Full Service Community School Grant

Project Narrative

University of Michigan 3-Tiered School Wellness Collaborative

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Introduction

The University of Michigan 3-Tiered School Wellness Collaborative will improve the academic engagement and performance of students at four Partner schools by creating a comprehensive, integrated continuum of school-delivered student health and wellness programs, emphasizing student emotional and behavioral health; and will empower and engage families as primary supports and advocates of their children. As evident in our proposal this collaborative meets three Competitive Preference Priorities:

- Competitive Preference Priority 2: Broadly Representative Consortiums
- Competitive Preference Priority 3--History of Effectiveness.
- Competitive Preference Priority 4--Evidence-Based Activities

Structured around three tiers of service delivery – prevention, early intervention, and crisis response – our proposed collaborative has four primary goals:

1. Identify priority health and wellness needs of the district and existing resources, and collaboratively plan a responsive and sustainable health promotion strategy.
2. Increase adoption and high-fidelity utilization of evidence-based mental health practices by school staff, and engage stakeholders as sustainability partners.
3. Improve availability and effectiveness of partner services for students by coordinating partner programs and maximizing local resources and expertise.
4. Develop and implement two new pipeline services: Social Emotional Learning Curriculum and Authentic Family Engagement Curriculum.

Washtenaw County is home to some of Michigan's most privileged and highly-educated families, but it is also home to many disenfranchised families and young people who are deeply impacted by poverty, housing instability, and community violence. Ypsilanti Community School District and Lincoln Consolidated School District stand out from the rest of the county, with child poverty rates nearing 75%; and more than half of students qualifying for free lunch (family income under $15,171). Many families in these districts contend with poverty daily and therefore face extraordinary barriers to health and mental health care: a shortage of local providers; long waitlists; inadequate insurance coverage; lack of time and transportation to attend appointments; and a stigma associated with seeking clinic-based treatment. Schools are uniquely positioned to provide critical prevention and intervention services yet the availability of effective behavioral health services for students remains deeply inadequate, paralleling a national trend in which school-delivered mental health care is frequently under-resourced and of low quality. Schools also frequently fail to engage families, thus missing the opportunity to impact their students' lives outside of the school building walls, and parents who desperately want to help their children grow and develop, report feeling marginalized and excluded from their children's educational experience.

Our collaborative team, comprised of the University of Michigan and Michigan Medicine, The Washtenaw Intermediate School District, the Regional Alliance for Healthy Schools, and Project Healthy Schools proposes to strengthen and expand current pipeline services delivered in the four largest buildings in the Ypsilanti and Lincoln school districts, with a particular emphasis on student emotional and behavioral health; and to

develop and implement two additional programs identified as responsive to core community goals. Our proposal includes programming for students, teachers, professional school staff, and families – as significant research documents the necessity of including all of these realms in order to impact student outcomes meaningfully. The distal aim of this proposal is to improve district academic outcomes by immediately impacting student emotional and behavioral health as well as parent and family engagement. Our approach is to increase the coordination, effectiveness, availability, and sustainability of locally driven, collaborative health and wellness services.

Quality of the Project Design

Demonstration of Need

Our Project Design is based on the demographics and identified priority needs of four targeted schools. All four schools are located in Ypsilanti, in Washtenaw county, Michigan. Located just 6 miles east of Ann Arbor, a medium sized wealthy city that is home to a top tier university and teaching hospital, and 18 miles west of Detroit, a city widely recognized for its high rates of poverty and crime and its ailing infrastructure, Ypsilanti is often overlooked by organizations investing in social services.

City Demographics As of the most recent census, there were 20,577 people residing in Ypsilanti. The racial makeup of the city was 61.5% White, 29.2% African American, 3.4% Asian, 0.6% Native American, 1.1% from other races, and 4.3% from two or more races. Hispanic or Latino of any race were 3.9% of the population. The median household income is $33,055, and the poverty rate is 31%, which is significantly higher than the national average of 14%. Notably, the ethno-racial composition of Ypsilanti households across reported income levels points to overwhelming disparity. Households identifying as “White” are concentrated in one small neighborhood and make up 90% of the top income categories, while households identifying as “African-American” or “Mixed” comprise the majority of the lowest income categories (U.S. Census Bureau, 2010).

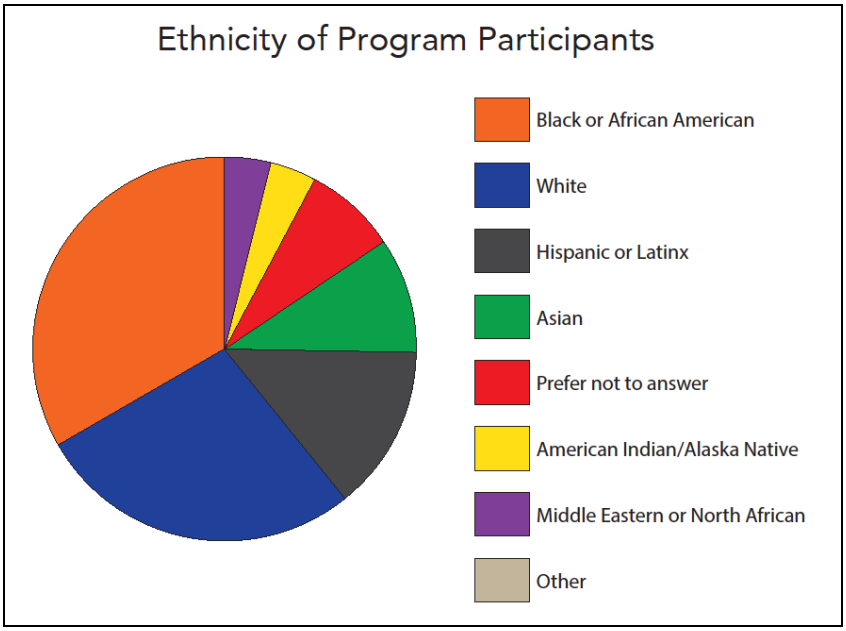
School Demographics Disparities across ethnic, racial, and socio-economic groups is also evident in the two main public school districts serving Ypsilanti, our primary Partner schools (LEAS, Lead Educational Agencies) in this initiative:

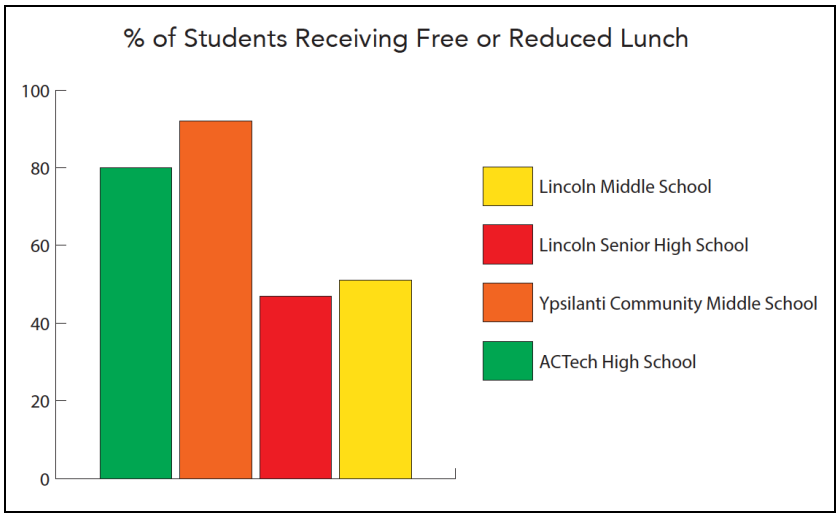
- Ypsilanti Community Schools, two school sites
    - Ypsilanti Middle School
    - Ypsilanti High School
- Lincoln Consolidated Schools, two school sites
    - Lincoln Middle School
    - Lincoln High School

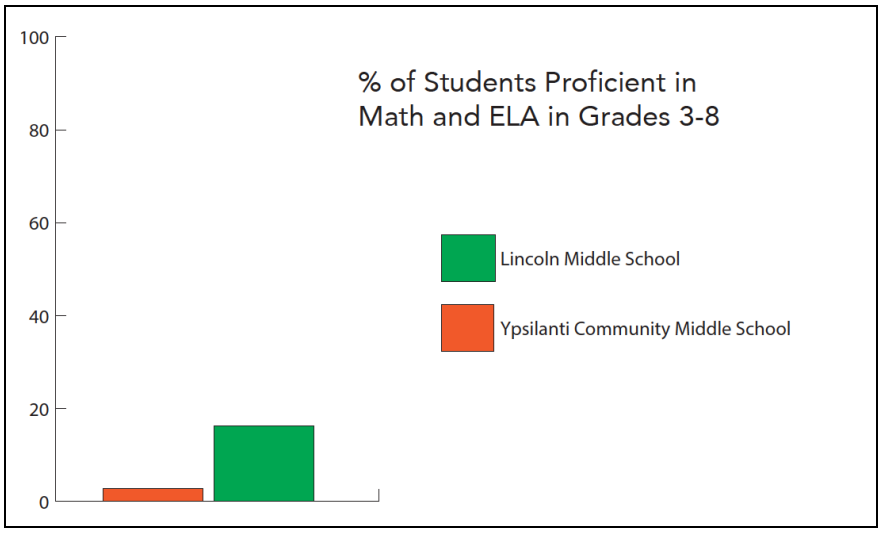
Our collaborative team also includes Washtenaw Intermediate School District: WISD is a separate LEA that supports the 9 independent school districts in Washtenaw County (including Ypsilanti Community Schools and Lincoln Consolidated Schools), and will participate in this Collaborative as an adviser, not a school site, yet WISD supports a long-term plan to replicate countywide programming found to show community benefit.

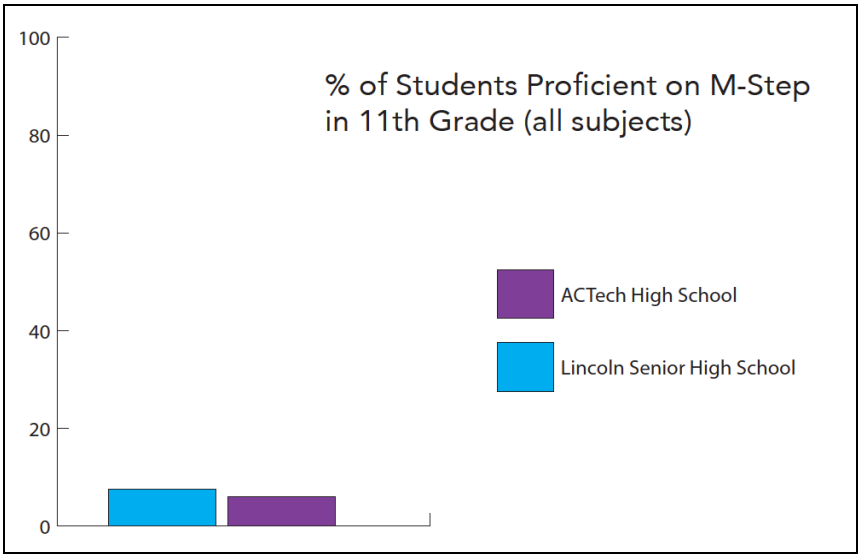
All three LEAs, and specifically the four school sites we will serve through this grant, are Title 1 schoolwide program eligible. The demographic make-up of the schools indicates a significant increase in need compared to the general population of Ypsilanti – a result of the alternative school placement of children from households with the capacity to enroll in private or out-of-district schools.

