



# 2017 School board retreat



## Part 1: Enrollment trends

1. Enrollment over time
2. Enrollment by membership status
3. Open enrollment
4. Other referrals
5. Program capacity
6. Wait lists
7. Disability trends
8. Grade level trends
9. Our successes
10. Conclusions and next steps



## Part 2: Legislative update

1. Planning for legislative dollars
2. District resources in support of tier 1 supports
3. Grant resources in support of tier 2 and 3 supports.
4. Fully integrated mental health and education system
5. Early childhood intervention
6. Role of data in accomplishing our goals

# Background information



## Enrollment

In the past decade, we began seeing a changing student population:

- More referrals of younger students
- More students with extreme mental health needs
- Increased physical aggression among students of all ages, most troubling among elementary students



## Facilities

Our facilities were not adequate to serve these students, because:

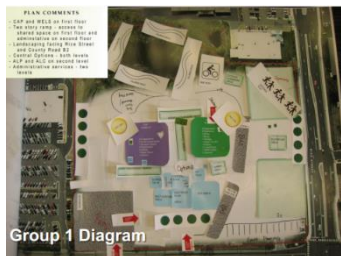
- We lacked space for on-site mental health support and collaboration
- Our school designs contributed to safety challenges and concerns



## Research

We wrote a white paper titled *Changing Directions in Mental Health Support for Minnesota's Children* (available at [www.916schools.org](http://www.916schools.org)) which discussed:

1. The changes that have been occurring;
2. how students are impacted by the mental health service gaps;
3. the barriers to progress; and
4. potential solutions.



## Engagement

We went through an extensive process of studying the problem with staff and member district representatives which included the following:

- 2006: Facilities study
- 2009: Facilities inventory and analysis
- 2010: Facilities steering committee report and recommendations
- 2011: Review of steering committee recommendations with member districts

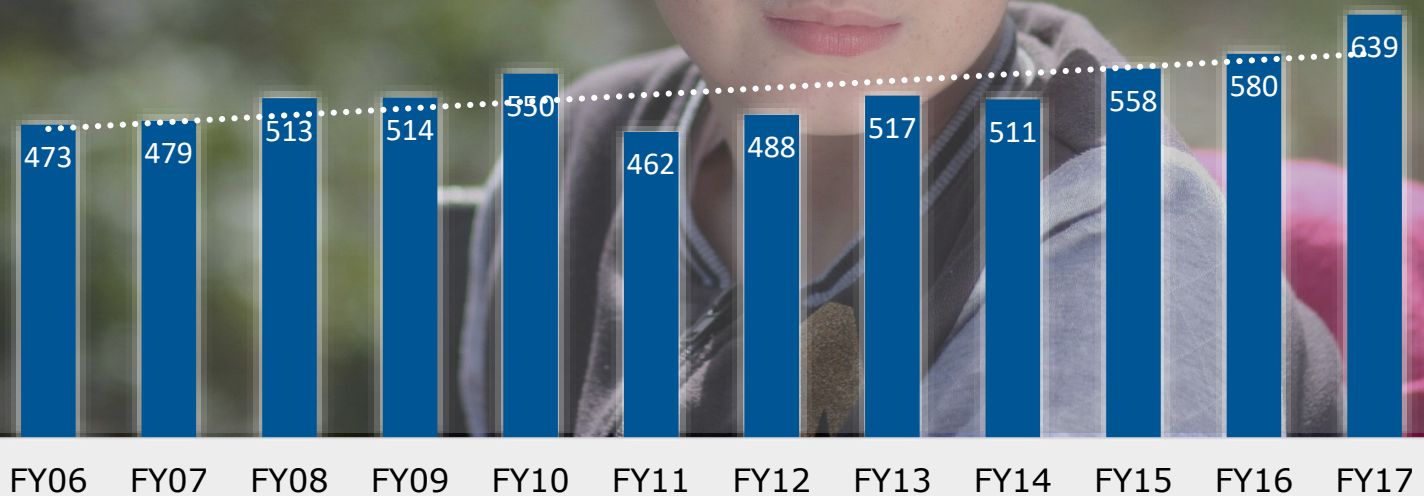
## Results

In 2012, the 916 board adopted a three-step plan to consolidate elementary and middle school programs into two buildings and rebuild Capitol View Center (CVC).

The plan was built around an enrollment growth based on the best information available at the time from the anticipated enrollment needs expressed by the member districts. It was estimated that once completed, that plan would serve member districts for about 10 years. Current enrollment trends as indicated in this packet demonstrate our challenges to meeting previously identified enrollment and facilities goals.

**Our enrollment challenges present an opportunity for us to expand our service model to support students and staff in member districts' Federal Setting Level III programs.** Rather than expanding our facility projects, we can interrupt the trajectory of the unanticipated member district enrollments into 916's Federal Setting Level IV programs.

# Level IV enrollment over time, unduplicated



## **FY11:** Reasons for decline:

- Fewer students with EBD
- More districts offer transition programs
- Recession

**FY14:** Forest Lake #831 and Fridley #14 join as members

**FY16:** St. Anthony-New Brighton #282 and St. Francis #15 join as members

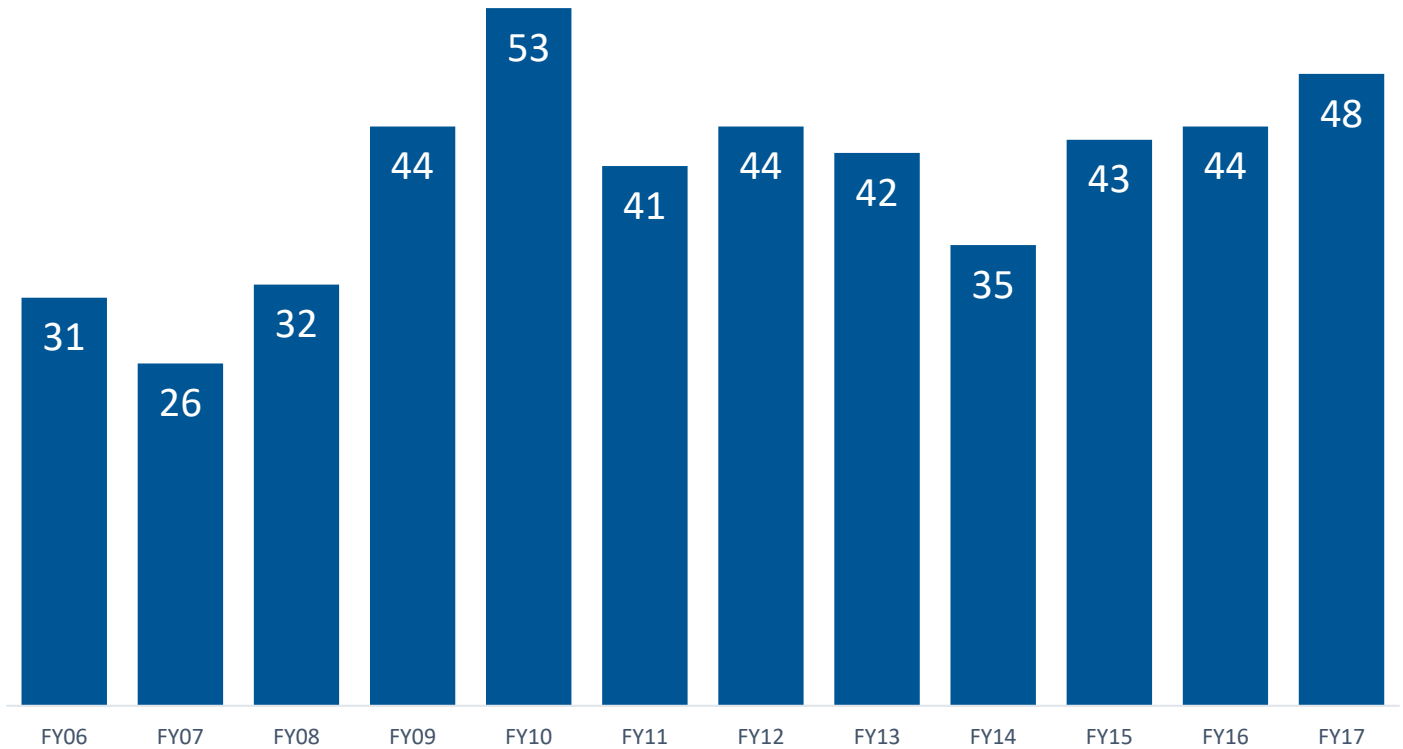
## Key messages

- The need for our services continues to grow, both in the **number of students** we serve and the **level of support** they require.
- Our **enrollment is increasing more than we anticipated** when we made our facilities plan in 2012.
- Most of our programs have **wait lists**.
- High enrollment can mean **less safe classrooms**.
- Our students and teachers need us to **think differently**.



# Centennial

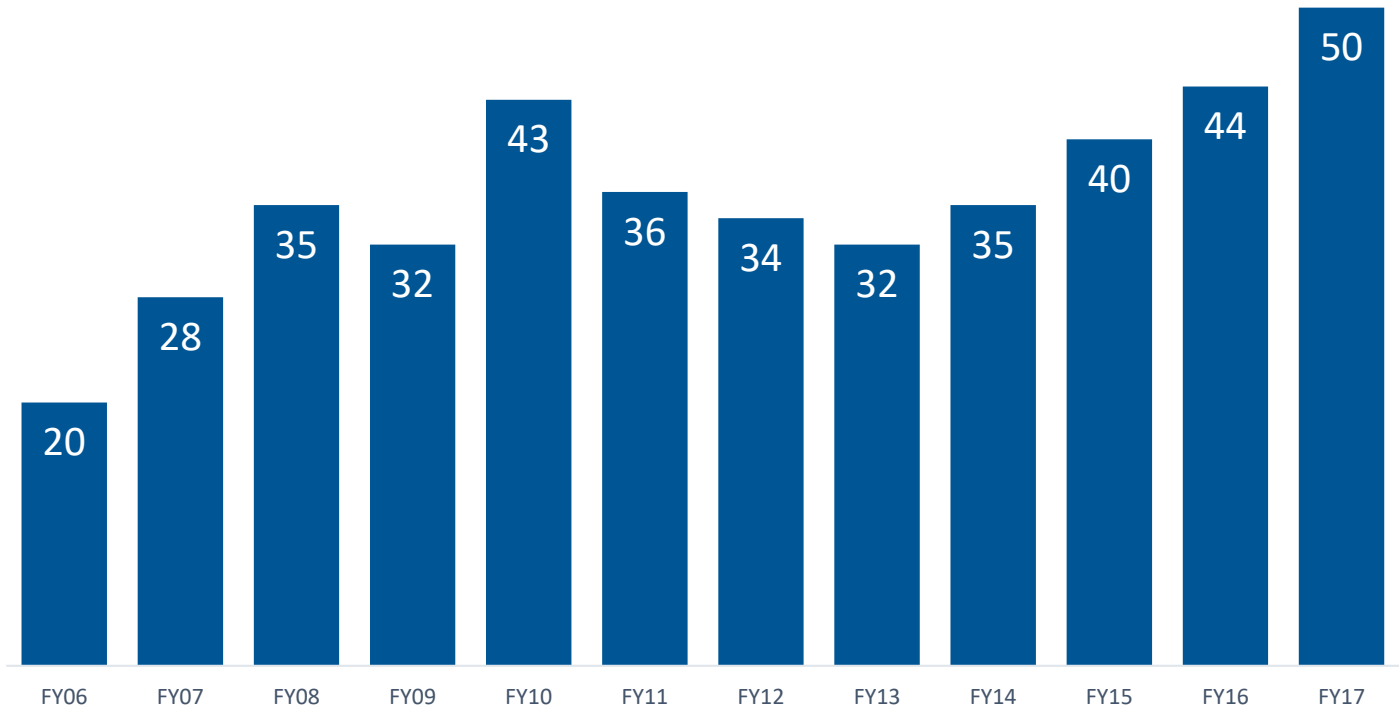
*Enrollment trends over time,  
unduplicated headcount*



