



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

July 27, 2023

The Honorable Howard L. Marklein
Senate Co-Chair
Joint Committee on Finance
316 East State Capitol
Madison, WI 53707

The Honorable Rachael Cabral-Guevara, Chair
Senate Committee on Health
Room 8 South, State Capitol
PO Box 7882
Madison, WI 53707

The Honorable Mark Born
Joint Committee on Finance,
Assembly Co-Chair
308 East State Capitol
Madison, WI 53708

The Honorable Paul Tittl, Chair
Assembly Committee on Mental Health
and Substance Abuse Prevention
Room 219 North, State Capitol
PO Box 8953
Madison, WI 53708

The Honorable Jesse James, Chair
Senate Committee on Mental Health,
Substance Abuse Prevention, Children and
Families
Room 319 West State Capitol
PO Box 7882
Madison, WI 53707

The Honorable Clint P. Moses, Chair
Assembly Committee on Health, Aging and
Long-Term Care
Room 12 West, State Capitol
PO Box 8953
Madison, WI 53708

Dear Senators and Representatives:

I am pleased to submit the final Project Apple Pilot Report to the Legislature per Wis. Stat. 13.172 (3). The attached Project Apple Report addresses school-based mental health consultation program activities and recommendations, and identified barriers for the Outagamie County pilot between July 1, 2019 and June 30, 2023.

Sincerely,

A handwritten signature in black ink, appearing to read "Kirsten L. Johnson".

Kirsten L. Johnson
Secretary-designee

Enclosure



Project APPLE Pilot Final Report: 2020–2023

PROJECT APPLE

Summary

Project APPLE is a school-based mental health pilot program in Outagamie County, which was signed into law as 2019 Wis. Act 117. The purpose of the program has been to help schools navigate mild-to-moderate mental and behavioral health concerns among their students. After completing the three funded years of the pilot program, Project APPLE is formally concluding. This project has provided a unique opportunity to understand the full extent of the mental health needs of students and school staff in one Wisconsin county. The following report:

- Reviews the background and rationale for the program.
- Provides an accounting of the project's activities during the budgeted duration of the pilot.
- Presents a summary of key qualitative and quantitative outcomes.
- Offers insights and recommendations for the development of future school-based mental health resource programs in Wisconsin.

Introduction The work for Project APPLE started well before funding was secured. Given that the Massachusetts School Nurse Liaison Project (MSNLP) was one of the few existing school-based mental health consultation programs nationwide, the Project APPLE team consulted with the MSNLP leadership regarding program structure and implementation. From May 2019 through June 2020, a Project APPLE partnership collaborative was formed, which included representation from the Medical College of Wisconsin (MCW), Appleton Area School District (AASD) staff, Kaukauna Area School District (KASD) staff, Rep. Jim Steineke's staff, and Catalpa Health to help guide initiation of the pilot. In March 2020, the pilot program was signed into law as 2019 Wis. Act 117.

The composition of the core Medical College of Wisconsin (MCW) Project APPLE work group included:

- Rosa Kim, MD, Medical Director
- Kimberly Nesseth, RN, Clinical Director
- Matthew Jandrisevits, PhD, Clinical Psychologist
- Jennifer Walsh, PhD, Data Evaluator
- Scott Belanger, MCRP, Division Administrator
- Sara Herr, MS, Coordinator
- Leah Ludlum, RN, BSN (DHS)

Throughout the pilot, the members of the core MCW and Wisconsin Department of Health Services (DHS) Project APPLE work group and the Project APPLE collaborative partnership, including Rep. Steineke's office and leadership from both the AASD and the KASD, met regularly to move the

program forward. These meetings occurred via Zoom throughout the pandemic to solicit feedback and work on program optimization. With the input from the Project APPLE collaborative partnership, the Project APPLE work group:

- Developed “just in time” online educational modules for school personnel on numerous mental and behavioral health topics.
- Provided consultations to school staff regarding mental and behavioral health needs of youth.
- Engaged in outreach opportunities with school staff.
- Developed a mental health resource section of the Project APPLE website.
- Developed live presentations for school staff on topics specifically requested by participating school districts.