The following graphs represent the demographics of students in TRAILS – one of our collaborative's existing pipeline services – at four district schools last year, 2017-2018.









Community Health Needs Assessment In 2016, for the first time, all nonprofit hospitals in Washtenaw County, Michigan collaborated to conduct a single Community Health Needs Assessment for the shared geographic region of Washtenaw County. The hospitals, Saint Joseph Mercy Ann Arbor, Saint Joseph Mercy Chelsea, and the University of Michigan Health System, conducted a collaborative community health data

collection and assessment process in partnership with Washtenaw County Public Health and area health coalitions; the process was facilitated by the Washtenaw Health Initiative. The collaborative, named Unified Needs Assessment Implementation Plan Team Engagement (UNITE), exists to promote health and improve the health equity of our community by developing a unified health assessment and improvement plan, using a shared leadership structure and a process that continuously engages community. The UNITE group collected data through focus groups and key informant interviews, and assessed data from a variety of quantitative and qualitative sources, including both primary and secondary data.

At the end of the independent voting and ranking process, using extensive criteria, the top two groups of prioritized needs were identified and adopted by the executive boards of each UNITE partner institution: 1) Mental Health and Substance Use Disorders, and 2) Obesity and Related Illnesses, both of which our Collaborative address directly.

Mental Health Care Need Mood and anxiety disorders affect 20-50% of school age children nationwide, leading to school failure, substance abuse, and adult psychopathology, with immense social and economic impact. Exposure to trauma among youth reaches approximately 40% and in Ypsilanti in particular, high rates of poverty, crime, and a lack of community resources exacerbate trauma exposure and its sequelae (Finkelhor, Turner, Shattuck, & Hamby, 2015).

The social consequences and financial burden of untreated mental illness are enormous. Disorders such as Depression and Anxiety are treatable but less than 20% of youth in need have access to any treatment, and access to empirically supported treatment is even rarer due to long waitlists and few providers who accept public insurance trained in best practices. For youth and families relying on community-provided mental health care, treatment is often unavailable until it is too late, when symptoms are already severe.

The opportunity to benefit from early and effective treatment could be substantially increased through identification of need and services provided by school professionals with the necessary tools and training. Despite the potential of school-delivered mental health services, most school professionals lack training in evidence-based practices (EBPs) and do not benefit from one-time workshops or professional development trainings that introduce clinical skills.

Approximately **49%** of school-aged kids are impacted by **mental illness**

80% of kids impacted by mental illness **never receive treatment**

Established Pipeline Services

The University of Michigan is a top ranked public university with an outstanding reputation as an educational facility, research organization, and hospital system. The University also invests heavily in the local surrounding community and as a partner with other organizations for the greater good. Prior to this grant becoming available, three University of Michigan programs were supporting health and wellness outreach programs at Lincoln and Ypsilanti schools. These programs have been operating independently, but this grant process has provided an opportunity to plan for intentional program coordination and collaboration. The following is a short description of the existing pipeline services currently embedded in all four Partner schools.

Regional Alliance for Healthy Schools

Established in 1996, the mission of University of Michigan Health System Regional Alliance for Healthy Schools (RAHS) is to provide school-based health programs and clinical services that improve the well-being of students, their families, and communities. RAHS believes that healthy children of all ages make better students, and when they feel good, they can better focus on learning. RAHS' 14 school-based health centers in Washtenaw and Genesee Counties serve as a "safety-net" for students and youth in the community at-large. RAHS offers comprehensive physical and behavioral health services to youth ages 5-21 year-round, regardless of where they are enrolled in school or insurance status/ability to pay. Services include physical exams and sports physicals, individual and family mental health psychotherapy, health care management, acute care visits, individual and group nutrition counseling, individual and family physical activity

counseling, adolescent risk assessments and counseling, evidence-based health prevention and intervention programs, on-site dental services, vision exams and glasses, referrals to community resources, insurance enrollment, immunizations, lab tests, and referrals and follow-up for families with tangible needs.

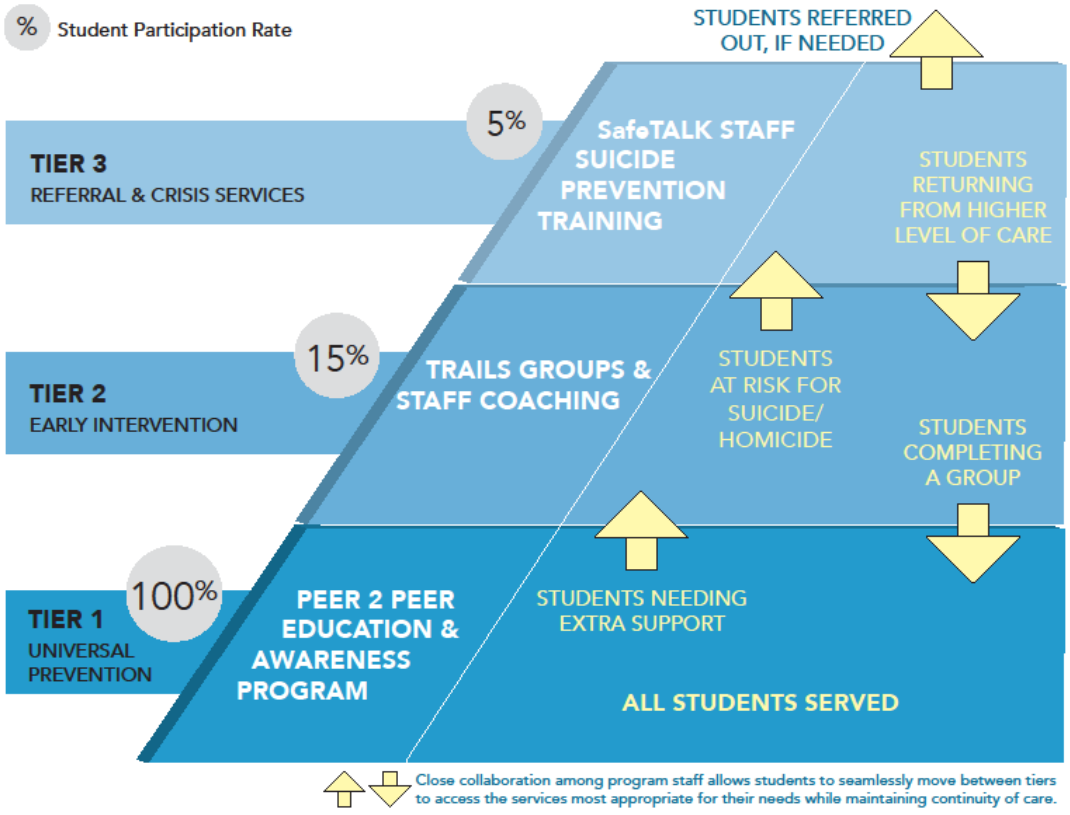
Project Healthy Schools

Project Healthy Schools (PHS) is a University of Michigan and community-based intervention program that works to reduce childhood obesity and cardiovascular risk factors among middle school students. Since its inception in 2004, PHS has impacted 100 schools, 63,000 students, and 68 communities throughout the state of Michigan. PHS encourages healthy habits through school-based assessment, education, environmental change, and measurement while utilizing the social-ecological framework to promote health at the individual, organizational, and community level. PHS intervention strategies focus on five health behavior outcomes: 1) eat more fruits and vegetables, 2) choose less sugary food and beverages, 3) eat less fast and fatty food, 4) be active every day, and 5) spend less time in front of a screen. PHS utilizes a five-step process to guide schools through their efforts to create and sustain a healthier school environment: build support, assess the school wellness culture, make an action plan, take action, and measure success. PHS aims to develop healthy school environments and create an infrastructure that supports program sustainability. By doing so, PHS uses Policy, System, and Environmental (PSE) changes to make healthy choices an easy and feasible option for our school communities. PSE approaches are effective because they lead to long-term behavior change for an entire school

population, with the vision that these health habits continue outward to the family home and surrounding community.

3-Tiered Student Wellness Support Program

With local and state support provided in 2017, the University of Michigan partnered with the Washtenaw Intermediate School District to carry out a multi-year initiative to implement in all 28 middle- and high-school buildings, a three-tiered approach to promote student emotional and behavioral health. The service delivery model, informed by the Positive Behavior Interventions and Supports model for the whole-school setting, includes Tier 1 Prevention, Tier 2 Early Intervention, and Tier 3 Crisis Response. Each component of the model is grounded in a strong an empirical foundation.



Tier 1: Peer 2 Peer Education and Awareness (P2P) The UM Depression Center (also part of the Department of Psychiatry) has been providing P2P depression awareness programming for over 10 years. Built on the premise that teens are more likely to attend to messaging from their friends than from adults, student leadership teams attend an educational conference at the UM where they learn about depressive illnesses and receive training on how to design and implement educational campaigns at their schools. Evaluation of P2P has demonstrated effectiveness in students by improving knowledge and attitudes about depression, increasing help-seeking in those in need of mental health services, and reducing stigma related to mental illness (Parikh et al., 2018).

Tier 2: Transforming Research into Action to Improve the Lives of Students (TRAILS) Since 2013, the UM Department of Psychiatry and Comprehensive Depression Center have worked to establish the TRAILS (*Transforming Research into Practice to Improve the Lives of Students)* – a dissemination and implementation model designed to increase utilization of evidence-based mental health practices among school professionals. TRAILS school staff participants receive didactic instruction in core Cognitive Behavioral Theory (CBT) and Mindfulness techniques – two leading approaches for the management of adolescent mental health difficulties. This training is then paired with follow-up coaching from a clinical expert to support sustainment of new skills. Coaching is delivered in the schools during facilitation of student skills groups, so as to maximize efficiency and provide personalized training in a naturalistic setting.