## Notes

# Columbia Heights

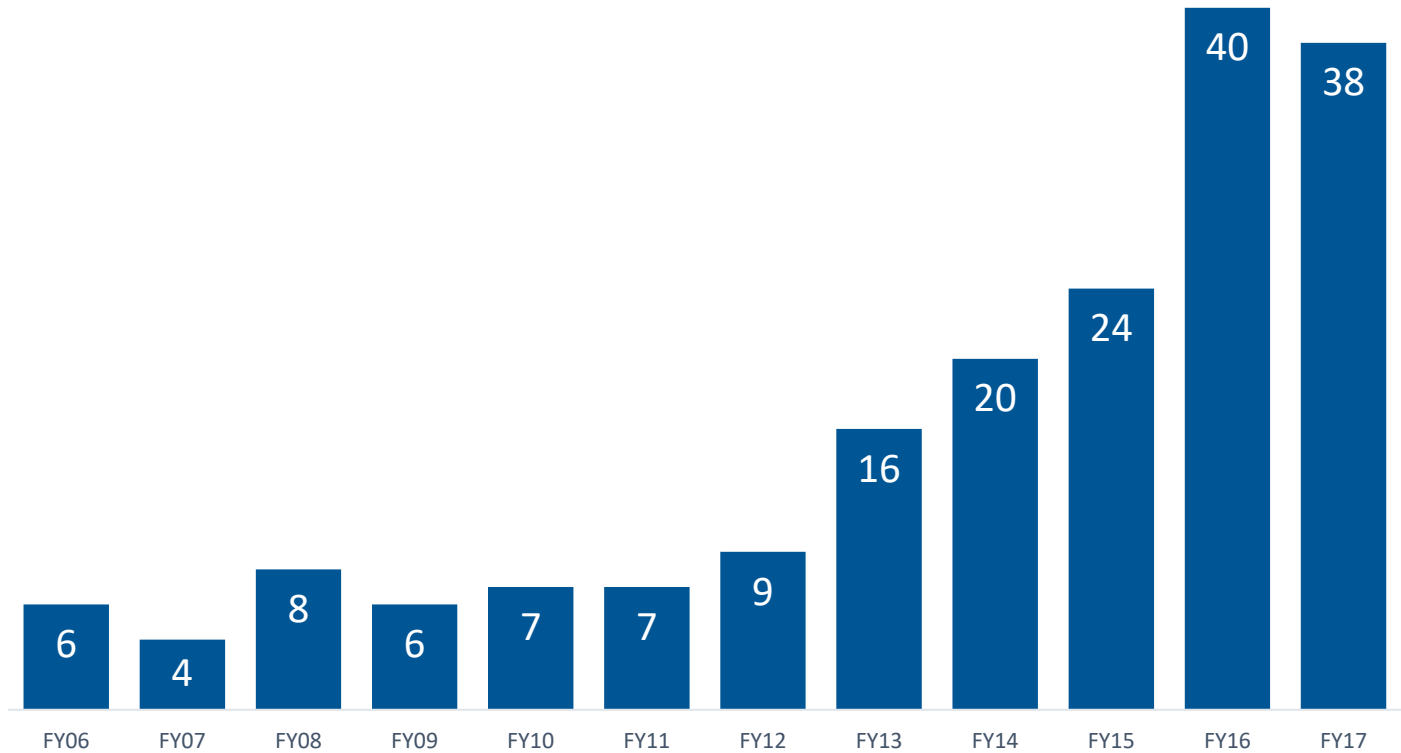
*Enrollment trends over time,  
unduplicated headcount*



## Notes

# Forest Lake

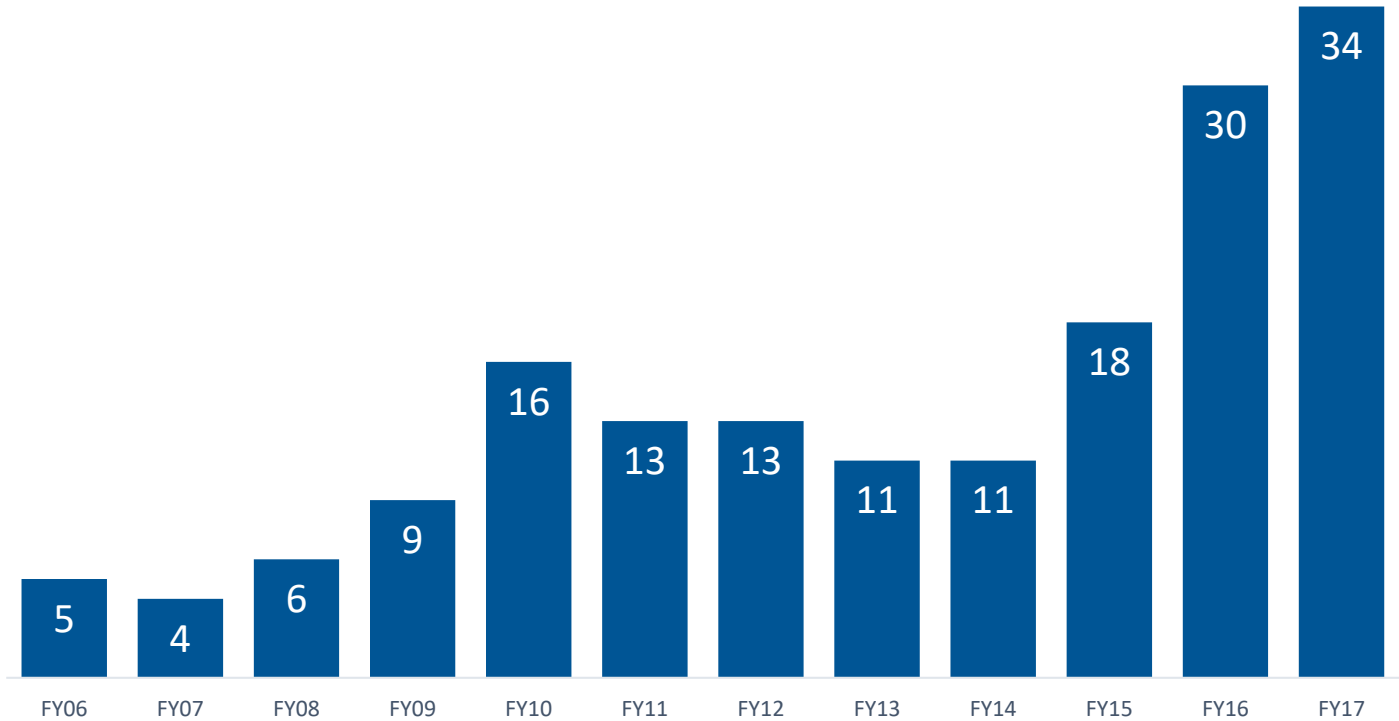
*Enrollment trends over time,  
unduplicated headcount*