Timeline: July 2020–June 2023

During the first year of the program, from July 2020 through June 2021, members of the Project APPLE work group continued to meet with DHS and the Project APPLE collaborative partnership to establish and implement the substantive components of Project APPLE, including consultative support, as well as the creation of online, asynchronous educational modules for school staff. It was immediately noted that uptake was limited among participating schools. Participating school districts offered reasons for the low participation including:

- The onset of the COVID-19 pandemic.
- A lack of familiarity with school-based mental health services.
- The school communities’ questions about the acceptance of such a program.
- The overwhelming severity of mental health issues experienced by students and school staff alike that necessitated formal mental health services.

In addition to outreach to schools, Project APPLE team members continued to consult with the MSNLP regarding program structure, particularly how to increase engagement in the program. These efforts did yield progress, as all eight school districts in Outagamie County (Appleton, Hortonville, Kimberly, Seymour, Freedom, Kaukauna, Little Chute, and Shiocton) enrolled in Project APPLE. From July 2021 to June 2022, Project APPLE focused on providing consultations to school staff, as well as building outreach, education, and resource development. Significant effort was placed into building relationships with school and district leaders to facilitate use of Project APPLE, with a specific focus on increasing opportunities for in-person meetings. Multiple outreach efforts to Outagamie County schools routinely demonstrated the value of direct communication with school staff, with outreach events frequently leading to consultations by involved school districts. Additionally, school staff continued to express a desire for additional education, case discussion, and resource linkage. The Project APPLE work group continued to meet regularly with the Project APPLE collaborative partnership for feedback and direction in the development of the program to meet the expansive mental health needs identified by schools. A summary of specific efforts is provided below. This feedback guided the Project APPLE work group to create more educational modules and further grow resources designed to help meet the needs of the school staff.

Despite these outreach efforts, use of Project APPLE remained lower than anticipated. From July 2022 to June 2023, the Project APPLE team solicited feedback from Outagamie County school partners regarding the needs of schools and areas of opportunity for future mental health program development. An education module specifically focused on staff mental health and wellbeing was developed based on the feedback. Project Apple synthesized comprehensive data to understand how large-scale, school-based mental health consultation programs function best in communities with

differing levels of access to formal mental health services. We also assessed programs with a strong allegiance to resource personnel who are already functioning within the school's community.

We attempted to shift to the needs of school staff both to offer support and to gain traction for Project APPLE. Such efforts included:

- Explaining Project APPLE at a variety of staff engagement events, such as staff back-to-school days, student services meetings, and district administrative meetings.
- Meeting with superintendents, directors of pupil services, and principals to explain Project APPLE and how school staff could use the resources during the pilot.
- Meeting with Catalpa Prevention Specialists who work with school districts in Outagamie County to discuss Project APPLE and other school resources.
- Introducing Project APPLE and learning about other area resources at a professional meeting of the Outagamie County Pre-Action Network.
- Delivering a presentation about staff burnout to Little Chute staff during a Staff Wellness Day.
- Creating an educational module on staff wellness at the request of AASD and KASD staff to address the significant burnout and stress of their teams.
- Meeting with teachers at Ferber Elementary School in Appleton to discuss the increased social emotional learning needs of their students and how Project APPLE could support teachers who address these issues daily.
- Meeting with the Executive Director of Northeast Wisconsin Mental Health Connection to discuss Outagamie County school mental health resources, Project APPLE, and how to leverage resources to help students and school staff.
- Sharing Project APPLE with the Office of Children's Mental Health Collective Impact Council attendees.