Data from a pilot of 25 schools encompassing 75 school health professionals and over 400 students demonstrated that TRAILS leads to sustainable uptake of new evidence-based practices among school health professionals and improvements in health outcomes among students. Students have seen clinically significant reductions in symptoms of anxiety and depression, and nearly all student participants indicate on post-group evaluations that their TRAILS group was “great” or “excellent”. Evaluations from school professionals who participated also indicate tremendous support for the program: 100% of participants stated that they would recommend a school professional colleague participate in the program if given the opportunity; and all school professionals reported having used TRAILS materials on a regular basis with students.

The TRAILS model is the focus of a current National Institutes of Mental Health grant (R01MH114203-01) to test program efficacy via a randomized controlled trial. To support this clinical trial as well as respond to significant program demand, recent TRAILS expansion included the establishment of a statewide network of clinical coaches, trained to extend the impact of didactic instruction provided regionally, by delivering on-site coaching at local schools. More than 150 community mental health providers have been trained as TRAILS Coaches, spanning 75 of Michigan’s 83 counties.

Tier 3: SafeTALK Training and Suicide Risk Identification and Referral Training

SafeTALK, developed by LivingWorks Education, is an evidence-based suicide prevention and intervention program with strong empirical foundations. SafeTALK aims

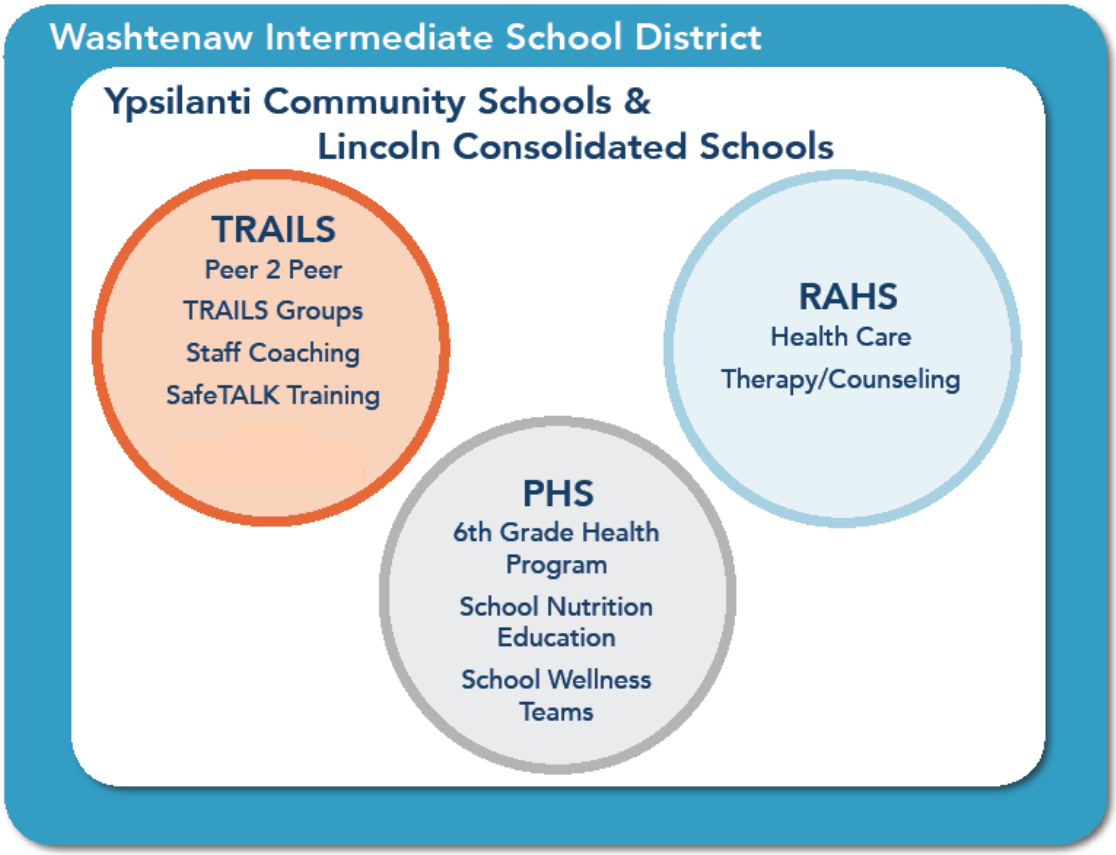
to increase the ability of participants to recognize and engage students at risk of suicide, and to connect them with appropriate resources. Past participants have demonstrated an increased identification of those at risk of suicide and referrals to appropriate agencies (McLean, Schinkel, Woodhouse, Pynnonen, & McBryde, 2007).
The program has been shown to benefit school communities, and in particular, schools with limited availability of mental health care services (Shannonhouse, Lin, Shaw, & Porter, 2017).

To support identification of students at risk of suicide as well as timely referrals to higher levels of care, several members of our team partnered with the Washtenaw Intermediate School District and the University of Michigan Child and Adolescent Psychiatric Emergency Services Department to provide appropriate training and resources to all schools. The Columbia Suicide Severity Rating Scale (C-SSRS), made available with free training to all schools in the county, is a questionnaire used for suicide assessment developed by multiple institutions, including Columbia University, with NIMH support. The scale is evidence-supported and is part of a national and international public health initiative involving the assessment of suicidality. Available in 103 different languages, the scale has been successfully implemented across many settings, including schools, college campuses, military, fire departments, the justice system, and primary care and for scientific research. The PES Referral Tool, also provided with training to all schools countywide, provides a format for organizing information about any student who is being referred to Psychiatric Emergencies Services for urgent evaluation, and then facilitating communication back to and between

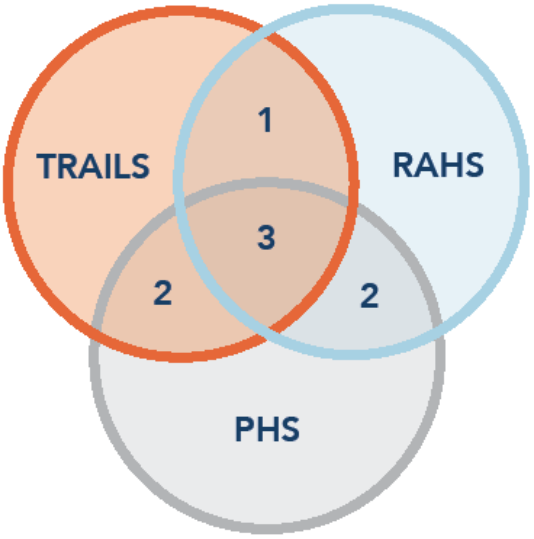
the referring school and Michigan Medicine (or other medical professionals). The goals of this tool are to (a) increase appropriateness of PES referrals, (b) improve information sharing from the school to the hospital at the time of referrals, and (c) improve information sharing back to the school following an inpatient or emergency room evaluation, particularly if the student is to be returned to school.

Within Washtenaw County, the collaborative work to embed all three tiers of services into every middle and high school building required a lead program to oversee the university-community partnership planning, implementation, and evaluation. TRAILS was selected as this lead program, and therefore all three tiers of programing now carry the TRAILS program title, as depicted below.

Independent Programs, Prior to Collaborative



1. Mental health and physical health are linked, and often interdependent. As student's mental health declines, they are more likely to experience somatic symptoms, including headaches, stomachaches, muscle and joint pain; and they are more likely to report needing physical health care. Conversely, students lacking adequate medical care are more likely to experience mental health symptoms, such as depression and anxiety.



2. Healthy lifestyle habits support and maintain mental and physical health. One of the most empirically well-supported approaches to the treatment of depression in youth is exercise. When combined with a balanced diet and adequate sleep, non-pharmacologic treatments for Depression and Anxiety are more likely to show impact.

3. **When a child's mental health, physical health, and healthy lifestyle habits are supported in a coordinated way by their family and community, that child is more likely to be successful in all areas of life.**

New Proposed Pipeline Services

Social Emotional Learning Alignment

In recent years, Michigan has increased their commitment to social and emotional learning (SEL) statewide and in fact has become one of the nation's leaders in their effort around SEL. In August 2017, the Michigan Department of Education (MDE) disseminated SEL competencies for youth ages birth through grade 12. Along with the competencies, MDE provided a companion implementation guide which gives districts resources and tools to help them align SEL to their learning environments and school improvement planning process.

According to MDE's Every Student Succeeds Act (ESSA) plan, all Michigan schools will be utilizing the Multi-Tiered System of Support (MTSS) as their framework for academics and behavior. Michigan's ESSA plan also includes SEL as one of the fifth indicators schools can use for their "non-academic" factors. This project proposes to utilize the current MDE SEL competencies and align them with the TRAILS curriculum to develop a Tier 1, universal approach, for all general education classroom teachers. TRAILS has historically functioned as a Tier 2 approach for districts and has recently begun to garner interest from educators to provide them with supports to use in their classroom setting. Through this initiative TRAILS will continue to offer Tier 2 supports while also develop a Tier 1 curriculum combining SEL and TRAILS strategies. This Tier 1 curriculum will also include sample lesson plans along with other necessary support documents. We will explore options with educators around the best approach to embed

SEL/TRAILS into their daily practice. Some teachers may find it most beneficial to incorporate these strategies throughout their lesson plans and content delivery. Fortunately, MDE has developed crosswalks between the core content areas and SEL competencies to help facilitate and expedite that method of integration. Being prepared to capitalize on the “teachable moments” as they present themselves during the school day can be a great benefit to the teacher and student(s). Another option to investigate will involve identified “set-aside” time to focus on SEL/TRAILS skill development. Some teachers may prefer to establish these practices during specific scheduled time during the day or week in hopes of avoiding any potential class disruptions. As this process unfolds it may be discovered that having resources for both approaches is ideal and beneficial for various educator’s preferences.

In partnership with the identified districts in this grant, the Tier 1 TRAILS/SEL curriculum will be pilot tested with the educators in each building to ensure effectiveness, usability and efficacy. Modifications will be made as indicated and coordinated management will enable training and technical support to embed the full TRAILS/SEL curriculum into all four Partner schools. Strong community partnership and personnel in place at each school site to facilitate focus groups, surveys, testing, and evaluation of the curriculum, will enable input from those using the lessons early on, to ensure it meets the requested local need. Once the curriculum is finalized it will be available for usage not only within all partner sites, but also across the county and state. Having a product developed using evidenced based and effective strategies to disseminate statewide is an added benefit to this project and will meet a tremendous gap experienced by educators.