## Notes

# Fridley

*Enrollment trends over time,  
unduplicated headcount*

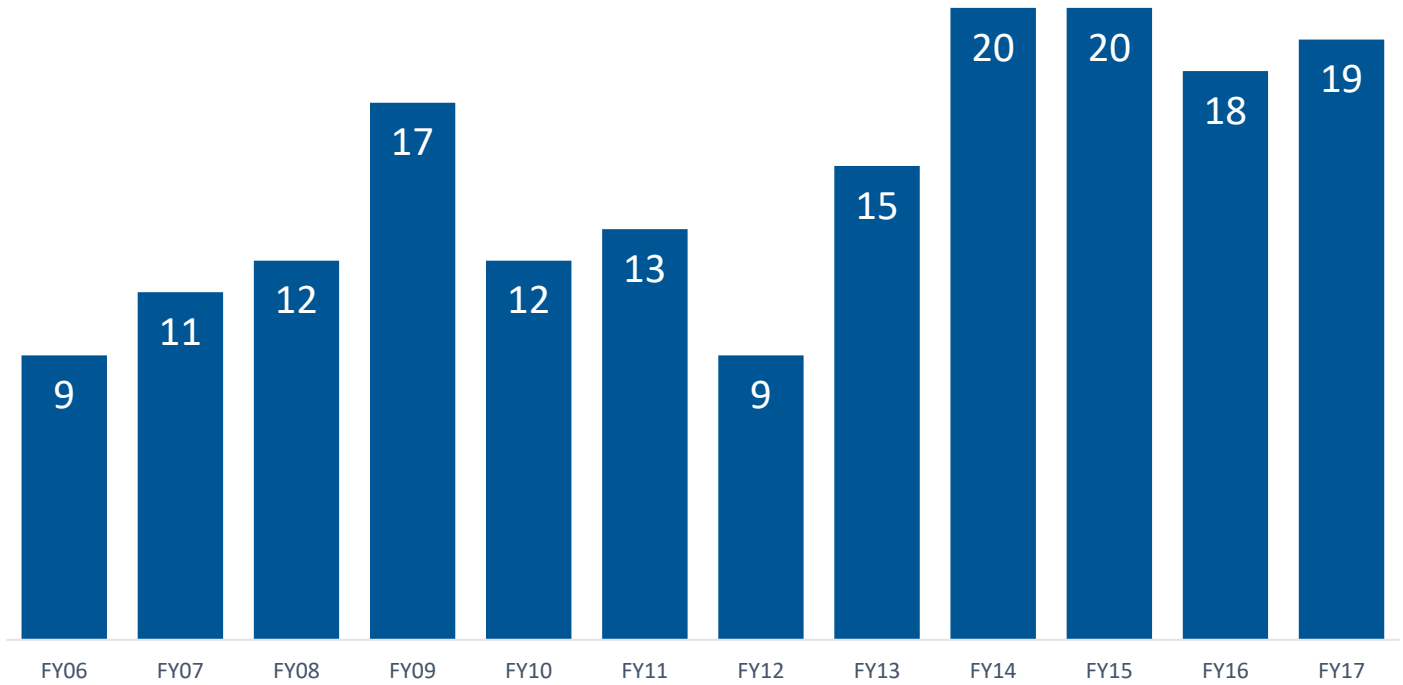


## Notes



# Mahtomedi

*Enrollment trends over time,  
unduplicated headcount*

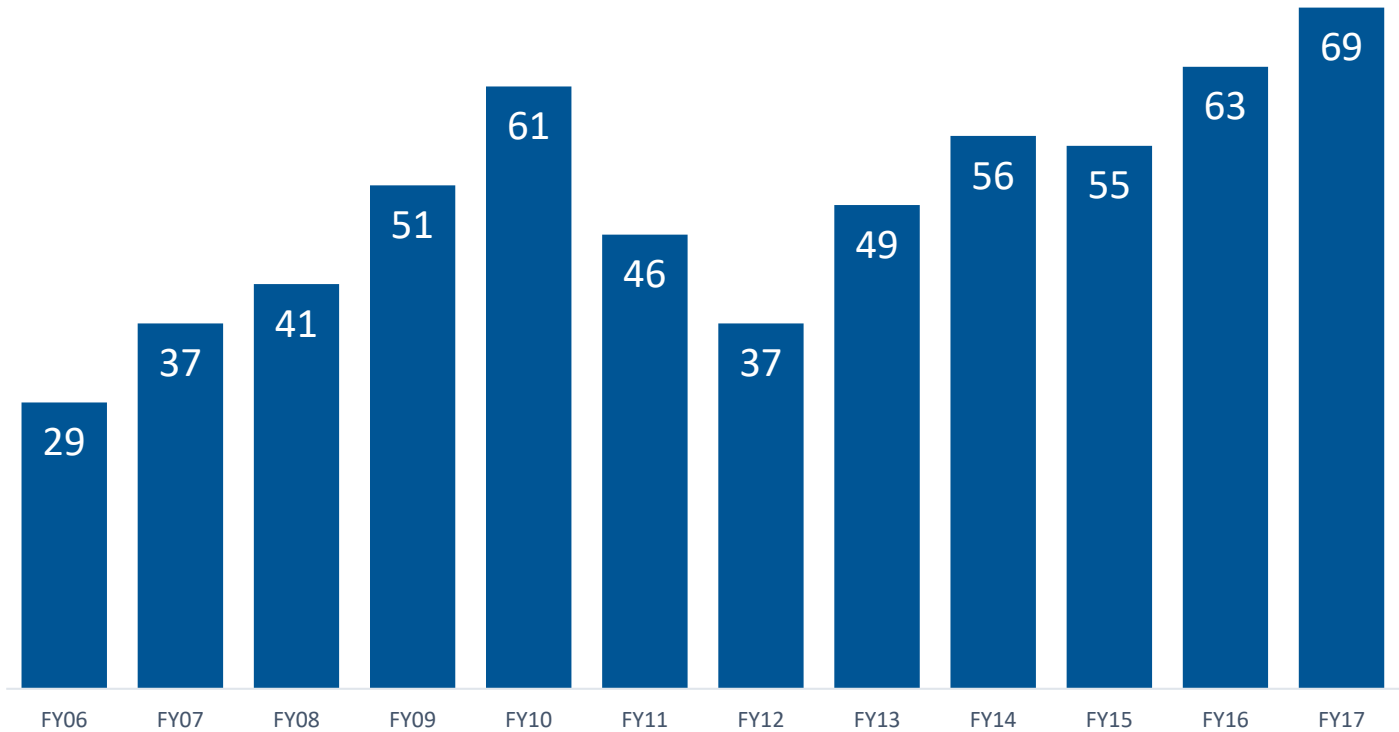


## Notes



# Mounds View

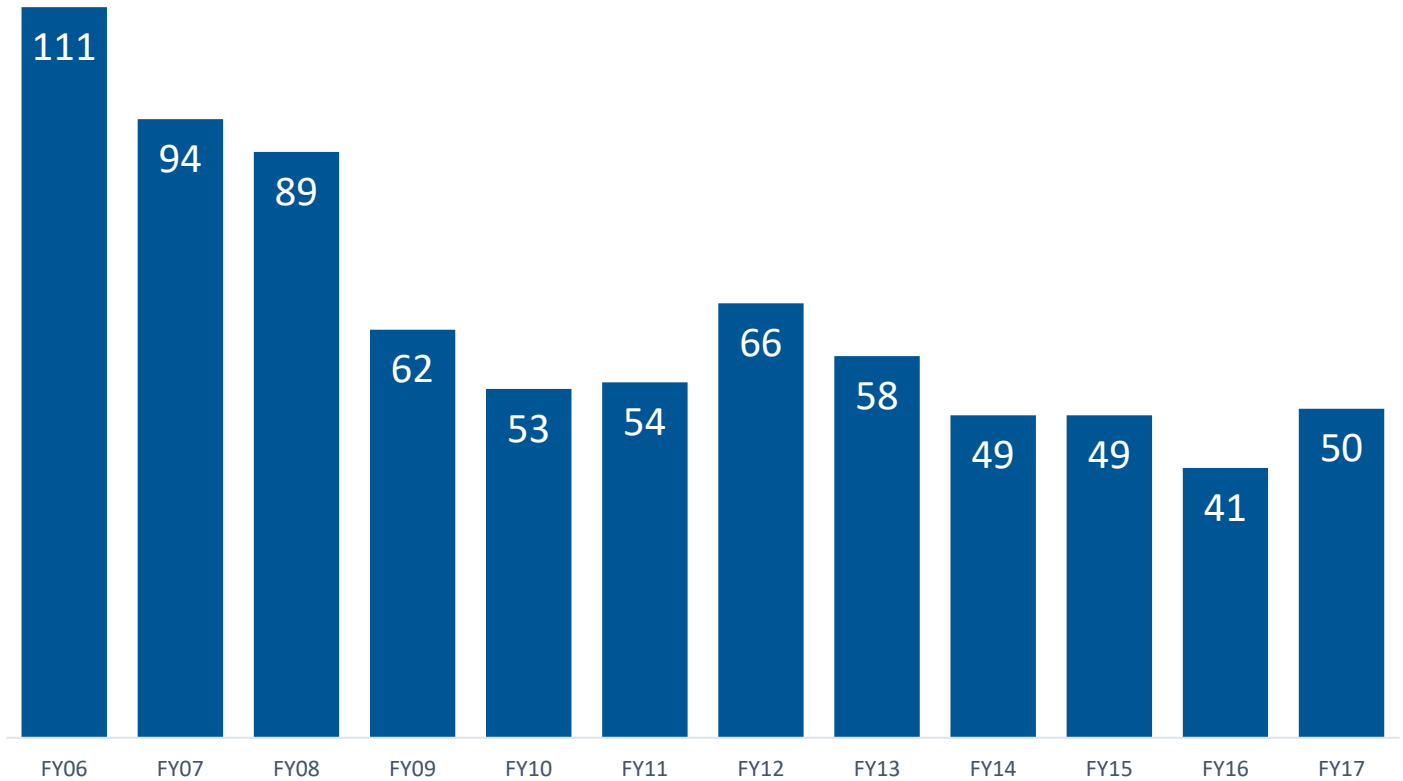
*Enrollment trends over time,  
unduplicated headcount*



## Notes

# North St. Paul – Maplewood - Oakdale

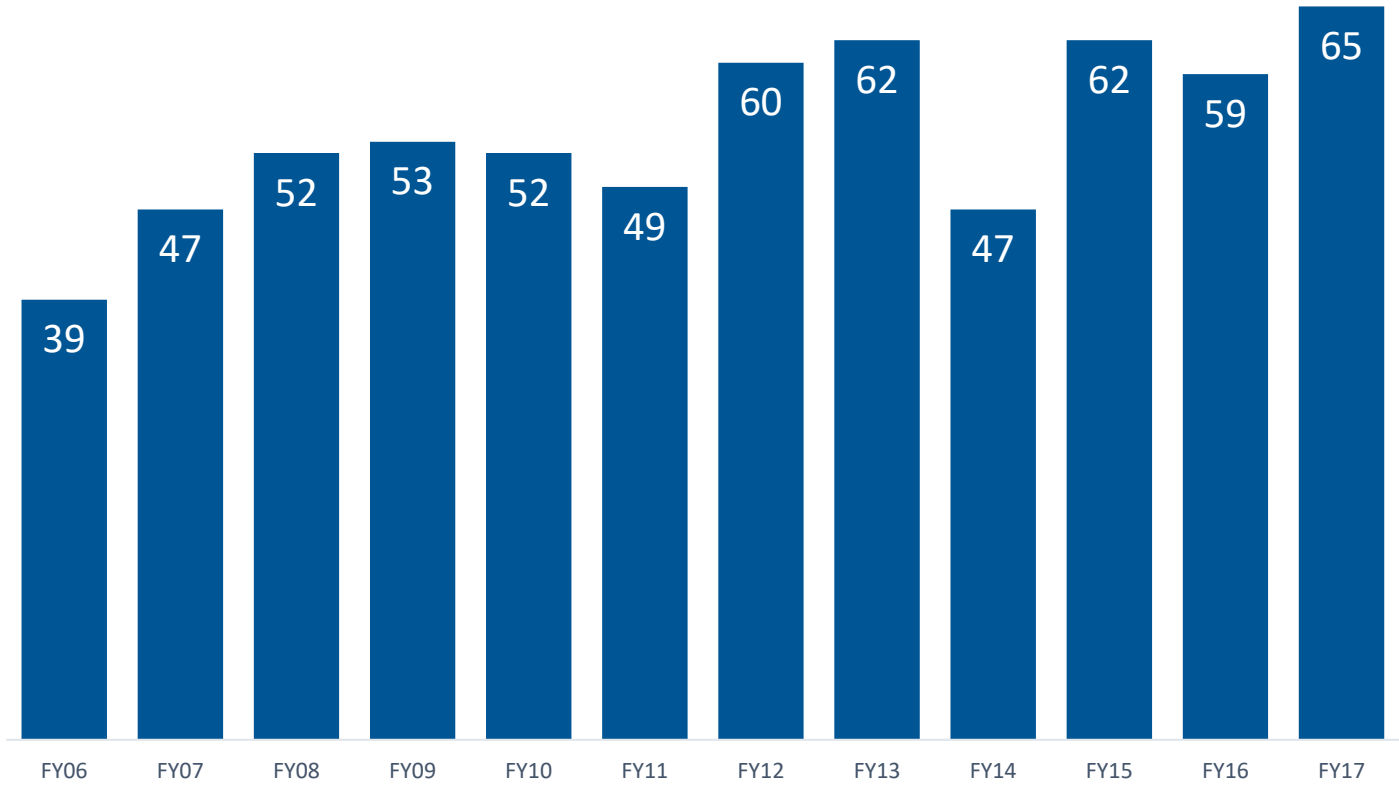
*Enrollment trends over time,  
unduplicated headcount*



