

## Setting 4.5

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### An Adaptive Solution

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*Intermediate school district predominantly serve students in special education and alternative learning settings.*

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#### Educational Philosophy

**We believe** in an educational philosophy of equally embedded education and mental health/medical service that wraps around the whole child. We approach learning through proactive and preventative innovations by understanding students' unique gifts and challenges. Every student is a unique learner who will thrive in school and in our communities.

**We believe** school is an engaging, relevant and challenging learning environment where students explore their interests through experiential learning and problem solving, skills that will prepare them to navigate and thrive in our diverse world. The adoption of a growth mindset emphasizes social emotional learning, prosocial behaviors, self-advocacy, empathy, cooperation and perseverance as key to student achievement.

**We believe** our educators, social workers, behavior specialists, and all others who work with students have a strong belief in themselves and their students to succeed. Aligned use of common professional development grounded in evidence-based knowledge of mental illness, child development and therapeutic practice is integral to student success. We must all work together.

**We believe** that all students deserve an excellent education. Key to this work is using engaging and project-based curriculum that is based on the interests and gifts of our students. We will work to reverse trends of racial disparities within our education systems, disrupt the school to prison pipelines for students of color, and ensure equitable outcomes for all learners.

**We believe** that students thrive in welcoming, least restrictive learning environments that meet their unique needs and reflect their communities. Schools, along with families, other providers, businesses and communities have a shared interest and responsibility in seeing our students achieve.

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#### PART 1

##### The Challenge

Over the past decade, the responsibility to provide and pay for children's safety and mental health needs has shifted from state and county-based providers to public schools. As a result, schools have become the de facto mental health system for our state. **The current magnitude of student needs is the highest ever seen, and the responsibility of public schools to provide the range of services these students need is unprecedented.**

- 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.

This combination of challenges disproportionately and negatively impacts communities of color and American Indians.

*Schools are increasingly responsible for medical and mental health needs without designated resources and responsibility.*

When the federal setting levels for special education were established in the 1970s, Setting 4 was designed to educate students who could benefit from a separate school site with related services to help students meet their individual education plan (IEP) goals. Higher settings on the continuum, known in Minnesota Rule as Care and Treatment options, were established as well. This was done with the understanding that school-based settings could not provide the extent of mental and physical health services some students need.

Over the years, however, there has been a shift of responsibility from state and county-based providers to school for many services previously provided in Care and Treatment settings. **Students in need of these expansive medical and mental health services are increasingly placed in Setting 4 sites, but without the crucial resources or designated responsibility to provide them.** Decreased funding and support for day treatment, hospital, residential, and even corrections placements have **left schools as the primary entity addressing a growing group of students.**

*Our current school-based model for educating students with extreme mental and physical health needs is educationally insufficient and creating a public safety emergency.*

Schools are becoming the state's de-facto mental health system, but the extent of our educational resources and authority is currently limited to Setting 4. While Setting 4 does offer a separate site and usually some additional resources, these schools are based on the same operational framework used for general education.

We start with our common picture of what we all consider to be a school day and then sprinkle around the edges resources such as school-based mental health providers and behavior specialists. **Even with a few important extras, we fundamentally maintain the general academic model that is not supported by or integrated with the therapeutic services necessary to meet some students' needs in a school setting.**

School districts that operate Setting 4 programs using this general academic model struggle to address the needs of students with the most challenging needs in a timely, safe or effective manner. When mental health and behavioral crises arise, parents and school staff have limited options, most of which are emergency-based and (1) contrary to the least restrictive environment, (2) much more costly than public school settings, and (3) sometimes have dubious educational and health benefits.

*Some providers turn students away for destructive behaviors; schools are the only system that cannot dismiss students due to our inability to serve them safely.*

Even if a Care and Treatment placement is available for a child or adolescent with significant behavioral and mental health needs, they can be discharged due to aggressive, violent, sexually predatory, and/or destructive behaviors. In contrast, due to the considerable protections afforded students in special education, **school districts are legally obligated to allow students to return to school the same day they are deemed “too dangerous to serve” by their current placement and discharged.** Schools can virtually never say “no” to admitting/readmitting a special education student back into public school who is mentally ill or dangerous. We are one of the only systems that cannot dismiss students due to our inability to serve them safely.

## The Solution

**We call on the State of Minnesota and our policy makers to establish a new educational model, “Setting 4.5,” of equally embedded education and mental health/medical service to serve students with the most complex, severe and challenging educational and mental health needs in the county.**

A “Setting 4.5” is not adding more of the same - more dollars, more people or more services. It’s a **drastically different model for students in Setting 4 Special Education settings that concurrently addresses students’ mental health/medical and educational needs** and necessitates a multidisciplinary team of highly skilled educators, dedicated mental health providers and medical providers to work in unison to treat and serve students at school.