Authentic Family Engagement

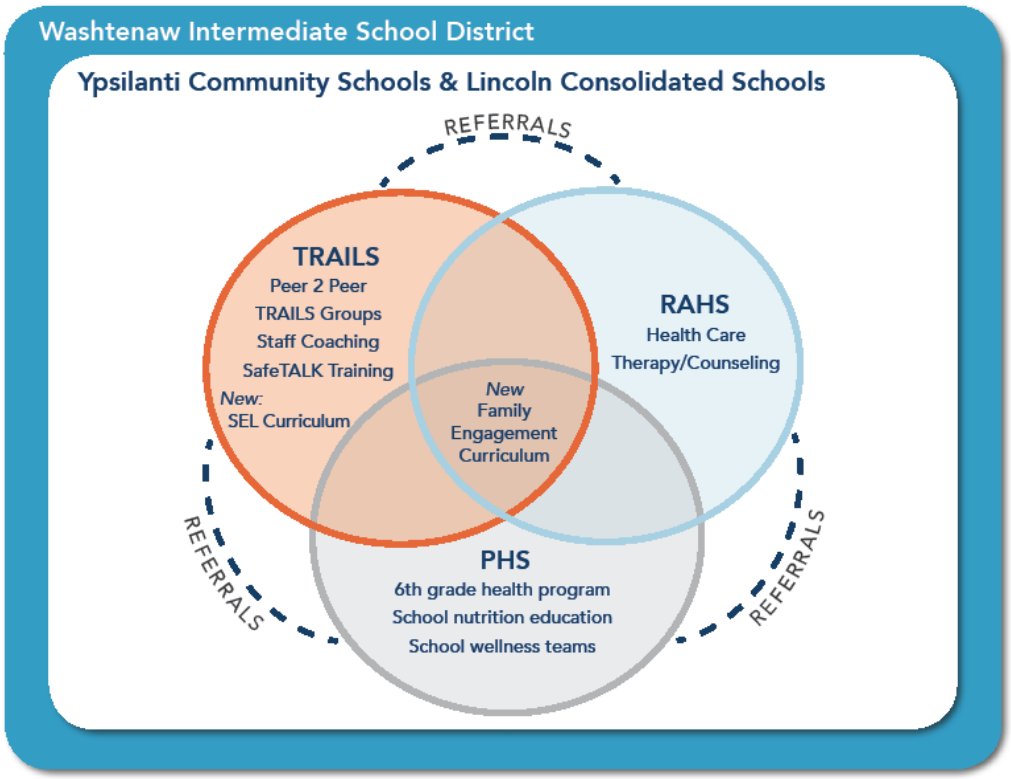
Years of research substantiate the critical importance of a family's role in supporting children's academic achievement and social emotional development. More recently, families have been recognized as essential, however, changing the paradigm from passive family involvement to meaningful and active family engagement and partnership has been challenging for schools, especially those trying to connect with racially and ethnically diverse families. Families are by no means a homogeneous group and come from various perspectives and contexts -- from young parents to grandparents raising grandchildren to parents of children with special needs to those who are immigrants or refugees. To be successful, family engagement strategies must reflect each family's strengths and characteristics, rather than applying the same methodology to all.

The inclusion of a Family Engagement component in schools is vital in order to maximize student success. In many programs this piece is often overlooked or is an add-on to a program. Our goal is to engage families in this work early and often and to empower them to support each other to form a true partnership.

This project proposes to develop a Family Engagement component for use in schools with aims of strengthening the voice and role of the family for all students. This framework for engaging families will include interactive workshops for families; education and outreach campaigns including parent mentorship programs, door-to-door campaigns, learning sessions and welcome groups; focus groups; initiatives and programs for building partnerships between families and the schools, as well as

activities printed materials to strengthen parent support as indicated. Through this grant opportunity a sample workshop/presentation about all UM Partner services will be created for schools to share with families and community stakeholders informing them about what is available to their children. Once the Family Engagement component is in motion, a short video of families and their engagement experience including testimonials will be developed. This video will be available to be used in other districts around Michigan to help schools recognize the importance of and role families can play in the support of their student's mental and physical health in schools. The identified and effective Family Engagement strategies utilized will be documented and formalized in an effort to scale up statewide as TRAILS continues to expand its reach.

Coordinated Programs Following FSCS Collaboration



Long Term Vision

The long-term vision of this collaboration is larger than just these four schools, for five years. In year three, we will assemble the results from our Collaborative efforts and offer preliminary recommendations for all WISD schools - 9 districts in total – to consider. Findings, recommendations, and best practices will also be distributed to all of the schools hosting any of our UM programs across the state: RAHS operates in 14 schools, PHS operates in 82 schools, and TRAILS has 44 school sites across the state and is rapidly growing. With this unique and promising collaboration, within 5 years we will draw the roadmap for successful community partnerships, and influence others to follow our lead. Students across Michigan will benefit from comprehensive, compassionate mental and physical health care collaborations that work.

Workplan (by Identified Goal)

Goal	Objective	Outcome	Date Range / Due Date	Measurement / Tool	Lead / Responsible
Strategic Planning: Identify priority health and wellness needs of the district and existing resources, and collaboratively plan a responsive and sustainable health promotion strategy.	Complete a comprehensive district behavioral health needs assessment.	Outline of selected assessment tools and planned method of administration (data review, surveys, focus groups, public meetings, etc.)	Oct 2018 - Nov 2018		TRAILS and District leadership (e.g., WISD partners, individual building principals)
		Complete needs assessment regarding existing district programs and resources, and pointing to prioirty areas of need	Nov 2018 - Jan 2019	Original surveys, focus groups, and established state and federal tools: School Health Assessment and Performance Evaluation System (SHAPE), Student Health Survey (SHS), Michign Profile for Health Youth (MiPHY), Youth Risk Behavior Survey (YRBS)	Site Coordinator
		Compile data and prepare report outlining key findings	March 31, 2019	Embedded measure reporting tools	Site Coordinators (4)
	Partners attend joint meetings to collaboratively plan a sustainable health promotion strategy	Partners meet in October 2018, and schedule 12 months of meetings	Oct 31, 2018		TRAILS Lead
		Partners craft a collaborative, strategic plan	Benchmark 1: Long range strateigc plan completed before February, 2019. Benchmark 2: Year 1-2 Plan completed before April 2019. Benchmark 3: Year 3-5 plan completed before June 2019.	SHAPE Action Plan Tools (custom reporting, assessment and planning, program resources)	TRAILS Lead

Goal	Objective	Outcome	Date Range / Due Date	Measurement Tool	Responsible
Coordination and Sustainment of Evidence-Based Care: Increase adoption and high-fidelity utilization of evidence-based mental health practices by school staff, and engage stakeholders as sustainability partners	Map training, program, and implementation support to be provided to all partner schools, across all three tiers of service delivery	Document all services to be provided and resources required for sucessful, sustainable implementation and ongoing evaluation and revision	June 30, 2019	Strategic Plan	UM TRAILS Lead and WISD District Adminsitrative Lead Partners
	Employ a Full Time Services Coordinator at each of the four school sites	Draft descriptions and recruit for positions in Sept - Oct 2018	Oct 15, 2018		TRAILS Admin
		Hire positions in October 2018	October 31, 2018	UM HR Tools	TRAILS Lead
		Create a professional development and training plan within one month of hire	December 31, 2018	UM HR Tools	TRAILS Lead
		Quarterly check in / evaluation of position structure and employee performance	Quarterly	UM Employee Evaluation Tools	TRAILS Lead
	Create communication strategies and tools that facilitate exchange of information and efficiencies while abiding by privacy regulations	Assemble shared document folders for resources and tools	June 1, 2019	Box cloud-based collaboration platform	TRAILS Web Team
		Craft a communications plan for student referrals and service delivery coordination in alignment with needs assessment data	June 1, 2019	Student tracking tool shared by internal and external service providing partners; Psychiatric Emergency Services Referral and Communication Tool	Site Coordinator
		Complete communications related priorities in the Strategic Plan	Biannual	Strategic Plan	Site Coordinator

Goal	Objective	Outcome	Date Range / Due Date	Measurement Tool	Responsible
Increased Access to Effective Services: Improve availability and effectiveness of partner services for students by coordinating partner programs and maximizing local resources and expertise.	TRAILS continues providing high quality programs in collaboration with local partner providers trained as consultants and coaches	Meeting or exceeding previous success measures	Quarterly, Annually, and individually for each cohort / program	Multiple TRAILS implementation and clinical evaluation tools, see evaluation section	TRAILS Lead
	RAHS continues to provide high quality services and utilizes new coordination tools to streamline and improve the efficiency of programs	Meeting or exceeding previous success measures	Quarterly, Annually	UM Pediatric Standards of Care evaluation tools	RAHS Lead
	PHS continues to provide high quality programs utilizes new coordination tools to streamline and improve the efficiency of programs	Meeting or exceeding previous success measures	Quarterly, Annually, and individually for each cohort / program	Michigan Healthy Schoool Action Tools (HSAT)	PHS Lead

Goal	Objective	Outcome	Date Range / Due Date	Measurement Tool	Responsible
New Pipeline Services for FSCS Partner Sites: Develop and implement two new programs: the Social Emotional Learning Curriculum and the Authentic Family Engagement Curriculum.	Provide and coordinate new programs to strengthen and sustain the FSCS model	Development of Authentic Family Engagement (AFE) and Social Emotional Learning (SEL) curriculum completed	September 1, 2019	To be determined	TRAILS Curriculum Team
		Schools align additional school services and partnerships under the Strategic Plan	Sep 2019-Sep 2023	Strategic Plan	Site Coordinator
		Pilot testing, evaluation, and final iteration of AFE and SEL programs	Semiannually	To be determined	Site Coordinator; TRAILS Curriculum Team
		Evaluation and adaptation of AFE and SEL programs	Quarterly and annually	To be determined	TRAILS Curriculum Team

Quality of Project Services

Diversity, Equity, and Inclusion

The University of Michigan has a campus wide Strategic Plan for Diversity, Equity, and Inclusion, including department unit-based strategic objectives and action items. Every off-site program, including all of the Partner programs in this Collaborative, are required to operate in this way, and are subject to evaluation and training to ensure compliance. The three statements below summarize the overarching themes of the Strategic Plan for Diversity, Equity, and Inclusion.

Diversity

We commit to increasing diversity, which is expressed in myriad forms, including race and ethnicity, gender and gender identity, sexual orientation, socio-economic status, language, culture, national origin, religious commitments, age, (dis)ability status and political perspective.