## Notes

# Roseville

*Enrollment trends over time,  
unduplicated headcount*

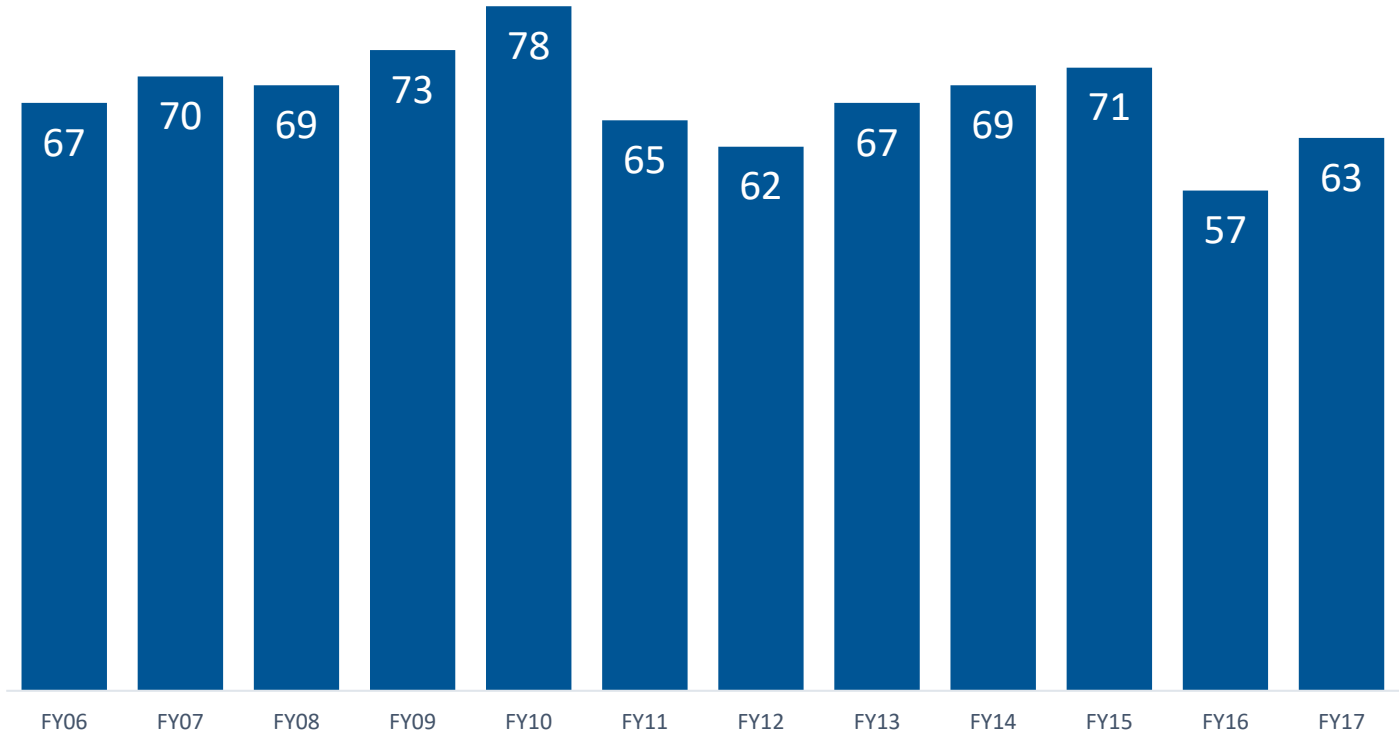


## Notes



# South Washington County

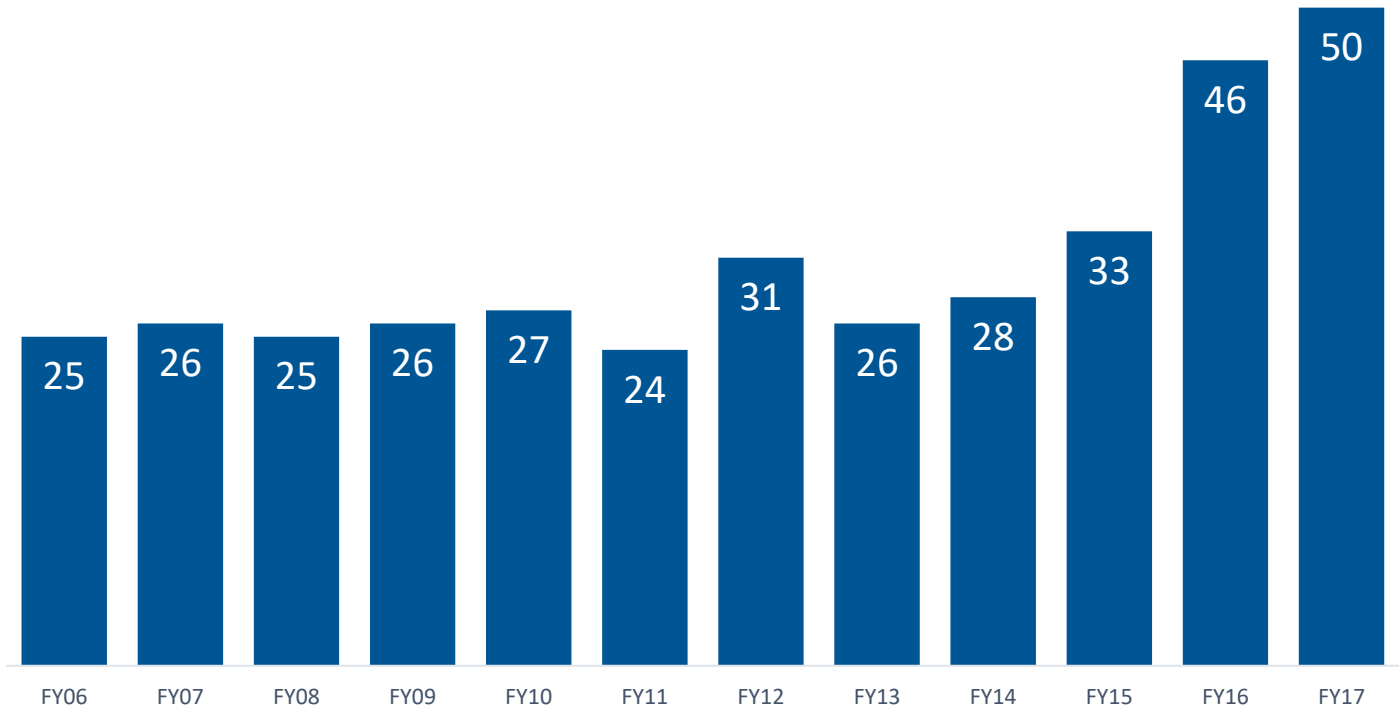
*Enrollment trends over time,  
unduplicated headcount*



## Notes

# Spring Lake Park

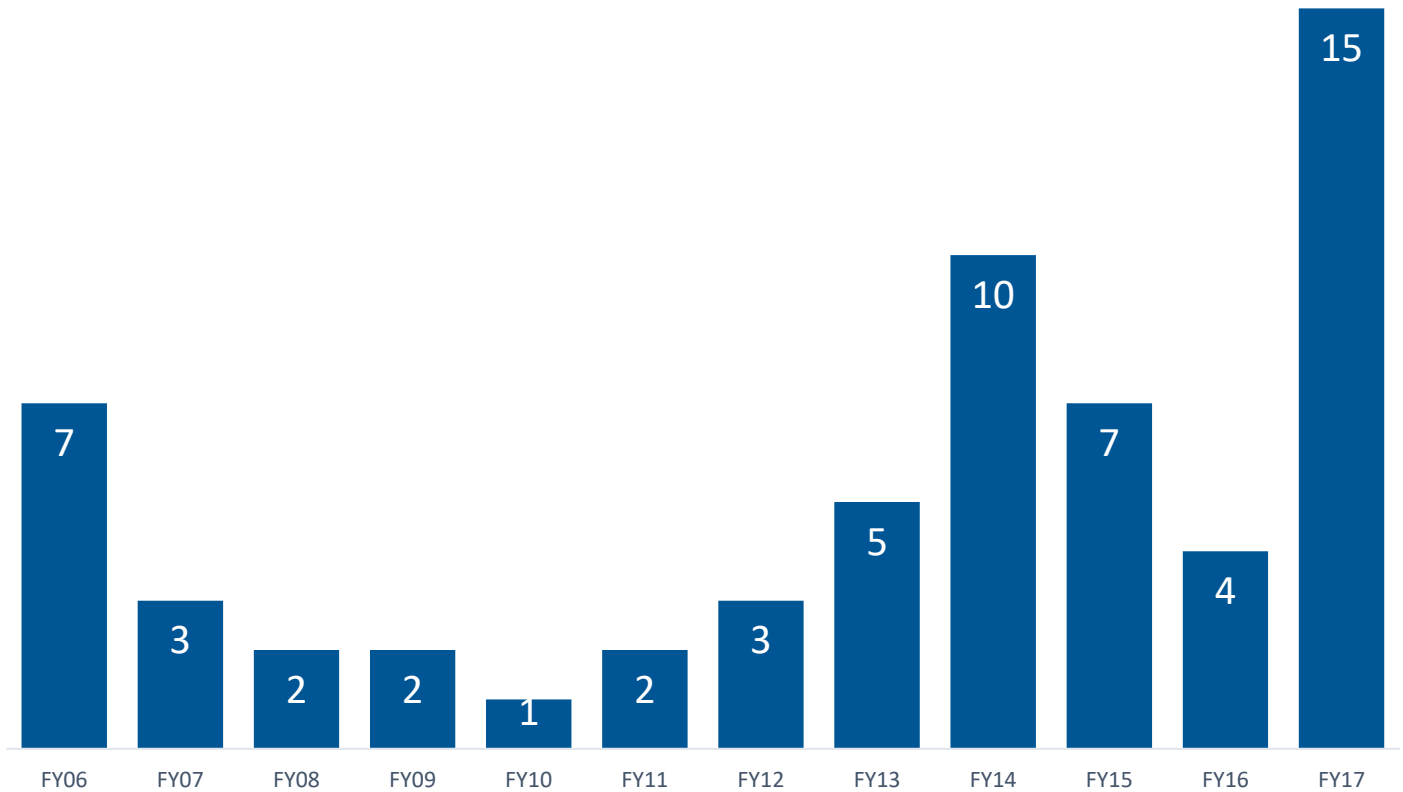
*Enrollment trends over time,  
unduplicated headcount*