We call for the opportunity to structure a new daily response to students with increasingly complex needs. A “*Setting 4.5,*” although not an official Federal Setting, stresses how the current continuum is not adequate for these students.

### **Setting 4.5 dedicates access to critical services through**

- Dedicated school-led mental health funding
- Partnerships with mental health agencies
- Partnerships and alignment with hospitals and psychiatric crisis services
- Dedicated, colocated county staff to assure access to county services

### **Setting 4.5 ensures staff readiness and school accountability for the model through**

- Staff and program development for school partners
- Program development for the intermediate school districts
- Program accountability study

**Setting 4.5 removes operational and funding barriers for intermediate districts through**

- Funding the cross-subsidy at the state level for students in Setting 4 Intermediate Districts
- Equalizing funding for Area Learning Center students who could benefit from the setting

**Setting 4.5 is an integrative delivery model with powerful outcomes including**

- Better student academic and mental health outcomes than in our current fractured system
- Assurance of the least restrictive environment (LRE) for students
- Reduced use of restrictive procedures along with reduced staff injuries
- Cost efficiency through aligned and timely use of resources
- Equity of access to services

See page 7 for specific details on *how* the new model will be achieved.

## The Proposal

### *Shift from adding school based services to constructing more comprehensive school led interventions.*

The new model **consolidates mental health and transition services, offering a less restrictive setting** for those otherwise being considered for more restrictive settings--homebound, hospital, day treatment or corrections--as well as those for whom appropriate care and treatment placements are not available.

The chilling consequences of our state's current lack of placements with mental health support was told in a recent [StarTribune story](#) revealing how hundreds of Minnesota teens with mental health problems are winding up in juvenile detention. It was followed up with [an editorial calling for reform](#).

The new model addresses needed system changes and improves the linkages between many partners, with the goal of **increasing the access and effectiveness of services for students in a more cost effective way.**

### *Leverage high intensity interventions designed into the school day and support the collaborative commitment to meet the requirements of the Olmstead Act.*

The Olmstead Act reflects the state of Minnesota's commitment that people with disabilities experience lives of inclusion and integration in the community. The new model supports major goals of the Olmstead Act, including (1) increase the percent of children who receive mental health crisis services and remain in their community to 85% or more, (2) by June 30, 2017, the number of students receiving special education services who experience an emergency use of restrictive procedures at

school will decrease by 316. And (3) by June 30, 2017, the number of incidents of emergency use of restrictive procedures occurring in schools will decrease by 2,251.

During the 2015-16 school year, District 287 reported the use of 634 restrictive procedures on 140 of students who receive special education services. In other words, 18% of the District's highest needs students were restrained one or more times by school staff for engaging in dangerous, aggressive, and/or self injurious behaviors. The majority of these students are students of color and American Indians.

The new model will both **decrease the need for restrictive procedures and reverse the disproportionate impact on students of color.**

*Intermediate districts to provide proof of concept in the region.*

Intermediate school districts have a unique vantage to both understand this problem and propose a proactive solution. Collectively, we operate 16 Setting 4 sites for high-needs special education students in the Twin Cities.

**We have some of the most experienced staff, specialized facilities and innovative programs in the region, yet are acutely aware of school safety challenges:**

- In 2015-16 (170 school days), District 287 reported 225 critical incidents, 335 staff injuries, 49 ambulance calls for student mental health crisis, 127 incidents with police involvement, 80 referrals for psychiatric consultation, and 64 calls to the Hennepin County Mental Health Crisis Team.
- District 916 reports an average of 300 staff injuries per year over the past several years. In 2015-16, there were 130 student incidents requiring emergency/police assistance, of which 53 were transported to the hospital for mental health evaluation.

We are unable to best address these student needs because of the structural limits to coordinate services and centralize resources while prioritizing safety. **The new model offers a solution that unbinds these limits and allows us, with partners, to transform the current fragmented system.**

As a successful "Setting 4.5" model is developed, it will be available in school districts that have a similar demographic in the Setting 4 programs they operate.

*"Setting 4.5" represents an adaptive solution that addresses the problems at a systemic level.*

**An adaptive solution requires change on many fronts and across organizational boundaries.**

The new model aligns the various parts of a now fractured system of care as well as provide an improved level of communication between all the parts of this system by (1) dedicating access to critical services through partnerships, (2) assuring staff readiness and school accountability to meet the demands of a new model, and (3) removing operational and funding barriers for Intermediate districts.

## The Outcomes

We believe the creation and operation of **Setting 4.5** will have the following positive outcomes.

