



Collaborative Connections with Mental Health Services for Student Success in Indiana

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19.8% of Indiana high school students seriously considered suicide in 2015. Third highest in the nation.

29.3% of students in Indiana reported feeling sad or hopeless.

1 out of every 20 children in Indiana have been diagnosed with behavior or conduct problems

50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.

There is a school to prison pipeline.









- Co-Occurring Disorders
- Community Mental Health: Funding and Workforce
- Turnover in Staff
- Systems of Care
- Limited Options in Communities
- Few Psychiatrists
- Schools requesting resources
- Training for Staff





- The responsibility for the wellness of children and youth belongs to all of us in Indiana. Growth, learning, and development in all domains happen in many environments and, for most of the population, in schools.
- Stressed brains do not learn the same as brains that feel safe, can emotionally regulate, and feel connection. In other words, promoting the social, emotional, behavioral, and mental health of our students is essential to promoting their cognitive or academic development.





 Because these stressors either go unrecognized or there is a lack of knowledge about their effects on learning and behavior, students dealing with adversity and stress are often identified or mislabeled as having behavior, discipline, and/or learning issues in a school setting.





 By building the capacity for our schools to address the social, emotional, behavioral, and mental health of our students we also preventatively address issues such as bullying, suicide prevention, school violence, substance use prevention, the opioid crisis, poor health outcomes later in life, mental health, workforce, suspensions/expulsions, disproportionality, and the school to prison pipeline.





- ISMHI's goal is to build the capacity of the adults in schools so they can effectively support the social, emotional, behavioral, and mental health of students to foster resiliency and promote the development of the whole child within existing school structures and initiatives (MTSS, PBIS, school improvement plans, etc.).
- In order to promote the social and emotional health of our students we must first address the well-being of our teachers.





 We recognize that many school districts and their community partners are doing wonderful work to advance the above. The ISMHI aims to build a community of practice so we can share best practices and resources across our state while harnessing our collective voices to eliminate barriers that do exist.

 Resilient school staff and students lead to resilient and thriving families, and communities.



Our Approach

- Regional and Statewide Trainings
- SHAPE System IDOE SHAPE
- MTSS IEP Resource Center/IDOE
- CASEL/Title IV Specialist IDOE
- CISC
- Systems of Care
- Lutheran Foundation Website: http://lookupindiana.org/schools/
- Social Emotional Learning/MTSS: CASEL https://casel.org/
- Leadership Team: Demonstration Sites
- Summits

- Survey Considerations (Legislation, CISC, ICCMHC)
- Legislation/Advocacy
- Professional Development IDOE
- Other collaborative opportunities: MCCOY, United Way, Lilly Foundation, MHA – others
- Transition Forms
- Behavior Consultants Network
- Neuroscience of Behavior
- ACES
- Changing Paradigms



WE ARE WAYNE!

GREAT SCHOOLS :: GREAT CO

- Regional and Statewide Trainings
- MTSS IEP Resource Center/IDOE
- Social Emotional Learning/MTSS: CASEL
 https://casel.org/ Stakeholders
 Neuroscience of Behavior
- Collaborative and Proactive Solutions
- Redesign of our Day Program
- Book studies and learning modules

Our Approach

- Partnership with Cummins Behavioral Health and Adult and Child
- Positive School Discipline Institute
- Peace Learning Center
- PBIS Grants through Indiana Division of Mental Health and Addiction
- Securing other grants for SEL/Mental Health Initiatives





Afternoon Session SWOT Analysis

- Strengths
- Weaknesses
- Opportunities
- Threats