## Notes

# St. Anthony – New Brighton

*Enrollment trends over time,  
unduplicated headcount*

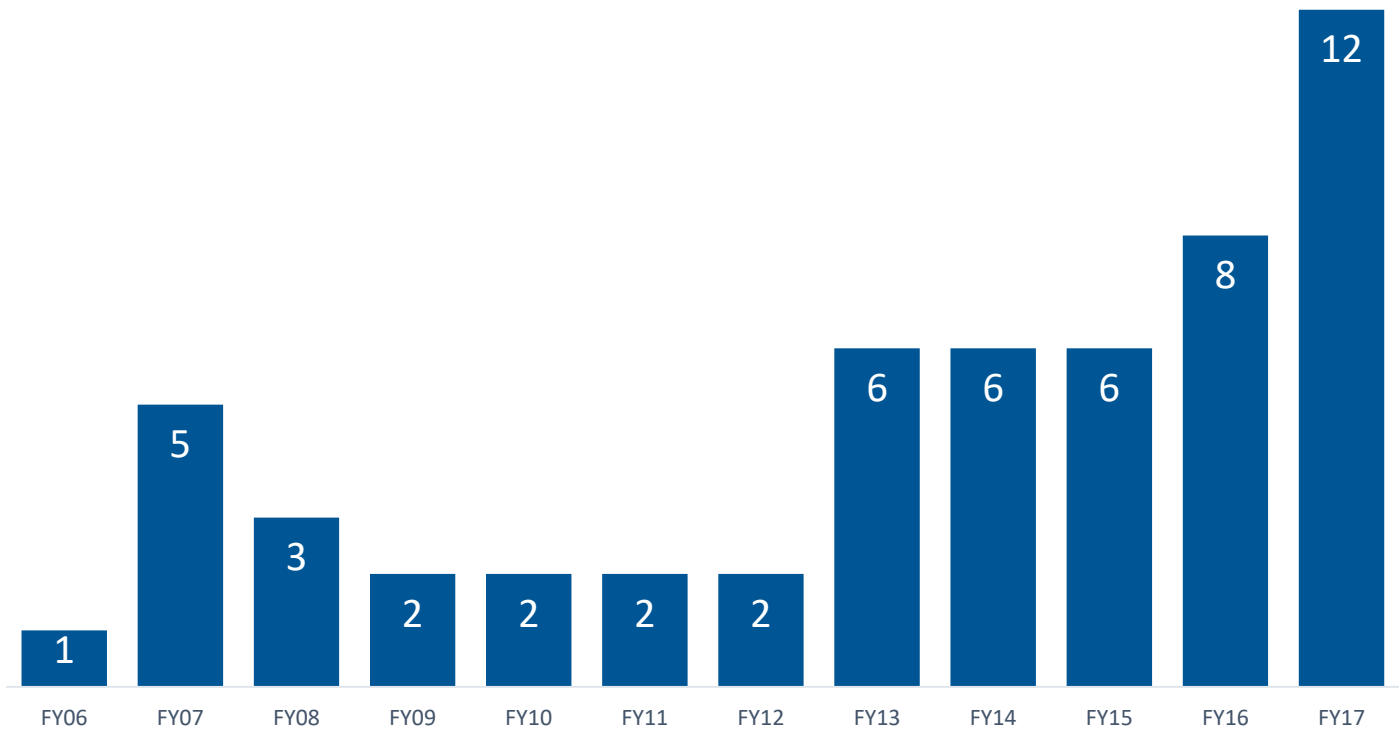


## Notes



# St. Francis

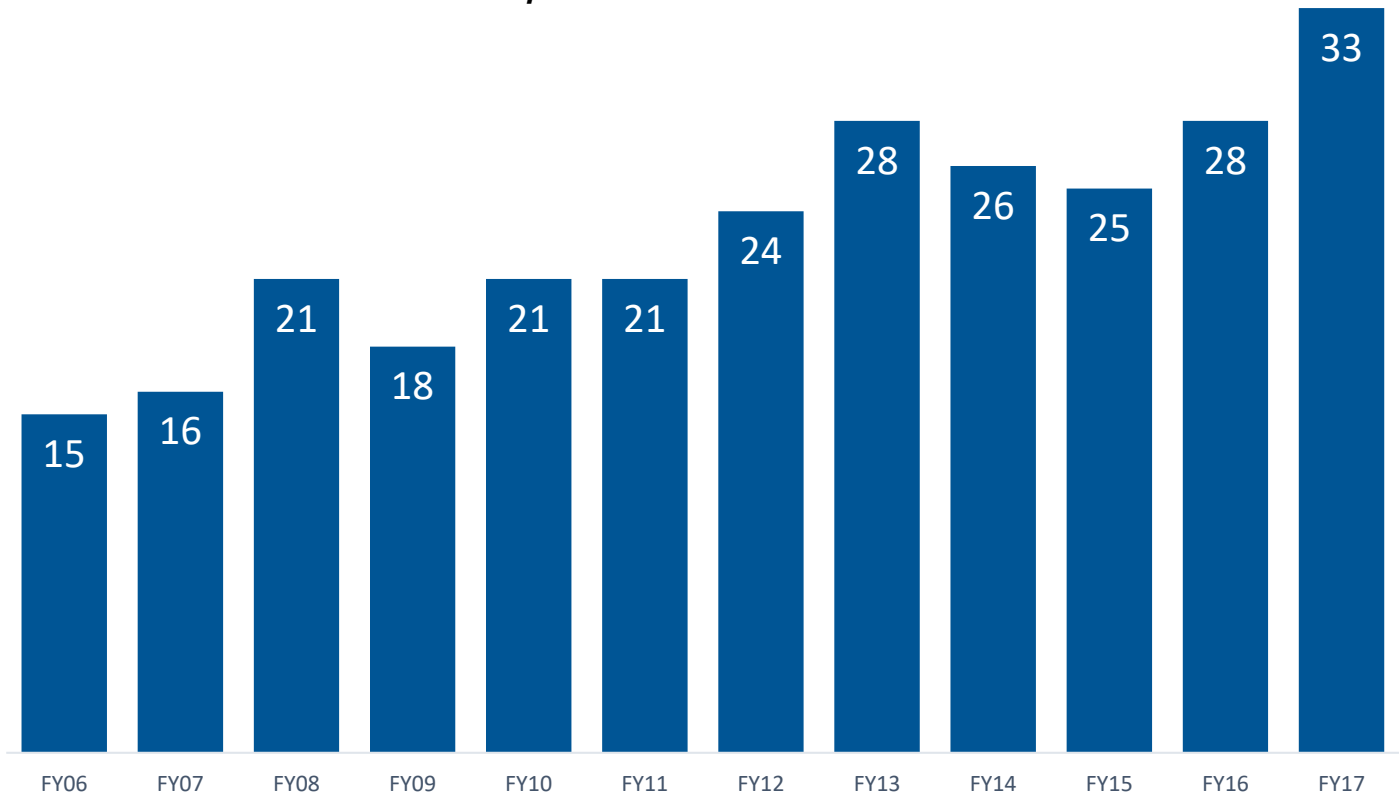
*Enrollment trends over time,  
unduplicated headcount*



## Notes

# Stillwater

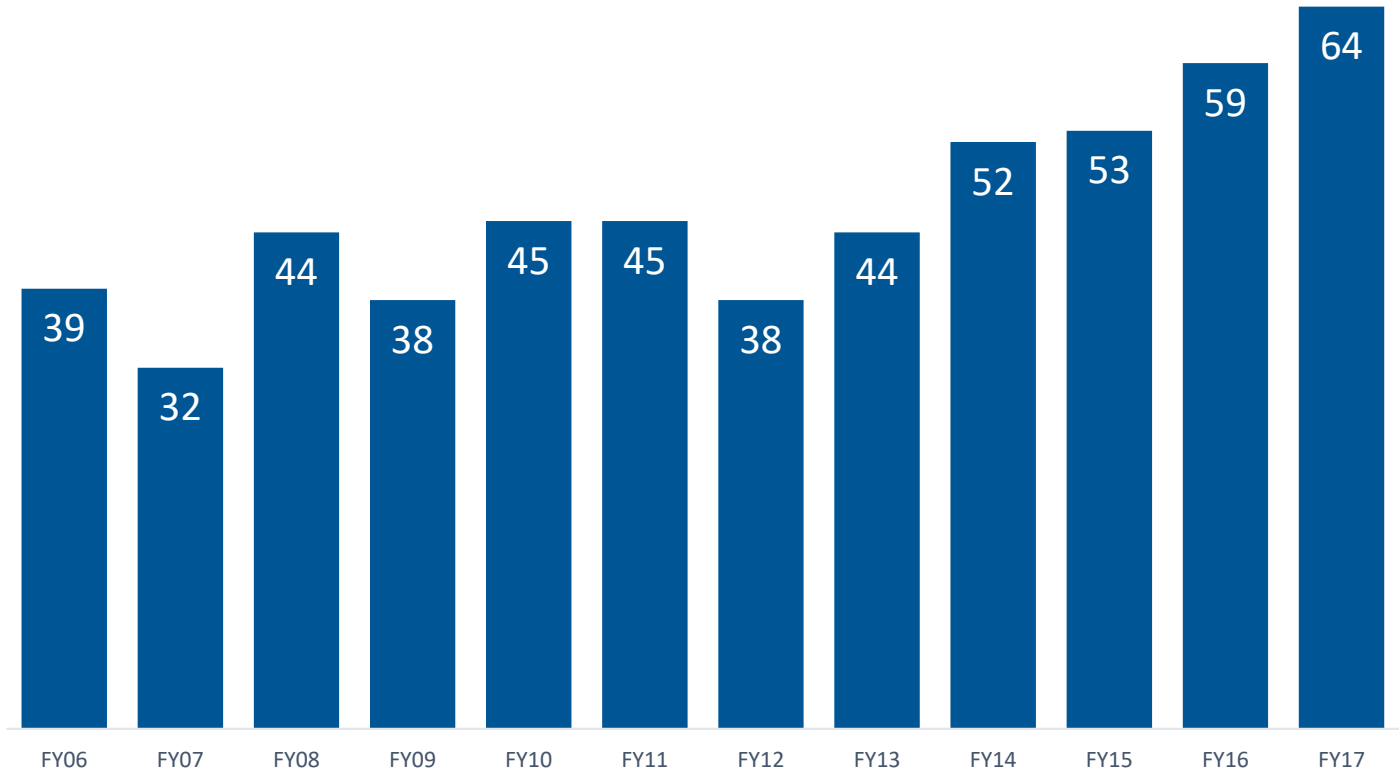
*Enrollment trends over time,  
unduplicated headcount*



## Notes

# White Bear Lake

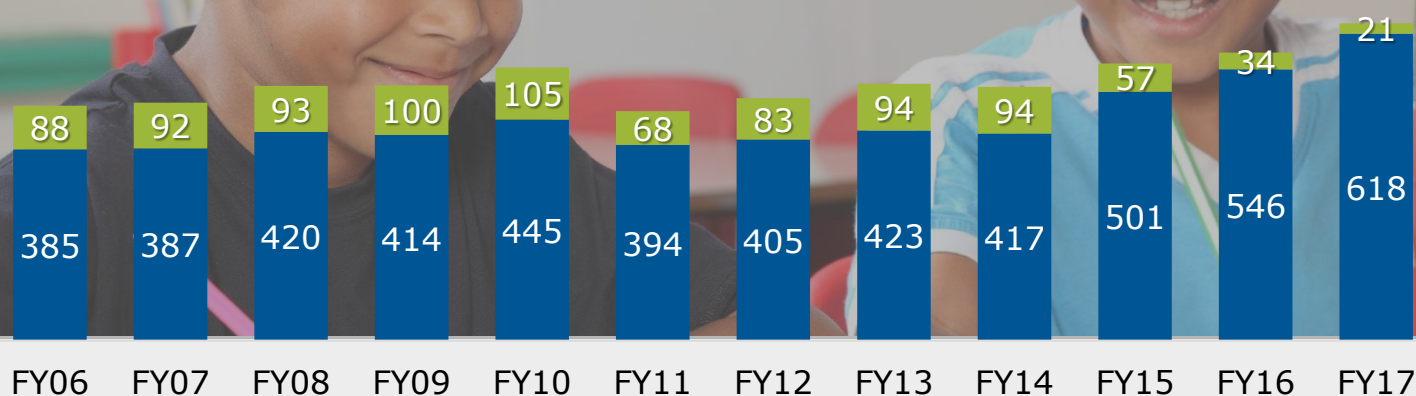
*Enrollment trends over time,  
unduplicated headcount*



## Notes



# Level IV enrollment over time, by membership status



= members  = non-members

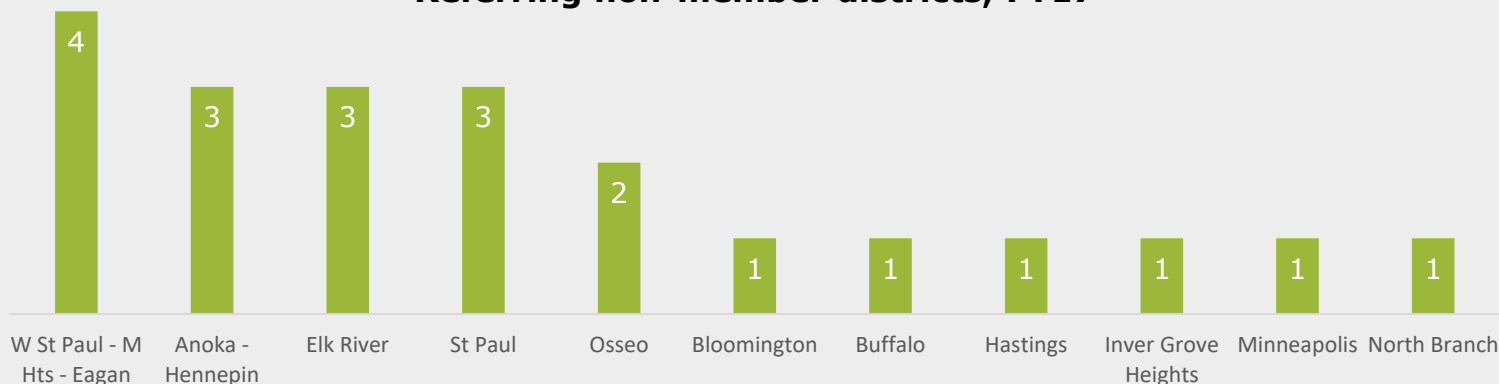
**FY14:** Forest Lake #831 and Fridley #14 join as members

**FY16:** St. Anthony-New Brighton #282 and St. Francis #15 join as members

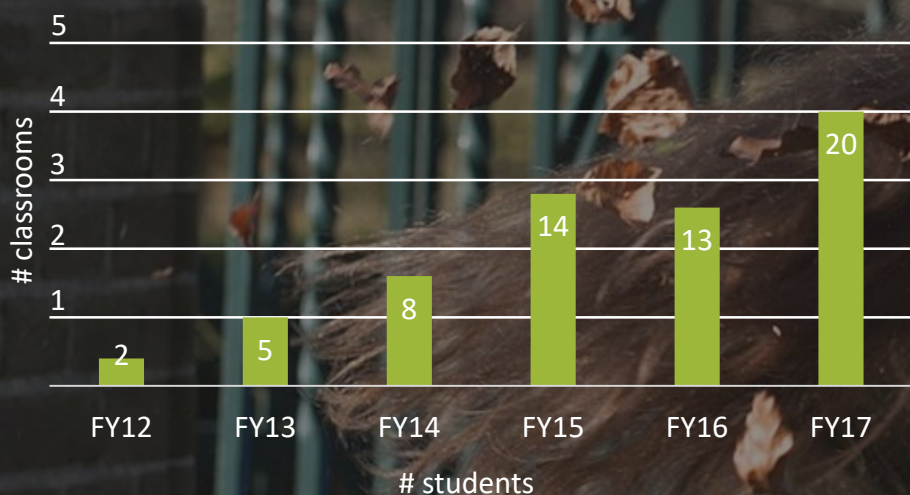
## Key messages

- Students from non-member districts are those who come from districts that pay an additional access fee to use our services. This does **not** include students who open enroll into member districts.
- We made the decision in FY16 to stop accepting students from non-member districts in order to ensure adequate space for our members. The students who remain are grandfathered in.
- In FY18, we only expect to have **four** students from non-member districts.
- As the number of member districts increased, the number of non-member enrollments decreased.