**Better student academic and mental health outcomes.** The educational and mental health needs of school children are so intertwined that an integrated delivery model is critical for positive outcomes. A school program designed with this in mind, one that is neither school-based with mental health added nor hospital-based with schooling added, is the best solution for better academic as well as mental health outcomes.

**Assuring the least restrictive environment (LRE).** Our special educational laws and beliefs are firmly rooted in the notion we should be providing LRE. As students are being considered for placement at the upper end of the settings continuum, we are increasingly faced with the dilemma of how to best provide LRE. Setting 4 would give students a public school option with a greater chance of providing successful supports than we have currently.

**Reduced use of restrictive procedures.** Through adequate supports and training, schools will have the ability to meet the Olmstead plan goals for positive supports.

**Reduced staff injuries.** With sufficient training and supports, the dramatic increase in staff injuries will be stemmed and reduced.

**Cost efficiency.** By providing an alternative to higher cost settings on the continuum that are the only alternative now, we can keep students in school, providing more effective services while also saving costs.

**Equity.** Through the provision of a continuum of appropriate supports and services comprehensive enough to adequately address the needs of our most challenging students within a public school environment, we can ensure that all families, regardless of race, zip code or socioeconomic status, can have access to the mental health treatment they need to thrive.

## In Conclusion

As student needs have increased, schools, their partners, and the legislature have responded in many ways to add resources or services to existing models. These efforts have given us a glimpse of what might be possible but also the understanding that adding to an insufficient model does not address the root problems. With **Setting 4.5**, we propose a transformative model not built on doing more of the same. Through a combination of (1) dedicating access to critical services through partnerships, (2) assuring staff readiness and school accountability to meet the demands of a new model, and (3) removing operational and funding barriers for Intermediate districts, **Setting 4.5** is designed for student success.

### How Setting 4.5 Will be Achieved

#### *Dedicating access to critical services through partnerships*

##### **Dedicated School-Led Mental Health Funding:**

***Why do we need it?*** Currently, school-linked mental health services are covered under a grant program provided by the legislature. School districts cannot initiate the request for proposals (RFP) process, however, and this limits our ability to facilitate a district-led collaboration model with mental health service providers, to develop and manage plans for co-located or school-linked mental health services, and to access the funding necessary to sustain the collaboration. Our request, therefore is to **allow school districts to initiate the process as well as to have the ability to use grant dollars flexibly for school-linked mental health services**, especially for those services that do not fit neatly within Medical Assistance (MA) requirements or other billing structures.

These funds would allow for flexibility to wrap services around the student in the school setting by subcontracting with respective agencies that provide those services, e.g., dollars to pay for a county worker to be a case manager, not unlike the School Resource Officer (SRO) model by which school districts contract with local law enforcement agencies. In essence, this would flip the current Care and Treatment model from one where school services are delivered into a non-school setting to one where support services are “pushed” into the current Intermediate setting.

In order for staff in the school partner programs to be able to work with schools to design and operate a program grounded on the best knowledge and effective practices, we request **Department of Human Services school-based mental health grants equivalent to \$50 multiplied by the total of the total member district adjusted pupil units (APU)**. This funding would go to mental health partners of Intermediates and their Greater Minnesota counterparts allowing school and treatment providers to partner directly without barriers on such essential program elements as:

- Trauma-informed care
- Restorative practices
- Development new treatment modalities to provide community experiences allowing students to practice how to manage mental illness outside of the school building
- Therapeutic teaching model
- Parent/family engagement
- Trauma coaches
- Child protection workers
- County social workers
- Critical incident team
- Psychiatric support
- Behavior aides



Access to any therapeutic services offered within the **Setting 4.5** would be based on parental consent, apart from the services described in an IEP and outside the context of an IEP team decision. One of the rationales for offering access to therapeutic services co-located in a school setting is for the convenience of families who may otherwise attempt to seek services in the community, and who may not have access to such services because of provider availability or other factors. Community-based services are optional for the family and are not school-based services in IEPs.

### *Ensuring staff readiness and school accountability to meet the demands of a new model*

#### **Staff and Program Development for School Partners:**

**Why do we need it?** In the 2016 legislative session, Intermediate school districts and other cooperative school districts operating Setting 4 programs received professional development grants for “activities related to enhancing services to students who may have challenging behaviors or mental health issues or be suffering from trauma.” These grants, in the amount of \$1000 per full-time licensed staff, are limited to three years. Our request is for **ongoing funding to assure adequate preparation and execution of all the points above, especially the critical need to embed trauma informed practices** in all work and to provide staff support due to the compassion fatigue that can be the result of indirect/non experimental traumatic stress disorders, secondary traumatic stress, vicarious trauma, and burnout. We will also extend professional development for member district staff where appropriate.