The Impact of COVID-19 on the Project APPLE Pilot Program

The COVID-19 global pandemic had grave effects on Project APPLE. Schools needed to evaluate infection rates, mitigation factors, and the impact on students. Schools faced COVID-related challenges, such as switching between virtual and in-person learning, and staff shortages. These challenges caused significant stress on schools and resulted in limited involvement with Project APPLE. District partners expressed that the need was there, but the understandably overwhelming stress and turnover among staff precluded them from reaching out to an external service. These stressors caused by the pandemic greatly stalled the momentum of Project APPLE, and participation remained lower than anticipated even with increased outreach efforts. This is unfortunate, as we have seen a significant increase in the mental health needs of students over the past three years and anticipate that this trend will continue for the foreseeable future.

Data

Outreach and Engagement Successes

All eight school districts in Outagamie County (Appleton, Hortonville, Kimberly, Seymour, Freedom, Kaukauna, Little Chute, and Shiocton) enrolled in Project APPLE.

Education Successes

- The initial set of educational modules, titled *Mental Health and Coping Needs Among Youth During the COVID-19 Pandemic*, launched on December 1, 2020.

- The second set of educational modules, titled *Communicating with Families About Mental Health*, launched on April 1, 2021.
- The third set of educational modules, titled *Managing Behavioral Dysregulation*, launched on January 10, 2022.
- The fourth educational module, titled *Staff Mental Health*, launched on November 29, 2022.
- Number of unique enrollees: **186**
- Number of schools with employees enrolled in education by district:
 - Appleton: **23**
 - Freedom: **3**
 - Hortonville: **1**
 - Kaukauna: **7**
 - Kimberly: **5**
 - Little Chute: **3**
 - Seymour: **1**
 - Shiocton: **2**
 - Total: **45**
- Role in school:
 - Teacher: **81 (44%)**
 - School guidance counselor: **33 (18%)**
 - Administrator: **22 (12%)**
 - School psychologist: **16 (9%)**
 - Social worker: **12 (7%)**
 - Paraprofessional: **10 (5%)**
 - School nurse: **2 (1%)**
 - Other: **10 (5%)**
- Number of educational module enrollments: **447**
- Number of individuals enrolled in modules:
 - Mental Health and Coping Needs Among Youth During the COVID-19 Pandemic (elementary): **121**
 - Mental Health and Coping Needs Among Youth During the COVID-19 Pandemic (middle school): **64**
 - Mental Health and Coping Needs Among Youth During the COVID-19 Pandemic (high school): **78**
 - Communicating with Families About Mental Health (elementary): **58**
 - Communicating with Families About Mental Health (middle school): **26**
 - Communicating with Families About Mental Health (high school): **23**
 - Managing Behavioral Dysregulation (elementary): **37**
 - Managing Behavioral Dysregulation (middle School): **15**
 - Managing Behavioral Dysregulation (high school): **6**
 - Staff Mental Health: **19**
- After completing educational modules, school staff participants completed a satisfaction survey:
 - **94%** agreed or strongly agreed that modules met the stated objectives.
 - **94%** agreed or strongly agreed that content was relevant to their experience with students.