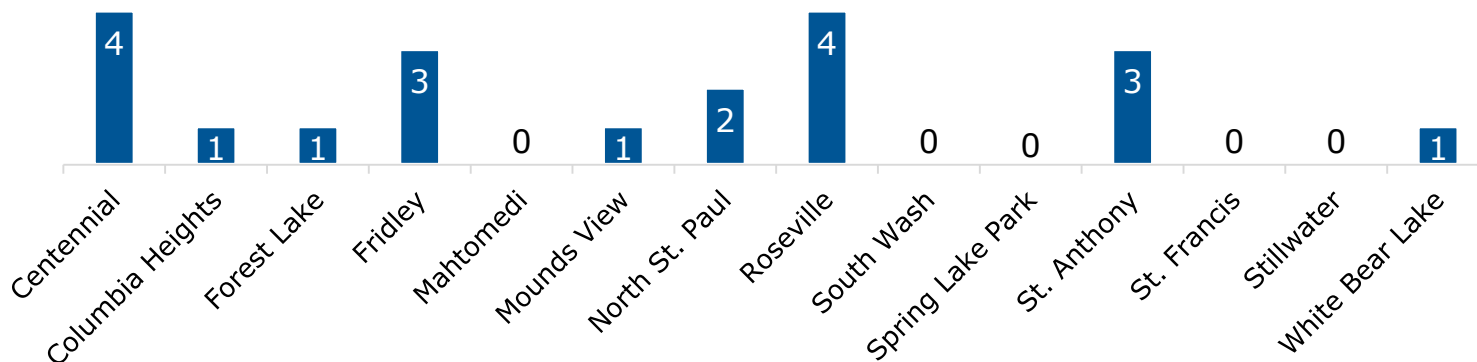
## Referring non-member districts, FY17



# Open enrollment trends



## Districts that refer open enrolled students, FY17

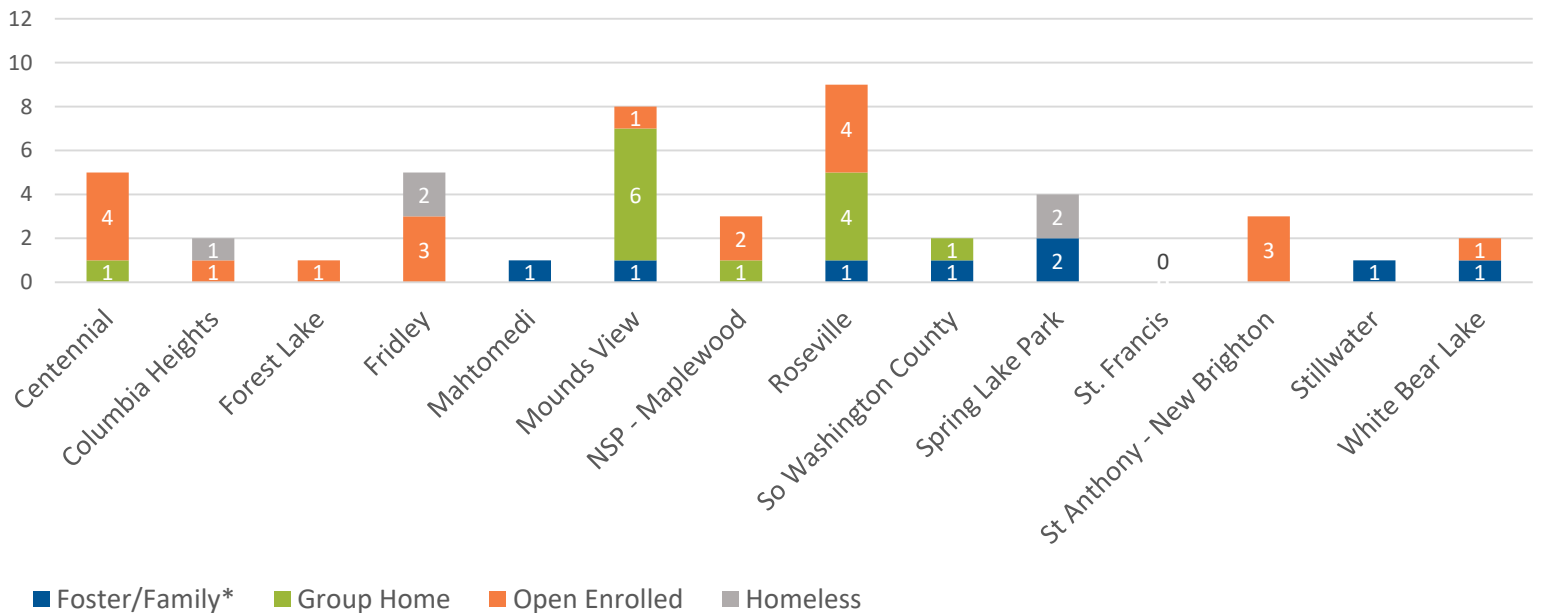


## Key messages

- Open enrollment is growing because mental health providers, advocates and agencies recommend our services to their clients, and encourage clients to open enroll.
- We care about all students and want them to succeed. All students should have access to services like those that we offer. We encourage families and their advocates to work with their home districts to establish level IV programs rather than open-enrolling.
- The best thing for students is for them to receive an education in the least restrictive environment (LRE), which for most means being in their home district.
- In order to continue to offer exceptional and expert services to students with disabilities, we need to have more control over our enrollment.
- Member districts may consider 916 in policy discussions that could help us ensure the long-term availability of our excellent programs.



# Open enrollment and other living situations, FY17



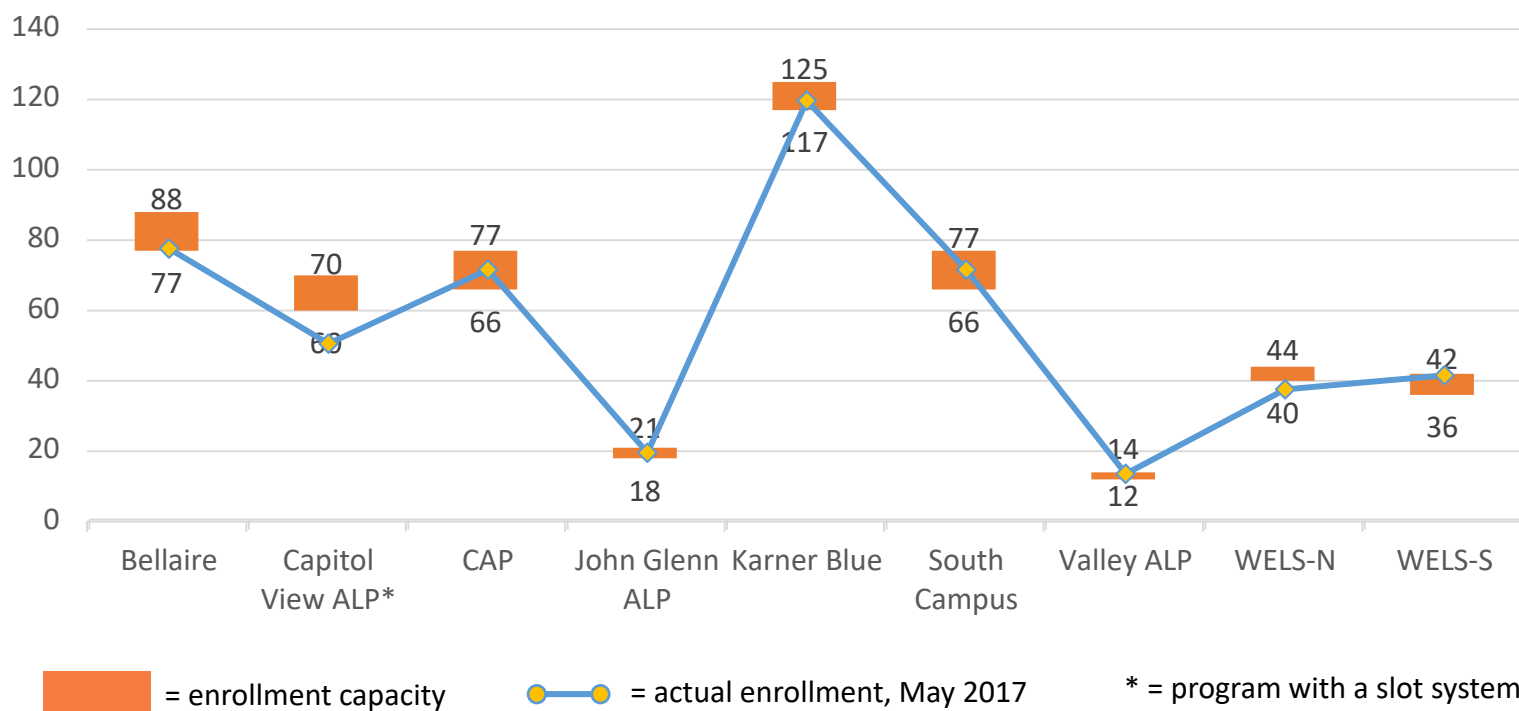
\* Foster/Family - Students living in foster homes or other family situations not with their legal guardian (grandparents, aunts/uncles, living with father when mother is legal guardian, etc.)

## Key messages

- Agency decisions and family decisions that school districts do not control also impact enrollment, including foster homes available in a community and group homes that are built in a community.
- About 7.5 percent of our enrollment comes from students in the above-mentioned living situations (47 students).



## Program capacity vs. enrollment



Program	Enrollment on 5/31	Number of Classrooms	Students per classroom	Program Capacity
Bellaire	77	11	7-8	77 - 88
Capitol View ALP	50	10	6-7	60 - 70
CAP	71	11	6-7	66 - 77
John Glenn ALP	19	3	6-7	18 - 21
Karner Blue	119	19	6-7	117 - 125
South Campus	71	11	6-7	66 - 77
VCCS ALP	13	2	6-7	12 - 14
WELS North	37	3	10-11	40 - 44
WELS South	41	6	6-7	36 - 42
<b>Total</b>	<b>498</b>			<b>492 - 558</b>

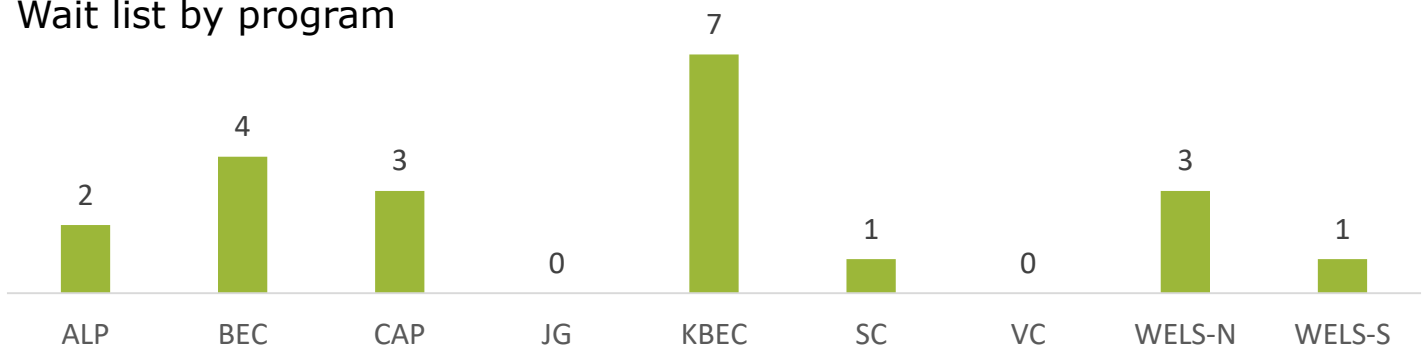
### Key messages

- Because each student has individualized needs that require various staffing and resource allocations, our enrollment capacity is best described as a range.
- For most of our programs, enrollment is at capacity.
- The rate at which our enrollment is increasing is not sustainable. We need to think differently so we can continue to offer exceptional programs to our member districts and the students we collectively support.
- We will never enforce an enrollment limit on member districts, but wait times for students will increase as the demand for our services increases.