Equity

We commit to working actively to challenge and respond to bias, harassment and discrimination. We are committed to a policy of equal opportunity for all persons and will not discriminate on the basis of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, height, weight, veteran or familial obligations.

Inclusion

We commit to pursuing deliberate efforts to ensure that our campus is a place where differences are welcomed, different perspectives are respectfully heard and where every individual feels a sense of belonging and inclusion. We know that by building a critical mass of diverse groups on campus and creating a vibrant climate of inclusiveness, we can more effectively leverage the resources of diversity to advance our collective capabilities.

TRAILS Diversity, Equity, and Inclusion

The Department of Psychiatry has its own DE&I committee, whose primary goals for DE&I initiatives in the first year (2017) were to: 1) Form an interdisciplinary DE&I committee to lead programming such as educational Grand Rounds presentations; 2) Elicit departmental DE&I strengths and areas for growth via anonymous surveys; and 3) Host an end-of-year retreat to reflect on insights gathered and plan activities for the second year. They are an active and much-appreciated committee within the department.

Our Collaborative's four Partner schools have been selected because of their diverse make up, and to help achieve equity in low-income schools with limited resources and limited access to external mental/physical health services. All UM Partner programs have been inherently designed to improve community health equity.

At all youth and adult TRAILS training conferences, effective communication and cultural competence are discussed. The Peer 2 Peer program in particular emphasizes diversity, equity, and inclusion. Students are encouraged to respect different ideas and to value the unique viewpoint each person brings, and participation on teams is open to all interested students and events are held student-wide. In particular, our Peer Mentors include many people with lived experience of depression and anxiety and psychiatric disability. The campaigns run by P2P revolve around inclusivity with a goal of reducing stigma towards those with mental illnesses.

Quality of Partner Organizations

The UM Partner programs selected for this Collaborative are among the most cutting edge, entrepreneurial leaders in their respective fields. The University of Michigan provides a national model of a complex, diverse, and comprehensive public institution of higher learning that supports excellence in research, provides outstanding undergraduate, graduate, and professional education, and demonstrates commitment to service through partnerships and collaborations that extend to the community, region, state, nation, and around the world. The assembled Collaborative Partners are world class level professionals, invested personally in the success of this hyper-local project.

We will maximize the effectiveness of the project services by maintaining evidence-based practices and appropriate evaluation measures, and increasing collaboration and big picture dreaming. The additional staff person coordinating services at each

school will help weave complimentary, independent UM programs together for the benefit of student health and wellness.

TRAILS Impact

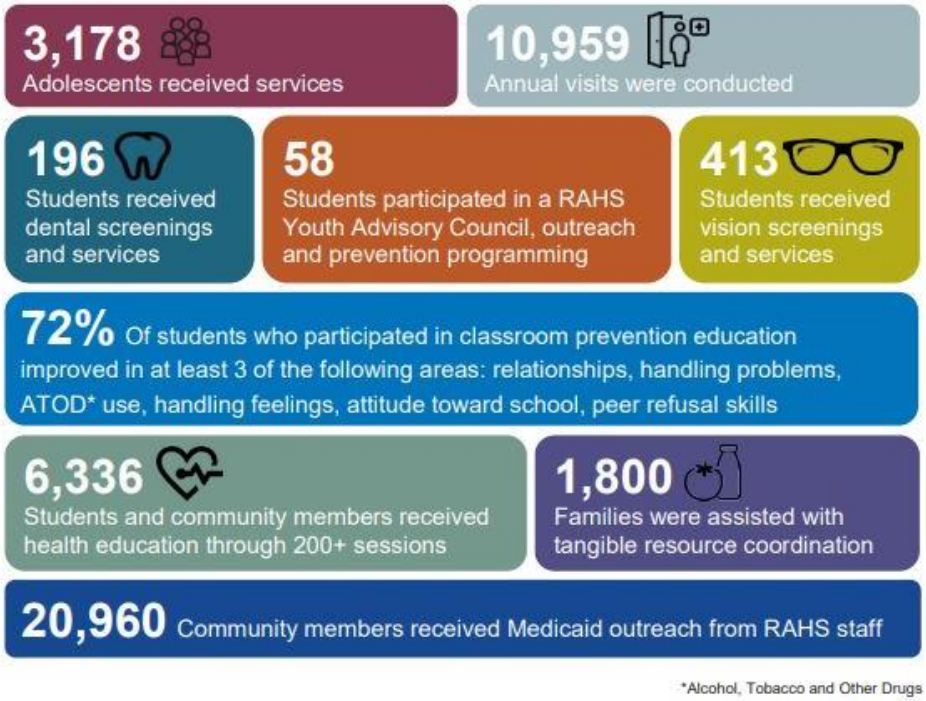
The evidence is clear that early intervention services can significantly improve the trajectory of child and adolescent mental illnesses, however the majority of youth with mental health difficulties do not receive treatment and access to evidence-based practices in particular is severely limited (Katakoa, Zhang, & Wells, 2002). Low income and minority youth are particularly impacted by lack of access to behavioral health care, due to socio-cultural barriers that impede families from seeking and receiving high quality care. The personal, social, and economic costs associated with such limited access to care are tremendous, as services are often lacking until a crisis occurs.

TRAILS will continue to implement and evaluate a 3-tiered model of behavioral health programming providing evidence-based mental health prevention-to-intervention services. This comprehensive initiative targets the middle- and high-school setting to significantly improve knowledge of mental illnesses and increase help-seeking among a highly vulnerable population; while concurrently expanding schools' capacity to provide early and effective services grounded in evidence-based prevention and intervention practices. Peer 2 Peer youth mental health campaigns have proven effective at increasing students' knowledge of and improving attitudes about depression, reducing stigma, and improving help-seeking (Parikh et al., 2018). Evaluation of TRAILS has shown increased and sustained use of CBT and Mindfulness skills in school

professionals while simultaneously reducing levels of depression and anxiety in participating students. Participants trained in SafeTALK indicate they are more likely to notice an individual at risk of suicide, approach and ask them about potential suicidal thoughts, and connect them to additional help (McLean, Schinkel, Woodhouse, Pynnonen, & McBryde, 2007). The program's 3-tiered model also aligns with the established Interconnected Systems Framework (ISF) that effectively links School Mental Health (SMH) and Positive Behavioral Interventions and Supports (PBIS) to advance "educational outcomes for all youth, especially those with or at risk of developing mental health challenges" (Barrett, Eber, & Weist, 2013).

RAHS Impact

RAHS's delivery of school-based health programs and clinical services that improve the well-being of students, their families, and communities has grown from serving families at one elementary school in Ann Arbor to serving students at 14 schools across three cities.



PHS Impact

Project Healthy Schools uses the social-ecological framework to promote health at the individual, organizational, and community levels. PHS aims to teach youth healthy habits, develop healthy school environments, and create an infrastructure that supports program sustainability. By doing so, PHS uses policy, system, and environmental (PSE) changes to make healthy choices an easy and feasible option for our school communities. PSE approaches are effective because they lead to long-term behavior change for an entire school population, with the vision that these health habits continue outward to the family home and surrounding community.

PHS intervention strategies focus on five health-behavior outcomes: eat more fruits and vegetables, choose less sugary food and beverages, eat less fast and fatty food, be active every day, and spend less time in front of a screen. The PHS curriculum is composed of 10 evidence-based educational lessons that offer nutritional and physical activity behavior modifications. PHS lessons are highly interactive and delivered to all 6th grade students each academic school year. The lessons cover various nutrition and physical activity topics including food culture, how to create a balanced meal, natural vs. added sugars, calculating your heart rate, eating a rainbow of fruits and vegetables, the importance of eating breakfast, food advertising, the role of dietary fats, and how to create healthy goals and habits.

PHS utilizes a five-step process to guide schools through their efforts to create and sustain a healthier school environment: 1) build support, 2) assess the school wellness

culture, 3) compose a school wellness improvement plan, 4) take action, and 5) measure success. These steps are executed within each school by the support of the school Wellness Champion in collaboration with a PHS Wellness Coordinator.

Project Healthy Schools is one of the few school-based programs that have demonstrated significant improvements in both health behavior and cardiovascular risk factors, such as reductions in total cholesterol, LDL cholesterol (bad cholesterol), triglycerides, and blood pressure. Students say they make healthier choices because of Project Healthy Schools:

- 46% eat more fruits and vegetables
- 45% are more physically active
- 47% are more aware of how to be healthy and why it's important
- 30% spend less time in front of a screen
- 36% choose less sugary foods and beverages
- 29% make better choices at fast food restaurants
- 53% share what they learned with their family

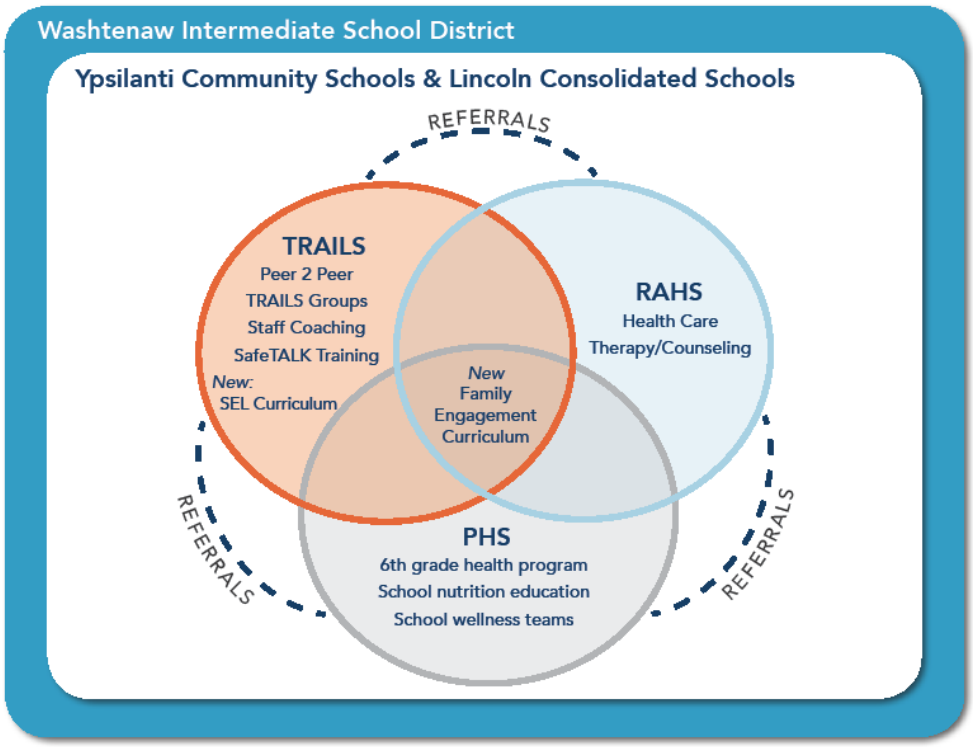
On average, students engaged in 18.3 more minutes of moderate or vigorous exercise per week following the Project Healthy Schools program. Project Healthy Schools research published in the December 2015 issue of the American Journal of Public Health shows that students' cardiovascular risk factors (total cholesterol, LDL cholesterol, triglycerides, resting heart rate) improved significantly after participating in this program, compared to when they began the program. These benefits were

sustained over four years. Students from low-income communities tended to demonstrate the most improvement, even though they started the program with less positive behavioral and physiological measures than students from high-income communities.