#### **Program Development for the Intermediates:**

**Why do we need it?** Applying what we are calling “Setting 4.5 Intermediate Cooperative Revenue Aid” to our programs would allow us to supplement the rising cost of designing an educational program. This aid, in the requested amount of \$15 per APU covers five additional professional development days. These days are **critically needed to assure adequate program time for learning and developing essential knowledge, skills, and processes.**

#### **Increase Prevention and Build Capacity in Local School Districts**

**Why do we need it?** We request additional revenue from the legislature to **provide consultative program development and support to build or improve services in non-member districts** with an emphasis on preventative measures, least restrictive learning environments and ensuring students are served as close to home as possible. We are asked to provide assistance to non-member districts who struggle to provide services to a similar student population. We, however, do not plan for program development and support for non-members and need to secure funding in order to hire the necessary leaders and staff for this service. This allows the intermediates to have greater reach outside our members to expand expertise in the region without the current members having to take any risk to support this service model.

This recommendation was developed but not funded for the state Restrictive Procedure Work Group. We suggest the funding take the form of grants for planning and staffing consultation services that would then be paid for by the receiving district once the services were established. The grant dollars



cover any un-reimbursed costs incurred by the Intermediates to provide the service to non-member districts so there would be no costs to the Intermediate and its member districts.

### **Program Accountability Study**

***Why do we need it?*** In order to assure program accountability and identify success factors for replication, Setting 4.5 programming and students will be the subject of a **ten year longitudinal study**. This study would identify dependent and independent variables as well as risk and resilience factors that are tied to student outcomes. We request resources for providing **shorter term evaluation studies that would monitor program procedures, partnerships, and costs in the hope of providing clarity for mid-course correction and replication with other constituencies**. We would access their well-respected supports and researchers in the planning and implementation of studying the Setting 4.5 programming of the Center for Applied Research and Educational Improvement (CAREI) District Assembly at the University of Minnesota.

### ***Removing operational and funding barriers for Intermediate districts***

#### **Partnership costs beyond per pupil funding are borne by the state:**

***Why do we need it?*** For this truly to be a new model, there must be no significant cost disincentives to enroll students. Put another way, there must be no major penalty to individual school districts when students can benefit from this type of setting. Currently students may not get referred by a district because a district fears the cost of using an intermediate placement. In addition, some districts wait until a student's behaviors are severe and only then will the district refer the student. This runs counter to the idea of getting to the issues early. Therefore, our request is to provide state-level assistance to pay for what is currently a cross-subsidy of special education from sending districts' general funds to mitigate the costs of these students--costs that are already huge and are escalating because of so many needs being addressed primarily at the school level and only after crises have erupted. Essentially, the state would implement a cross-subsidy reduction aid for students placed or open enrolling into an Intermediate setting. This new model cross subsidy reduction aid would be equal to 25% of the non-reimbursable special education costs.

#### **Students may qualify for services based on Graduation Incentives criteria (Minnesota Statutes, section 124D.68.):**

***Why do we need it?*** Although our current concept of federal settings as part of a continuum of service applies to special education, we envision **Setting 4.5** as housing critical services that should also be available to certain students who qualify to enroll in an Area Learning Center (ALC). These students often attend the ALC programs run by the Intermediate districts because they are considered higher need than those who attend programs run by other K-12 districts. This is further documented in our [legislative request](#) from 2016. Many of these students have unidentified special education and/or unmet mental health needs. Some have signed their consent to no longer receive IEP services. These students range from pregnant and parenting teens to youth returning from the juvenile justice system to homeless adolescents that are a growing group of high needs students for the Intermediates.<sup>1</sup>

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<sup>1</sup> In fiscal year 2016, District 287 enrolled 100 homeless students, 66 of whom had IEPs, 34 of whom attended the ALC, and 70 of whom were black or brown.

The ALCs also encounter students receiving drug and alcohol treatment as well as those who should be receiving treatment but cannot due to limited or no insurance. For these students, often those of color, we see an increasing use of the criminal justice system as an intervention. It should be noted the intermediates have been key in writing and testifying for current legislation that establishes sober schools, even though the promised funding has been cut significantly. It is our hope that this new model would allow us to apply one of the requested, dedicated school based mental health grants to running a sober school. The additional funding would allow for the needed support services for this population.

Furthermore, we request that high needs ALC students be allowed access to the array of services identified within this document. To fund this access, we request (1) per pupil funding to be equalized to the average of relevant group of member districts and (2) transportations costs in excess of what is received by the member districts in order for transportation to be fully funded.