# Wait list = 21 districtwide

Wait list by program



## Terms

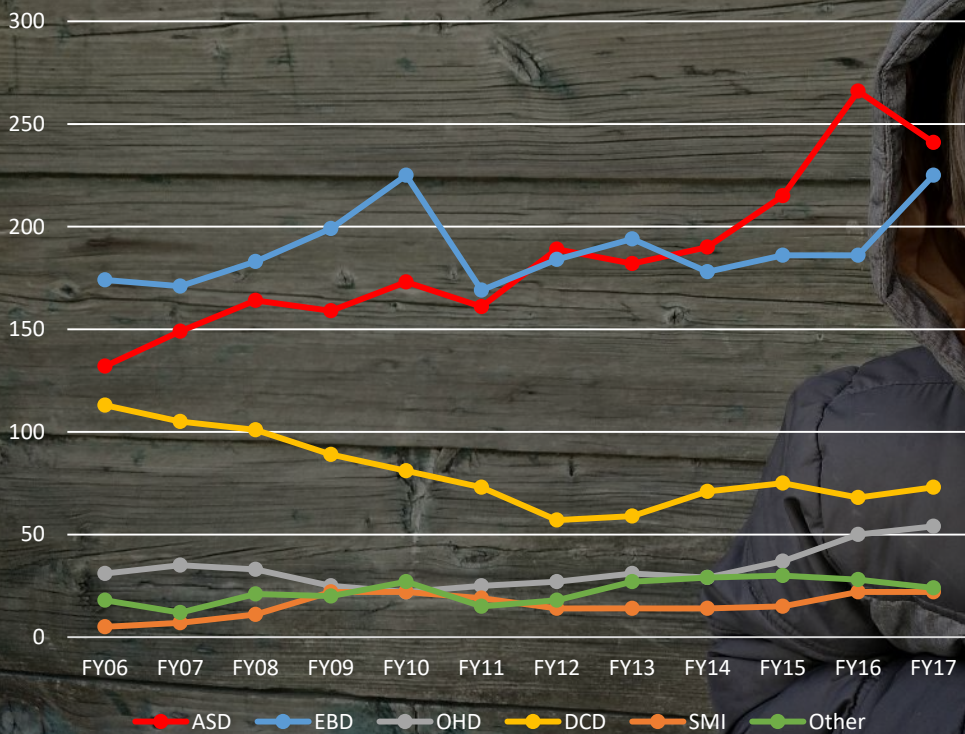
- ALP = Alternate Learning Program (Capitol View)
- BEC = Bellaire Education Center
- CAP = Creative Alternatives Programs (Capitol View)
- JG = John Glenn ALP
- KBEC = Karner Blue Education Center
- SC = South Campus
- VC = Valley Crossing ALP
- WELS-N = Work Experience Life Skills
- WELS-S = Work Exploration Life Skills

## Key messages

- There are currently 21 students on wait lists for our programs, and there are 20 students open enrolled. If member districts did not accept open-enrolled students, we would be able to accommodate nearly all member district students.
- Once a referral is made, the average student waits four weeks for placement in one of our programs. This is a one-week increase from FY15.
- We place students as soon as we can after we get a referral. However, in order to ensure the student is as successful as possible, we sometimes need to wait until there is an opening in a program that is appropriate in terms of their grade level and disability.
- We expect the opening of Pankalo to reduce wait times at the elementary level, but we also have an opportunity to prevent level IV placements by intervening in level III programs.



# Disability trends



## Terms

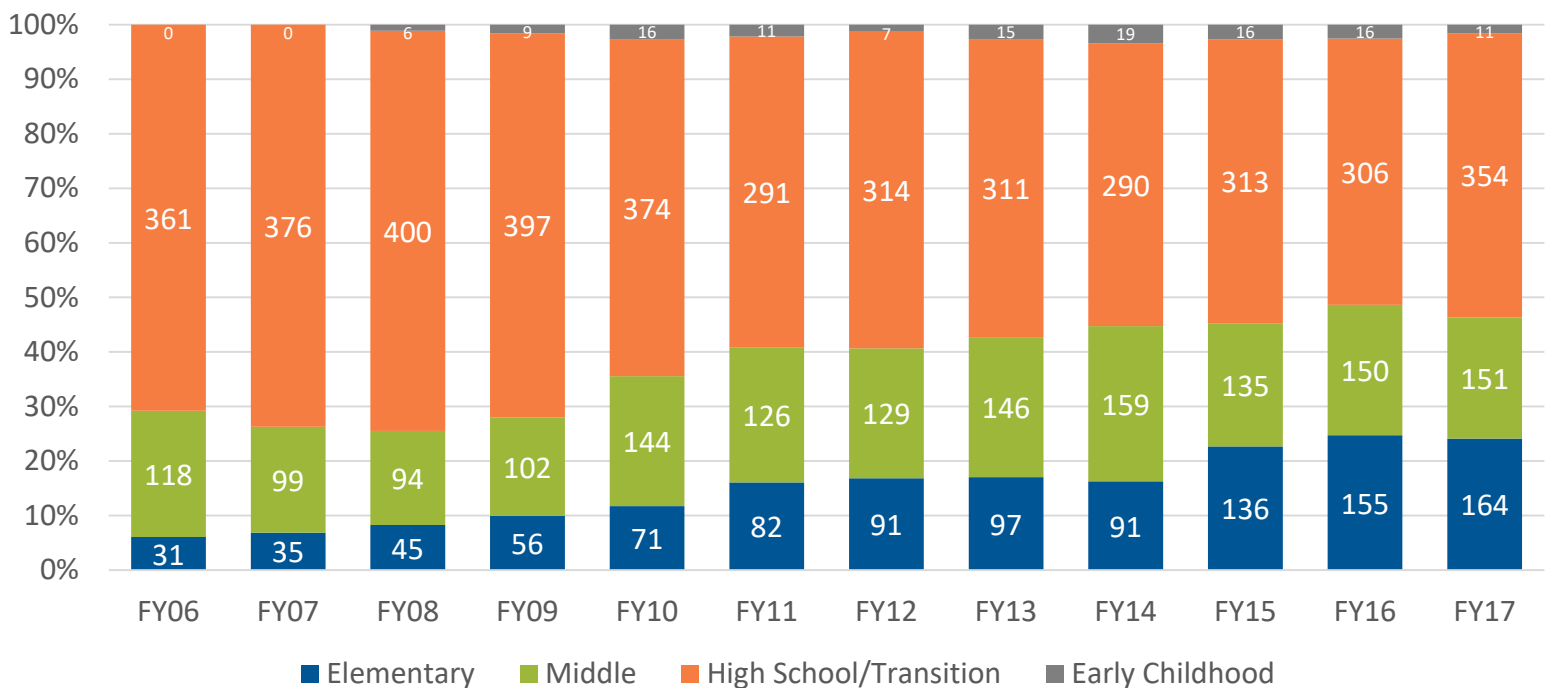
- ASD = Autism Spectrum Disorder
- EBD = Emotional/Behavior Disorder
- OHD = Other Health Disabilities
- DCD = Developmental Cognitive Disability
- SMI = Severely Mentally Impaired

## Key messages

- The number of students who have autism has been increasing nationwide, and Minnesota is no exception. This is due in part to better screening and identification.
- Member districts have better level II and III programs for students with DCD or SMI. The steady or decreasing nature of this trend could also be due to better Autism screenings (past students may have been misdiagnosed).
- The increase in students who have EBD is due in part to the end of open enrollment into the REACH program in Mounds View, which has been a regional provider of special education services for these students in the past.
- We are committed to serving all students and are well-equipped to address the changing needs of our population. However, we must also work with our member districts to improve level II and III programs so that students can learn in the least restrictive environment possible.



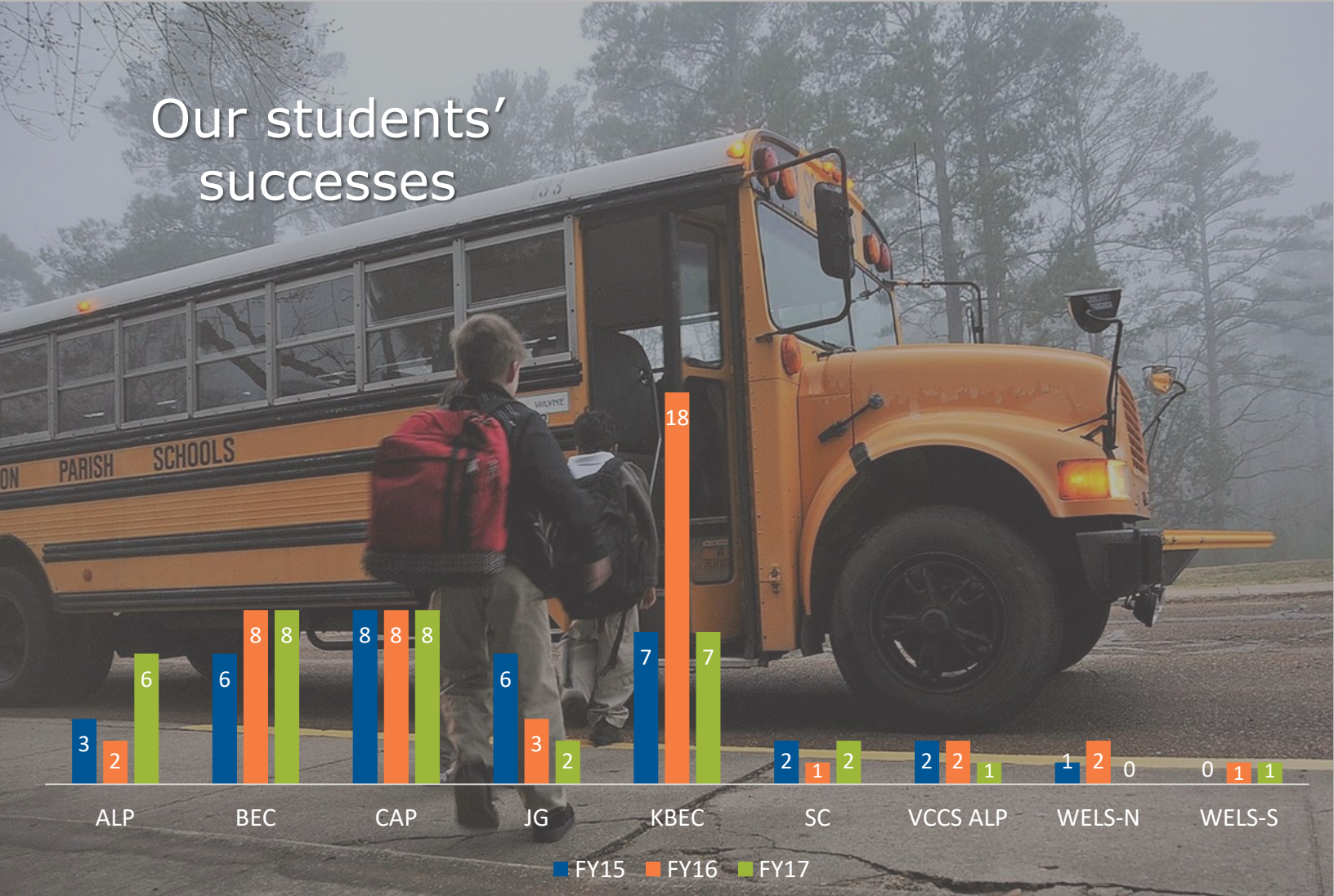
# Grade level trends



## Key messages

- The number of students we have in transition programs has decreased in recent years, because many member districts offer their own transition programs.
- The increase in students who have ASD or EBD (see previous page) is largely at the elementary level.
- In five years or more, elementary students have the potential of crowding our secondary programs. We can slow growth in secondary programs by helping elementary students successfully transition back to their home districts.
- WELS-N was originally proposed to merge with WELS-S in the new Quora building, but we may keep them at their current site due to enrollment trends.
- Our goal is always to serve as many students from member districts as necessary while equipping them to go back to their home schools as soon as possible.

