like blurting out in class or wandering the school, “raising the alarm for a lot of staff members,” Nelson says.

As a first step, she and Witte set up an intake meeting with the child’s school “to find out the full history on the student and collect any records we want to review including Special Education evaluations and IEPs (Individual Education Programs).” They then they meet with parents.

“During those intakes we’re asking, ‘What is it specifically that we want to focus our attention on?’ The school team might need some strategies for working with a student with a trauma history. Or strategies for keeping them regulated and safe within the classroom...We ask parents, ‘What are you hoping for [or] wanting out of this time together?’”

They then perform a number of observations and try to meet with the student to find out how they feel about school, if they’re feeling connected, if they feel they have safe people to go to and if they have goals in mind to work toward.

The whole team — Nelson, Witte, student, family and school staff — review the treatment plan and connect weekly through the 90 days. The plan might call for working directly with the student, teaching staff or family members specific strategies or simply connecting students to outside service providers.

“What’s nice is that a lot of times we’re able to meet with families in the evenings so parents don’t miss work. We can drive to appointments or to the food pantry if that’s what the need is. And we’re having conversations around their child in those moments,” Nelson says.

Many of our students are not connected with service providers, “so we are helping parents make that first phone call, getting them to the appointment, helping them ask appropriate questions in those first appointments so that they’re comfortable,” Nelson explains.

“I think it’s something a lot of school-based social workers and counselors would love to do,” she adds, “but given their capacity and the expectations that they have within the building, they’re often not able to do that.”

When a student does have existing services in place, Building Bridges will typically connect with them to make sure they have a very clear picture of what’s happening at school.

While this is also something school staff can technically do, Nelson says that Building Bridges offers a unique approach. “We’re just asking the question from the family and of the school and of the service providers, ‘What’s the most important thing for us to focus our attention on?’ We’re coming up with a treatment plan that everyone is informed of and can work toward the same goals.”

94 percent of teachers and school staff surveyed said they noticed improved behavior after the program.

A successful intervention ends with a discharge summary and termination plan, which makes recommendations for the sustainability of the plan. Follow-ups happen at one month and sixth months.

To measure program success, they look at the measurable outcomes of the treatment plans, feedback from schools and families and whether kids are continuing to see clinicians or community supports outside of the schools.

“Anecdotally, I can say that the feedback we’re getting is pretty positive and that kids are being connected with services that can provide long-term support if needed,” Nelson says.

A survey of teachers and school staff this summer found 94 percent noticed improved behavior after the program, 87 percent said there was a decrease in office discipline referrals or suspensions and 93 percent noted a decrease in high-risk behavior in the classroom.

In September 2015, the County Executive announced an expansion of Building Bridges to deploy three more teams of health professionals that will provide access to all MMSD elementary and middle schools to help kids in crisis.

“To that end we hired two staff in MMSD that started at the beginning of this year,” Jeannette Deloya explains. Those staff will join with the Catholic Charities staff for a total of three teams, which will eventually become four, with a team dedicated to each attendance area.

A positive side effect of Building Bridges is that school staff are being exposed to strategies for helping kids cope with mental health challenges that that can benefit a larger population of students.

“As we’re starting to get to know schools,” explains Meg Nelson, “we’re having lots of individual discussions around collaborative problem-solving, around trauma-informed practices or around anxiety and how to work with students who look anxious.”

She’s hoping that by having these discussions, and possibly holding building-wide professional development in the future, teachers can walk away and generalize some of those tools for the other kids too.

“We’re amazed at what teachers are be able to do for the kids, given what kids are showing up with,” says Nelson, adding that the resiliency that staff, students and teachers show in the face of mental health challenges leaves her speechless. “We’ve seen and heard a lot….They come to us with incredible experiences that most adults have never experienced.”

(In case you missed it, Wisconsin Public Radio produced a story on the expansion of Building Bridges. Listen now.)

Deloya, Nelson present at school mental health conference in November 2015

On November 6, at the 20th annual Conference on Advancing School Mental Health, Jeannette Deloya, Lynn Witte, Meg Nelson, Sara Parrell, Sally Zirbel-Donisch and Peggy Scallon presented a symposium on “Collaborative Planning and Implementation of School-Based Mental Health Services within an Urban School's Multi-Tiered System of Support.”

They shared program design, implementation, evaluation data and future projects pertaining to Building Bridges, our Behavioral Health in Schools pilot, the development of our intensive support team and the revision of a long-term UW-Madison partnership for child psychiatry consultation into a more collaborative and responsive model.

- November 2015