Adequacy of Resources

Relevance of Partners

Our students must be healthy in mind and body to be engaged in the school learning environment and reach their full potential. The first Principle in the World Health Organization's (WHO) Constitution (2004) states: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." It follows with “there is no health without mental health.” By intentionally partnering with a health clinic and preventative health educators, TRAILS will envelop the students at these four schools in a full service environment - holistic, supportive, and unanimously focused on student success. Collectively, our services will eliminate barriers that low income and high-risk students face outside of the classroom, leveling the playing field and narrowing the achievement gap inside of the classroom.



Commitment of Each Partner

Each UM Partner involved in this Collaborative is a well-established, evidence-based program, led by professionals with significant expertise and a history of past success. The University of Michigan has supported each of these programs independently, and will support this Collaborative with the full weight of its influence and resources.

TRAILS began in 2013 as a partnership with Michigan Medicaid and the Michigan Department of Health and Human Services (MDHHS) on the design and evaluation of a novel dissemination and implementation model to increase access to effective mental health care among children and teens. After the pilot phase of the program was successful, expansion began. TRAILS has now been piloted in 44 schools spanning 10 counties, with programs at our four Partner schools launching in the fall of 2017. Currently, the program is building a statewide network of mental health providers trained to coach school professionals and co-facilitate skills groups for students with symptoms of depression and/or anxiety. 350 mental health professionals have been trained in 66 counties across Michigan, and state-wide implementation will begin in the fall of 2018. The TRAILS team is a skilled, highly productive group of leaders that have demonstrated the ability to combine scientific knowledge and practical experience with a socially-conscious entrepreneurial spirit. This Collaborative partnership is an example of the leadership skills and child-centered mentality of the TRAILS team.

RAHS has been providing health services to low income schools, including our four Partner Schools, since 1996. They have added services over the years to address

student needs, such as vision and dental care, insurance assistance, mental health services, substance abuse services, and Care Coordinators that help families find other tangible services that they need. RAHS has proven their commitment and longevity, and joining this Collaborative now demonstrates their interest in continuing to evolve and strengthen the services supporting students.

PHS was created in 2004, and has had nearly 70,000 students enrolled since then, with more than 30,000 impacted every year with school wellness initiatives. The program is evidence-based, and part of an ongoing academic study testing the long term effects of preventative healthy lifestyle education in children. Their contribution to this Collaborative for enjoyable, healthy activities will be invaluable.

In WISD's mission, three of the eight bullet points relate directly to the work this Collaborative will undertake: 1) Providing programs and services that address the needs of the whole child, 2) Supporting a personalized learning experience for each student and family, and 3) Maximizing collaboration with schools, businesses, agencies, and communities. As the over-arching support LEA for the entire county since 1962, WISD will represent a larger viewpoint than just an individual school, or an individual district. WISD's support will be helpful as we expand this partnership model to other districts and communities.

Our school sites, in Ypsilanti and Lincoln Districts, have been generous and enthusiastic Partners from the beginning of this collaboration. They willingly give school space and staff time whenever it is needed, and will continue to do so.

Reasonable Cost

We believe that the cost of this Collaborative is extremely reasonable given the scope of students that will benefit during the initial five-year cycle, and even more so when considering the lifetime health impact for the individual students, and the longer term potential for impact outside of these four schools when the Collaboration serves as a model for other schools in Michigan and across the US. We estimate that there will be 7,000 (unduplicated) students directly impacted by our Collaborative, and the price per student for this collaborative is just $343.

The cost of providing services to low-income and Medicaid-enrolled children and families could be significantly reduced if:

- Services were provided to students for free in the school setting by existing school personnel (e.g., student CBT/ TRAILS skills groups),
- Services were provided early (i.e., prevention, early intervention), and
- Services provided were grounded in evidence-based practices.

Schools provide an unparalleled pathway to addressing student mental and physical health difficulties, particularly for low-income and Medicaid enrolled youth, as school-based personnel are well positioned to identify youth with challenges and to offer

services regardless of students' insurance coverage, limited family support or resources, transportation difficulties, and other mitigating factors. In rural areas of the state in particular, where clinics may be situated many miles from a child's home, schools serve as essential vehicles for delivery of needed services. Integrating effective mental health, physical health, and preventative health practices into the school setting would increase access and engagement, limit the utilization of crisis services to those that most urgently need them, reduce the burden on community-based providers, and reduce associated costs of higher levels of care, particularly for Medicaid enrolled families.

Impact:

Lincoln Middle School:	1,000 students each year
Ypsilanti Middle School:	500 students each year
Lincoln High School:	1,200 students each year
Ypsilanti High School:	1,100 students each year
Total each year:	3,800 students and their families

Tier 1 Universal Prevention - 100% of students will participate in mental health awareness campaigns, healthy lifestyle education, and have access to healthcare and nutritious food

- Student Five Year Impact (with duplication): 19,000
- Student Five Year Impact (without duplication estimate): 7,000
- Family Five Year Impact (without duplication estimate): 21,000

Tier 2 Early Intervention - 15% of students will participate in TRAILS groups to improve their mental health, 27% will enroll in PHS activity programming, and 13% will visit the RAHS Health Centers

- Student Five Year Impact (with duplication):
    - 2,850 TRAILS
    - 2,025 PHS
    - 3,000 RAHS
- Student Five Year Impact (without duplication estimate):
    - 1,050 TRAILS
    - 1,012 PHS
    - 1,000 RAHS
- Family Five Year Impact (without duplication estimate):
    - 3,150 TRAILS
    - 3,036 PHS
    - 3,000 RAHS

Tier 3 Referral and Crisis Services - 5% of students will be identified as at-risk for suicide and be referred to crisis services

- Student Five Year Impact (with duplication): 950
- Student Five Year Impact (without duplication estimate): 350
- Family Five Year Impact (without duplication estimate): 1,050

Funding and Sustainability

Each of the UM Partner programs is adequately funded independently, and growth is consistent year over year. There is an established trend of growth for TRAILS and PHS by utilizing wealthier school districts that can pay to outsource services to subsidize lower income settings, as schools have become more aware of the detrimental effects of poor mental health and childhood obesity and are investing in programs to address these essential areas.

TRAILS Sustainability and Funding

TRAILS has been designed with long-term sustainability and cost effectiveness as defining features. To date, the program has received significant funding each year in foundation and individual gifts, much of which has been matched by Michigan Medicaid. The TRAILS team also maintains an extensive program of sustainability initiatives:

- Engage state legislators, policy makers, and other entities to identify strategies to legislatively fund program implementation and sustainment, including:
    - Title IV funding, determined by School Improvement Plans
    - Section 31a of the State School Aid Act / At Risk Funding
    - Michigan House Bill No. 5606 (Teacher Preparation in SEL and at-risk youth)
- Coordinate with Michigan Medicaid, MDHHS, and Blue Cross Blue Shield to identify pathways to new billing codes to support school-based coaching by TRAILS partners

    - Current funding includes Medicaid Match of $600,000 annually for TRAILS
- Coordinate with the 50+ regionally-based Community Foundations of Michigan to design and establish a model for schools to obtain local grants to support TRAILS programming in their districts
- Coordinate with large-capacity foundations to secure 3-5 year grants targeting sustainability planning and development
    - Current funding includes over half-a-million dollars of grants and gifts to support the growth and expansion of TRAILS to reach Michigan's most fragile communities, including Detroit Public Schools Community District
- Conduct a landscape analysis to determine appropriate market opportunities for TRAILS and evaluate a variety of business models to sustain our program growth long-term.
- Work with UM's office of Tech Transfer and the Venture Center to identify and initiate critical next steps to support the anticipated expansion and scaling of TRAILS, in part by developing a revenue-generating model situated in the non-profit or for-profit sector.

RAHS Sustainability and Funding

RAHS is funded in part by UM, in part by billing public and private insurance, and through local community investment including a donation-based platform. The program has an established history of sustaining and growing its programs with sound fiscal management.

PHS Sustainability Philosophy

PHS actively seeks community partnership and collaboration to support their public health mission. PHS has a strong desire to grow their impact each year to specific areas of community need, while sustaining a strong presence of ongoing success within returning schools. The program continues in nearly 90 percent of the schools in which it has been implemented, highlighting a strong ability to uphold sustainability and long-term behavior and environmental change within all PHS schools. Project Healthy Schools has the intention and expectation that it will remain fully integrated within the school wellness culture at all PHS schools throughout the lifespan of the school. Post grant period, PHS will continue to provide each school the needed resources to continue the Project Healthy Schools program. In addition, PHS assists schools in building partnerships and seeking outside funding opportunities within their school and local community to help maximize their school wellness impact. These opportunities include partnering with their food service department, Parent Teacher Organization/Parent Teacher Association, and Student Councils. Project Healthy Schools acknowledges that behavior and environmental change requires ongoing investment, and thus, Project Healthy Schools remains fully committed to ensuring long-term success within all PHS schools.

In Kind Contributions

TRAILS has a pending gift of $50,000 in 2018 that will not be Medicaid matched, and can be applied to our cost sharing requirement. TRAILS will apply for an additional $50,000 each of the following years to share the costs of this

Collaborative as needed, and plan for long-term sustainability after the FSCS grant funding ends in five years. PHS and RAHS will continue to be raise funds to support their work through philanthropic giving, and their staff time will be donated to the Collaborative's efforts. Receiving the Full Service Community School grant will help our collaborative team continue to focus on Title 1 schoolwide eligible schools where lack of equity deeply impacts both students and the broader community.

Quality of Management Plan

University of Michigan Management

The University of Michigan has significant organizational capacity and is fully capable of successfully accomplishing all program objectives. Founded 200 years ago (est. 1817), UM is a leading academic institution, with international recognition for excellence in faculty, laboratories, libraries, and publications.