# Our students' successes



## Terms

- ALP = Alternate Learning Program (Capitol View)
- BEC = Bellaire Education Center
- CAP = Creative Alternatives Programs (Capitol View)
- JG = John Glenn ALP
- KBEC = Karner Blue Education Center
- SC = South Campus
- VCCS ALP = Valley Crossing ALP
- WELS-N = Work Experience Life Skills
- WELS-S = Work Exploration Life Skills

## Key messages

- Our goal is to always facilitate the return of students to their home districts.
- Our ability to successfully return students to their home schools has stayed relatively flat over the last few years.
- We have ideas for how we can increase our success in this area. Pilot programs are on the horizon in Fridley and St. Francis.





# Enrollment conclusions

- **Enrollment is increasing more than we expected** when we approved our facilities plan in 2012. The biggest increases are at the elementary level and among students who have ASD or EBD.
- We cannot continue to do more facilities projects; the best thing for students is for them to learn in the least restrictive environment, which for many students means staying in their home districts. We need to think differently in order to **prevent level IV placement**.
- In addition to preventing level IV placement, we can ease transitions for students who do come to our programs by equipping member districts with tools to **effectively accommodate them upon their return**.
- We are uniquely equipped to **support member districts' level III programs**.

## Next steps

- **Teacher-child Interaction Training** (TCIT) has greatly improved outcomes for students in level IV elementary programs. We are piloting TCIT training in Fridley's level III programs, and will monitor progress over time. If successful, we will be able to replicate that success across member districts.
- The St. Francis school district is working with Theresa Wallace, a Northeast Metro 916 expert, to learn fundamental strategies for **creating a great level III program**. She plans to train all teachers, EAs and administrators districtwide on **academic and behavioral strategies as well as classroom setup**. This is a less-intensive and less costly approach than TCIT, and we also plan to monitor its progress.
- We want to enhance our consultative team model in order to offer member districts a menu of professional development opportunities to help them **serve students better in their level III programs**, hopefully preventing level IV placement.



# Legislative update

## Background

- In 2016, intermediate school districts succeeded in securing funding for staff development on trauma-informed practices and other relevant training.
- At the time, policymakers said it felt like a band aid, and in many ways it was. They asked us to come back in 2017 with a more permanent solution.
- Four intermediate school districts and one education cooperative partnered to draft a legislative proposal, and Rep. Jenifer Loon (R-Eden Prairie) championed the effort.

## The need



The current educational structures do not accommodate students who have little or no external support for **severe mental and behavioral health needs**.



Students with disabilities who lack access to community mental health resources can present **major challenges** for the most well-equipped **special education** staff.



Schools do not have the resources to address a growing group of students who show **aggressive** and **dangerous** behaviors, **complex** pharmacological profiles and/or multiple developmental, cognitive and neurobiological **disorders**.



The intermediate school districts are uniquely positioned to see how diminished funding for out-of-school placements is **creating a crisis** for Level 4 schools.



## Goals

- Improved student academic and mental health results
- Least restrictive environment (LRE) for students
- Fewer staff injuries
- Aligned resources that reduce costs
- Equity in access to services
- Create a model other districts can replicate

## The bill facilitates:

- School-led mental health funding
- Partnerships with mental health agencies
- In-school psychiatric help for students who cannot access traditional services
- Dedicated, co-located county staff to assure access to county services
- Staff and program development for school partners
- Teams to build the capacity of regular school districts to intervene faster and prevent level IV placement

## Challenges:

- There are barriers for how mental health workers and educators can work together, especially related to communication, data privacy and a culture of mistrust.
- There are no clinicians that can prescribe what to do with students who have multiple disabilities and/or mental health challenges. We need to bring clinicians to the table who have aptitude for problem solving in order to create a model.




# Full text of legislative bill

## Sec. 56. INTERMEDIATE SCHOOL DISTRICT MENTAL HEALTH INNOVATION GRANT PROGRAM; APPROPRIATION.

- a) \$2,450,000 in fiscal year 2018 and \$2,450,000 in fiscal year 2019 are appropriated from the general fund to the commissioner of human services for a grant program to fund innovative projects to improve mental health outcomes for youth attending a qualifying school unit.
- b) A "qualifying school unit" means an intermediate district organized under Minnesota Statutes, section 136D.01, or a service cooperative organized under Minnesota Statutes, section 123A.21, subdivision 1, paragraph (a), clause (2), that provides instruction to students in a setting of federal instructional level 4 or higher. Grants under paragraph (a) must be awarded to eligible applicants such that the services are proportionately provided among qualifying school units. The commissioner shall calculate the share of the appropriation to be used in each qualifying school unit by dividing the qualifying school unit's average daily membership in a setting of federal instructional level 4 or higher for fiscal year 2016 by the total average daily membership in a setting of federal instructional level 4 or higher for the same year for all qualifying school units.
- c) An eligible applicant is an entity that has demonstrated capacity to serve the youth identified in paragraph (a) and that is:
  - 1) certified under Minnesota Rules, parts 9520.0750 to 9520.0870;
  - 2) a community mental health center under Minnesota Statutes, section 256B.0625, subdivision 5;
  - 3) an Indian health service facility or facility owned and operated by a tribe or tribal organization operating under United States Code, title 25, section 5321; or
  - 4) a provider of children's therapeutic services and supports as defined in Minnesota Statutes, section 256B.0943.
- d) An eligible applicant must employ or contract with at least two licensed mental health professionals as defined in Minnesota Statutes, section 245.4871, subdivision 27, clauses (1) to (6), who have formal training in evidence-based practices.
- e) A qualifying school unit must submit an application to the commissioner in the form and manner specified by the commissioner. The commissioner may approve an application that describes models for innovative projects to serve the needs of the schools and students. The commissioner may provide technical assistance to the qualifying school unit. The commissioner shall then solicit grant project proposals and award grant funding to the eligible applicants whose project proposals best meet the requirements of this section and most closely adhere to the models created by the intermediate districts and service cooperatives.
- f) To receive grant funding, an eligible applicant must obtain a letter of support for the applicant's grant project proposal from each qualifying school unit the eligible applicant is proposing to serve. An eligible applicant must also demonstrate the following:
  - 1) the ability to seek third-party reimbursement for services;
  - 2) the ability to report data and outcomes as required by the commissioner; and
  - 3) the existence of partnerships with counties, tribes, substance use disorder providers, and mental health service providers, including providers of mobile crisis services.
- g) Grantees shall obtain all available third-party reimbursement sources as a condition of receiving grant funds. For purposes of this grant program, a third-party reimbursement source does not include a public school as defined in Minnesota Statutes, section 120A.20, subdivision 1.
- h) The base budget for this program is \$0. This appropriation is available until June 30, 2020. 16





# How legislative grant dollars could be used

## Grant funding option: improve tier 2 and 3 services

- Existing district resources can improve services at the **tier 1** level, for students who need the least support. Grant funding can improve services at tier 2 and tier 3.
- Currently, teachers spend time providing students **tier 2** and **3** services, higher-level interventions that address their academic and behavioral needs (see diagram on the following page).
- New funding from the legislature can pay for staff and resources to lead these services, so teachers can focus on teaching.
- By investing more in students who need tier 2 and 3 services, we can prevent hospitalization or day treatment placement in the future.
- We have seen that when teachers are able to focus on teaching, student behavior challenges decrease, because they are more engaged.

# Pathway to success for students with high needs

**New innovative 916 program**  
A very small percentage of students who are not successful in 916's regular programs will be temporarily referred to the integrated mental health program until they are stabilized.

5  
The new 916 program is a last resort for students so they can get the help they need to return to the classroom as soon as possible.



4  
A few students are not successful with Tier 1 and Tier 2 services alone. These students continue to receive those services, **and** also receive Tier 3 services. Our goal is to intervene early in order to prevent placement in a more restrictive setting.

Tier 3: 1-on-1 instruction	Tier 3: Frequent behavior interventions
-------------------------------	--

6  
Once the student can stabilize with help from a doctor, they return to 916, where they receive Tier 1, 2 and 3 services. We do everything we can to prevent them from needing to return to the integrated mental health program.



3  
Some students who have more intensive needs receive all Tier 1 services **and** Tier 2 services in the same 916 learning environment.

Tier 2: Modified assessments, occupational therapy, small group work, one-on-one academic support	Tier 2: Direct service with mental health specialist, behavior contracts, mental health interventions in classroom.
--	--

7  
When the student responds well to Tier 3 services, they are phased out, but the student still receives Tier 1 and Tier 2 services.



2  
If students are not successful in their home districts, they come to Northeast Metro 916, where they receive our expert **Tier 1 services.**

Tier 1: Rigorous yet developmentally appropriate instruction in writing, math and reading; small class sizes; differentiated instruction	Tier 1: Sensory tools, social skills instruction, earned activities, restorative practices, positive reinforcement, assistive technology, specialized transportation
---	---

8  
Tier 2 services are phased out, which helps students successfully transition back to member district schools.



1  
Our goal is always for a student to return to their home district school, and we work hard to ensure they can be successful there. In this setting, a student spends at least part of the day learning with his or her typically-developing peers in Level I, II or III special education programs.

**Member district school**

Academic Behavior and mental health

9





## **Grant funding option: new day treatment program**

- A co-located program will break down barriers for communication and data privacy.
- Only students with the most severe mental health and disability challenges would enroll (about 20-30 students).
- This school will be a place where our students' educational and mental health/medical needs are met.
- We help mental health professionals understand students' disabilities, who in turn help teachers understand students' mental health challenges.
- Located in a partner agency, like Canvas Health (Forest Lake, Stillwater, Oakdale) or Prairie Care (Woodbury, Maplewood)
- Create an advisory group to use technology to measure progress and ensure accountability
- We would always work towards transitioning the student back to the least restrictive environment, ideally in a member district.





## Grant program option: early childhood intervention

- Segregating young children is always difficult, but it could be an investment in their future success.
- By intervening early, we may be able to prevent chronic, ongoing hospitalization.
- Similar to the Auditory-Oral program, students who enter the program by age 3 should be able to learn with their typically-developing peers by age 6.
- The goal would never be to create a program that will feed enrollment to Karner Blue and Pankalo.



### Timeline

We want a partnership established and resources available by January 2018, with new programs launching in fall 2018.