With $1.48 billion in annual research expenditures, UM is one of the world's leading research universities. TRAILS, RAHS, and PHS are all a part of the enormous body of research being conducted within and providing community service beyond the university. The UM Office of Research supports this enterprise by cultivating interdisciplinary research and providing a range of services to support research in virtually every major area of science, engineering, medicine, social sciences, management, education and the humanities. The Office of Research and Sponsored Projects enables and safeguards the conduct of research and other sponsored activity for UM. They apply specialized regulatory, statutory and organizational knowledge in a timely and professional manner in order to balance the university's mission, the sponsor's objectives, and the investigator's intellectual pursuits.

UM is ranked #1 in research volume among U.S. public universities, according to the National Science Foundation and offers 2.8M square feet of lab space for research and teaching. In fiscal year 2017, UM researchers reported 444 new inventions, marking the

fourth straight year of more than 400 inventions from university faculty. UM has 97 graduate programs ranked in the Top 10 by *U.S. News & World Report.* Interdisciplinary collaboration is a hallmark of the UM research environment as researchers join with colleagues in other fields to advance knowledge, solve challenging problems, and create marketable products.

TRAILS Management

The home of TRAILS is the University of Michigan Comprehensive Depression Center, administratively within the Department of Psychiatry. The UM Department of Psychiatry, Child and Adolescent Psychiatry Section has the largest number of child psychiatrists/ psychologists in the state, with specialization in all major areas of the field. We are uniquely positioned with members across multiple disciplines, including Medicine, Nursing, Pharmacy, Social Work, Public Health, Institute for Social Research, Kinesiology, Dentistry, Literature, Education, Science, & the Arts to improve mental healthcare. Our team has the infrastructure, expertise, and track record to successfully develop, evaluate, refine, and disseminate programs to special populations, notably for this effort, improving access and delivery of a range of services to adolescents in schools.

All internal University systems and regulations apply to Partner programs and offsite program locations. There are safeguards in place to ensure proper procedures in all areas of operations, including: risk management, employee supervision, funding

stewardship, diversity and inclusion practices, privacy protection, and adherence to EDGAR and all federal grantee standards.

Facilities

The physical location of TRAILS is the Rachel Upjohn Building on the campus of UM. Housing a 120-seat Auditorium, free parking, spacious conference rooms with videoconferencing capability, and open office meeting spaces, we are well prepared to lead this Collaborative. PHS and RAHS have additional space on the UM campus, as well as at the school sites for programming.

TRAILS Leadership Staff

The leaders of our Partner Programs have a long history of successfully managing grant funded initiatives on time and within budget. Most notably, our Principal Investigator Dr. Elizabeth Koschmann has extensive experience leading grant funded programs. We will employ a Lead Program Coordinator who will work 40% of each week exclusively for these schools to lead staff, track process and outcome objectives, budgets, and timelines. The candidate selected will ideally have a history in Washtenaw County schools, a school social work / mental health professional background, and familiarity with TRAILS. Additionally, a Grants Management Specialist will be assigned to the project to ensure project execution and adherence to the proposed budget.

Adding to a strong leadership team, we will employ a full time Site Coordinator at each school, four in total, who will be responsible for the majority of the activities needed to

coordinate the three Partner programs, schools, and facilities into a cohesive Collaborative. These Site Coordinators will be supervised by the Lead Program Coordinator, who will develop a professional development plan for each individual according to their needs, experience, and education. The Site Coordinators will spend approximately 10% of their time in the first two years (4 hours per week) working directly with each Partner - TRAILS, RAHS, PHS, and the School Site, to ensure full investment in and understanding of each. The remaining 60% of their time, or 24 hours per week, will be utilized for Collaborative work to build a system where students are supported in a comprehensive way. This position will be fully funded through this FSCS grant for the first 5 years, with a sustainability plan in place to identify new funds to continue the position after the end of this grant.

Partner Responsibilities

Each member of this coalition is of equal value, has an important voice, and will contribute their unique perspective and expertise toward serving our community in the best way possible. While we have a plan for the overall vision of this Collaborative, many of the specifics will be determined after a needs assessment and strategic planning begins with all Partners at the table. See below for agreed upon responsibilities prior to funding, with an understanding that tasks and responsibilities will evolve as Strategic Planning begins to take form.

TRAILS Responsibilities and Accountability:

TRAILS will be the lead agency, fully accountable for fiscal management of grant funds. TRAILS will be responsible for the use of all grant funds, ensuring that the project is carried out by the group in accordance with federal requirements, and ensuring that indirect cost funds are determined as required. The Program Director of TRAILS will be the leader of the coalition, and will manage the collaborative processes of creating communication pathways, coordinating strategic planning sessions, and guiding the full time coordinator at each school site. The TRAILS team will recruit additional coalition Partners, and manage the relationships between those Partners and this grant funded coalition. In addition, the Program Director will be responsible for the execution of the TRAILS curriculum, creation of new mental health / wellness curriculum, and the full range of evaluation and reporting required of the TRAILS program and the coalition as a whole. The Program Director will delegate tasks to TRAILS staff as needed.

WISD Responsibilities and Expectations:

WISD will help facilitate an increase in communication and collaboration at the district level, between TRAILS and Ypsilanti Community Schools, and TRAILS and the Lincoln Consolidated School District. WISD will provide high level insight on taking the full service community school model to scale in other schools and districts.

Ypsilanti and Lincoln School District Responsibilities and Expectations:

Each school district has autonomy and retains the right to determine what is best for their school sites, staff, and students. Each school district will be responsible for

facilitating the pipeline services offered by TRAILS and other coalition Partners as needed and agreed upon. This includes providing physical space for student services, trainings and meetings; encouraging staff / teacher participation in training, focus groups, evaluation, and surveys; distributing information to students about the pipeline services and programs; and sharing resources and information between coalition Partners, following information sharing rules and regulations as needed.

RAHS and PHS Responsibilities and Expectations:

With the intention of providing holistic, coordinated care for students and their families, TRIALS, RAHS, and PHS enter into a partnership that will include increased communication, joint strategic planning, and collaboration in program execution. The Collaborative MOU does not negate or supersede any MOUs that have been signed separately from this funding opportunity. Each Partner program will maintain autonomous business practices and decision making within their individual programs and service areas.

Project Timeline

Year 1 **-** Monthly meetings for all Partners

0-6 Months

Hire Site Coordinators

Complete Needs Assessment

Begin Curriculum development

Communication system planning

7-12 Months

Strategic Planning

Complete Curriculum development

Communication system phase 1 implementation

Evaluation of all programs

Year 2 - Monthly meetings for all Partners

Strategic Plan implementation phase 1

Communication / Referral systems

Shared wellness materials

Other as defined by Strategic Plan

New SEL and Family Engagement Curriculum pilot

Evaluation of all programs and Collaborative

Year 3 - Monthly meetings for UM Partners, School Partners meet every other month

Begin referring other Community Partners to FSCS Strategic Plan for alignment

Strategic Plan implementation phase 2 - Defined by Strategic Plan

SEL and Family Engagement Curriculum finalization and expansion

Evaluation of all programs and Collaborative

WISD to roll out recommendations to other WISD school districts

Year 4 - Quarterly meetings for all Partners

Begin including other Community Partners as appropriate

Strategic Plan implementation phase 3 - Defined by Strategic Plan

Evaluation of all programs and Collaborative

Begin sustainability planning

Year 5 - Quarterly meetings for all Partners

Strategic Plan implementation phase 4 - Defined by Strategic Plan

Sustainability planning

Evaluation of all programs and Collaborative

Final reporting and recommendations available to all interested schools

Workplan (by Identified Goal)

Goal	Objective	Outcome	Date Range / Due Date	Measurement / Tool	Lead / Responsible
Strategic Planning: Identify priority health and wellness needs of the district and existing resources, and collaboratively plan a responsive and sustainable health promotion strategy.	Complete a comprehensive district behavioral health needs assessment.	Outline of selected assessment tools and planned method of administration (data review, surveys, focus groups, public meetings, etc.)	Oct 2018 - Nov 2018		TRAILS and District leadership (e.g., WISD partners, individual building principals)
		Complete needs assessment regarding existing district programs and resources, and pointing to prioirty areas of need	Nov 2018 - Jan 2019	Original surveys, focus groups, and established state and federal tools: School Health Assessment and Performance Evaluation System (SHAPE), Student Health Survey (SHS), Michign Profile for Health Youth (MiPHY), Youth Risk Behavior Survey (YRBS)	Site Coordinator
		Compile data and prepare report outlining key findings	March 31, 2019	Embedded measure reporting tools	Site Coordinators (4)
	Partners attend joint meetings to collaboratively plan a sustainable health promotion strategy	Partners meet in October 2018, and schedule 12 months of meetings	Oct 31, 2018		TRAILS Lead
		Partners craft a collaborative, strategic plan	Benchmark 1: Long range strateigc plan completed before February, 2019. Benchmark 2: Year 1-2 Plan completed before April 2019. Benchmark 3: Year 3-5 plan completed before June 2019.	SHAPE Action Plan Tools (custom reporting, assessment and planning, program resources)	TRAILS Lead

Goal	Objective	Outcome	Date Range / Due Date	Measurement Tool	Responsible
Coordination and Sustainment of Evidence-Based Care: Increase adoption and high-fidelity utilization of evidence-based mental health practices by school staff, and engage stakeholders as sustainability partners	Map training, program, and implementation support to be provided to all partner schools, across all three tiers of service delivery	Document all services to be provided and resources required for sucessful, sustainable implementation and ongoing evaluation and revision	June 30, 2019	Strategic Plan	UM TRAILS Lead and WISD District Adminsitrative Lead Partners
	Employ a Full Time Services Coordinator at each of the four school sites	Draft descriptions and recruit for positions in Sept - Oct 2018	Oct 15, 2018		TRAILS Admin
		Hire positions in October 2018	October 31, 2018	UM HR Tools	TRAILS Lead
		Create a professional development and training plan within one month of hire	December 31, 2018	UM HR Tools	TRAILS Lead
		Quarterly check in / evaluation of position structure and employee performance	Quarterly	UM Employee Evaluation Tools	TRAILS Lead
	Create communication strategies and tools that facilitate exchange of information and efficiencies while abiding by privacy regulations	Assemble shared document folders for resources and tools	June 1, 2019	Box cloud-based collaboration platform	TRAILS Web Team
		Craft a communications plan for student referrals and service delivery coordination in alignment with needs assessment data	June 1, 2019	Student tracking tool shared by internal and external service providing partners; Psychiatric Emergency Services Referral and Communication Tool	Site Coordinator
		Complete communications related priorities in the Strategic Plan	Biannual	Strategic Plan	Site Coordinator

Goal	Objective	Outcome	Date Range / Due Date	Measurement Tool	Responsible
Increased Access to Effective Services: Improve availability and effectiveness of partner services for students by coordinating partner programs and maximizing local resources and expertise.	TRAILS continues providing high quality programs in collaboration with local partner providers trained as consultants and coaches	Meeting or exceeding previous success measures	Quarterly, Annually, and individually for each cohort / program	Multiple TRAILS implementation and clinical evaluation tools, see evaluation section	TRAILS Lead
	RAHS continues to provide high quality services and utilizes new coordination tools to streamline and improve the efficiency of programs	Meeting or exceeding previous success measures	Quarterly, Annually	UM Pediatric Standards of Care evaluation tools	RAHS Lead
	PHS continues to provide high quality programs utilizes new coordination tools to streamline and improve the efficiency of programs	Meeting or exceeding previous success measures	Quarterly, Annually, and individually for each cohort / program	Michigan Healthy Schoool Action Tools (HSAT)	PHS Lead

Goal	Objective	Outcome	Date Range / Due Date	Measurement Tool	Responsible
New Pipeline Services for FSCS Partner Sites: Develop and implement two new programs: the Social Emotional Learning Curriculum and the Authentic Family Engagement Curriculum.	Provide and coordinate new programs to strengthen and sustain the FSCS model	Development of Authentic Family Engagement (AFE) and Social Emotional Learning (SEL) curriculum completed	September 1, 2019	To be determined	TRAILS Curriculum Team
		Schools align additional school services and partnerships under the Strategic Plan	Sep 2019-Sep 2023	Strategic Plan	Site Coordinator
		Pilot testing, evaluation, and final iteration of AFE and SEL programs	Semiannually	To be determined	Site Coordinator; TRAILS Curriculum Team
		Evaluation and adaptation of AFE and SEL programs	Quarterly and annually	To be determined	TRAILS Curriculum Team

Quality of Project Evaluation

Each Partner program is evidence-based and adheres to thorough qualitative and quantitative evaluation processes. The processes and timeline of individual program activity evaluations will continue, as detailed below:

TRAILS

TRAILS has partnered with a team of implementation science researchers at the University of Michigan who will be conducting an evaluation of the program for the next 3-5 years. Their study, ASIC (Adaptive School-based Implementation of CBT) is a statewide study funded by the National Institute of Mental Health, seeking to identify effective strategies for helping school professionals use evidence-based practices with their students. A primary aim of the study is to help TRAILS optimize delivery of all training and support programming for schools.

- Program Administration Measurement
    - Document the number of schools served, students reached, staff and faculty trained, and training programs delivered.
    - Evaluate reception and impact of all program components through pre- and post-assessment, and program evaluation.
    - Document and assess the schedule of all program elements to be delivered and ways in which each school was identified, prioritized, and recruited.

- Track and evaluate school professional clinical expertise, skill delivery, and fidelity to the intervention model.
- Document challenges and barriers to collaborative partnership with schools district wide; and identify feasible solutions to overcome barriers in the future.
- Investigate funding mechanisms that incorporate local, state, and federal support and may be utilized across the state in public educational settings.
- Document the number of presentations to a variety of audiences as well as outcomes of those presentations, including follow-up communication, requests for program elements, or independent action on the part of the school district.

- Tier 1 Measurement

  The success of this objective will be measured by pre/post-test measures and facilitated focus groups evaluating and documenting:

  - Increases in student and mentor knowledge related to depression and related illnesses.
  - Decreases in stigma in the school environment related to students with mental illnesses.
  - Improvements in help-seeking behaviors among students.
  - Increases in school capacity to independently implement the P2P program.
  - Rigorous program evaluation of all P2P sites will encompass:

- Student outcomes: knowledge, stigma, help-seeking behavior, program satisfaction.
- P2P staff mentor outcomes: knowledge, success leading a P2P group, program satisfaction.

- Tier 2 Measurement

  Evaluation of all sites will be conducted via pre- and post- administration of both original and standardized measures, and will focus on:

  - School professional outcomes: Clinical skill level, fidelity to CBT / Mindfulness models, frequency of use of new skills with students, attitudinal changes, and number of students served.
  - Student outcomes: Attendance, GPA, learning and utilization of adaptive coping strategies, clinical symptom presentation, and referrals to higher levels of care.

- Tier 3 Measurement:
  - Program evaluation will be conducted via focus groups, as well as pre- and post-administration of both original and standardized measures; and will focus on:
    - School staff outcomes: Staff ability to recognize students at risk and refer to appropriate services, program satisfaction, and number of student meetings convened.

- Student outcomes: Number of referrals to Psychiatric Emergency Services, appropriateness of referrals (rate of admission), and student safety indicators.

RAHS

RAHS follows the University of Michigan pediatric standards of care, and is evaluated annually. RAHS will continue to track the following data using electronic medical record software:

- Number of students reached and associated demographic information
- Types of services rendered, including visits for mental health or physical health services, including physicals, immunizations, STIs, and chronic disease management
- Quality of care provided related to asthma management, tobacco cessation counseling, overweight and obesity counseling, and depression services provided
- Number of students attending health education sessions focused on topics including chronic disease, health promotion and risk reduction, social-emotional health, and sexual and reproductive health

PHS

Project Healthy Schools (PHS) includes a research component designed to study the program's effects on lifestyle, markers of cardiovascular risk, and obesity. Data from behavioral questionnaires and optional health screenings show important improvements

in middle school students' self-reported health behaviors and physiologic measures. Over 63,000 sixth graders in 85 schools in Michigan have participated in the program. Of these students, over 21,000 have participated in the data collection, including 3,000 students who participated in optional health screenings. Program evaluation will be consistent with previous years to allow for year over year comparisons. Proposed measures will include:

- Standardized student questionnaire about healthy behaviors, including questions on fruit and vegetable consumption, length and type of physical activity, screen time, and consumption of sugar sweetened beverages and nutrient-poor foods.
- Subsample of students will participate in physiologic screening assessing improvements in biological measurements such as serum cholesterol, LDL cholesterol, triglyceride levels, blood sugar, and measures of fitness.

Collaborative Evaluation

In addition to the Program specific evaluation that already occurs and supports the research component built into each Partner Program, we will evaluate the work of the Collaborative as well, using the Healthy Schools Action Tools (HSAT). HSAT is a suite of online tools designed to help Michigan schools and districts assess the health of their school environments and take action to improve those environments. The HSAT Tools will be implemented at all four schools, including all three Partner programs.

The school-level tools include:

- School Core Assessment & Feedback Report
- 7 Topic Area Assessment & Feedback Reports
- Action Plan

The district-level tools include:

- District Assessment & Feedback Report
- Action Plan

Topic Area Assessments:

The HSAT currently includes seven topic areas listed below to enable assessment your school's environment related to a specific area of health. The School Core feedback report provides suggestions about which to address first.

- Healthy Eating
- Social & Emotional Health
- Tobacco/Nicotine Free Lifestyles
- Health Education
- Physical Activity & Physical Education
- Safe School Environment
- Staff Wellness

Research indicates that healthy school environments help students achieve their full academic potential. Using the HSAT is a major step toward creating those healthy

school environments that support learning. In a recent study (Alaimo, Oleksyk, Drzal, et al., 2013) conducted with 65 low-income middle schools in 31 Michigan counties, researchers found that:

- Schools completing the HSAT made significantly more improvements in their school nutrition practices than schools that did not complete the HSAT.
- Student dietary changes were greater among schools completing the HSAT.
- School staff participating in the HSAT process found it to be both educational and motivational.

In addition to providing a useful and convenient way to assess the school environment, plan effective changes, and monitor progress, many HSAT schools have reported the additional benefits associated with collaboration involved in completing the HSAT assessments and using the Action Plan. This type of collaboration is intrinsic to establishing an effective school health team.

The Action Plan provides a convenient way to prioritize actions and monitor progress that is accessible to all team members regardless of their location (only an Internet connection and login information are needed). The HSAT Action Plan also provides a picture of your school's progress that can be shared with administrators, school boards, parents, and others in the community.

With the intention to adapt and evolve the delivery of pipeline services, we will quarterly and annually evaluate the Collaborative's work using the HSAT Action Plan and the

Strategic Plan, detailing the work to be done, deadlines, and accountability. We will also fulfill the GPRA requirement of reporting the percentage and number of individuals targeted for services and who receive services during each year of the project period, and any other progress reports requested. All reports will be publicly available as required.

References

Alaimo K, Oleksyk S, Drzal, et al. (2013). Effects of changes in lunch-time competitive foods, nutrition practices and nutrition policies on low-income middle-schoolchildren's diets. *Childhood Obesity*.9(6).

Barrett, S, Eber, L, & West, M. (2013). Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide Positive Behavior Support. Retrieved from https://www.pbis.org/school/school-mental-health/interconnected-systems.

Finkelhor D, Turner HA, Shattuck A, Hamby SL. (2015). Prevalence of Childhood Exposure to Violence, Crime, and Abuse Results from the National Survey of Children's Exposure to Violence. *JAMA Pediatr.* 169(8):746–754. doi:10.1001/jamapediatrics.2015.0676

Kataoka, SH, Zhang, L, and Wells, KB. (2002). Unmet need for mental health care among U.S. children: variation by ethnicity and insurance status. *Am J Psychiatry*. 159(9): p. 1548-55.

McLean, J, Schinkel, M, Woodhouse, A, Pynnonen, A, & McBryde, L. (2007). Evaluation of the Scottish SafeTALK Pilot. *Scottish Development Centre for Mental Health*. Retrieved from https://www.livingworks.net/resources/research-and-evaluation/#collapse-113

Parikh, SV, Taubman, DS, Antoun, C, Cranford, J, Ewell Foster, C, Grambeau, M, Greden., JF. (2018). The Michigan Peer-to-Peer Depression Awareness Program: School-Based Prevention to Address Depression Among Teens. *Psychiatric Services*. 69(4): p. 487-491. https://doi-org.proxy.lib.umich.edu/10.1176/appi.ps.201700101

Shannonhouse, L, Lin, YWD., Shaw, K, & Porter, M. (2017). Suicide intervention training for K-12 schools: A quasi-experimental study on ASIST. *Journal of Counseling and Development, 99:* p. 3–13. https://doi-org.proxy.lib.umich.edu/10.1002/jcad.12112.

World Health Organization. (2004). Promoting mental health: concepts, emerging evidence, practice: summary report / a report from the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne.

US Census Bureau. (2010). Retrieved from https://statisticalatlas.com/place/Michigan/Ypsilanti/Household-Income