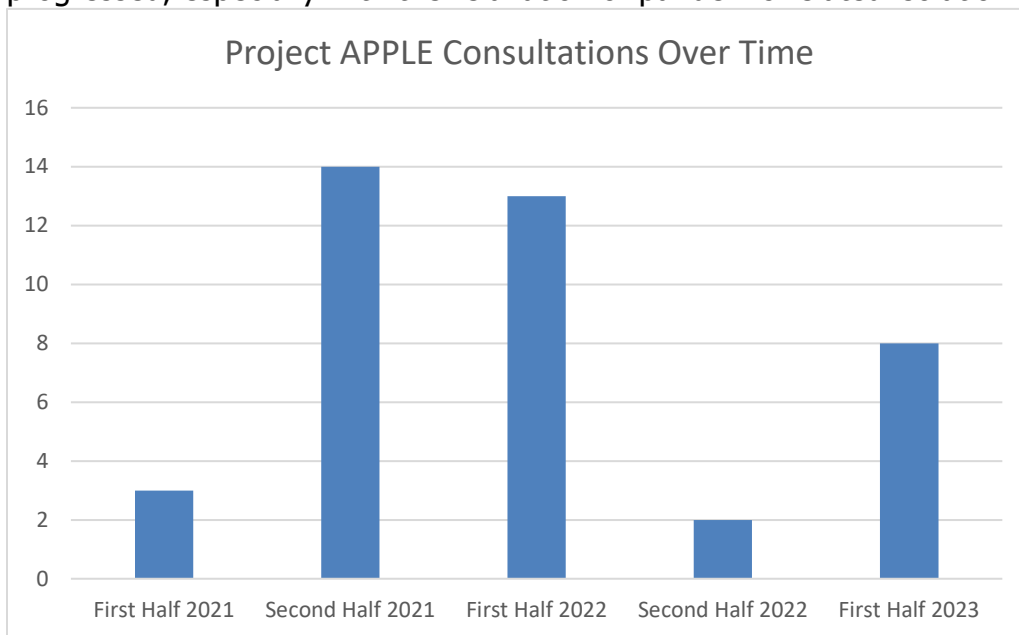
Consultation with Project APPLE Team

The Project APPLE consultation team is composed of a psychiatric registered nurse (RN), a pediatric psychologist, and a child and adolescent psychiatrist. The psychiatric RN conducted consultations with collaborative input from other team members as appropriate. These consultations provided guidance and support for school staff who were dealing with complicated student cases. Project APPLE provided options for interventions to be used in school, assisted staff in navigating resources, and provided additional resources for students, families, and school staff.

- Number of schools with employees requesting consultations by district:
 - Appleton: **6**
 - Freedom: **0**
 - Hortonville: **0**
 - Kaukauna: **5**
 - Kimberly: **1**
 - Little Chute: **1**
 - Seymour: **0**
 - Shiocton: **1**
 - Total: **14**

Usage trends

We have repeatedly seen that outreach with the schools corresponded with a subsequent increase in the level of use of Project APPLE’s consultation services. This trend is consistent with feedback from the Massachusetts program. As a result, we focused on direct outreach with schools as the pilot progressed, especially with the relaxation of pandemic-related isolation requirements.



Types of consultations

Project APPLE was designed to address mild-to-moderate mental or behavioral health concerns, with consultations anticipated to help school personnel proactively limit or prevent the development of more significant mood or behavioral concerns within the school environment. Consultations with Project Apple consistently involved highly complex cases better triaged at a psychiatric crisis or comprehensive day treatment service. These consults often involved significant behavioral and

mental health concerns, as well as complicated social and family dynamic issues, which affected students in profound ways. Additionally, school staff frequently requested assistance to address significant language, cultural, and stigma-entrenched barriers to traditional mental health services that interfered with families' abilities to engage in needed mental health supports for their children, even beyond issues of limited access to psychiatrists or therapists.

The degree and scope of the mental health needs identified within consultations was well beyond what any school personnel could be reasonably expected to address. Project APPLE was not designed or presented as a service to address this level of severity and complexity of mental health disturbance. It is likely that, as school personnel recognized this, they perceived the need for a different type of program, which then limited their engagement with Project APPLE's offerings as the pilot timeline unfolded. At the same time, school districts generally did not request consultations for the issues that Project APPLE was designed to address; In response to mild mood or behavioral challenges of students, school districts often relied upon embedded resources within the school or community with whom they already had established long-term, locally based familiarity.

Feedback

Survey evaluations and solicitation of direct feedback indicated that there was strong satisfaction regarding the timeliness of consultation responses, and the support offered for school staff through Project APPLE. However, the complexity of consults usually highlighted the larger, systemic resource gaps within the current mental health crisis. School personnel often turned to other services within their communities as they struggled to fill these gaps. Throughout ongoing meetings with district partners, there was consistent discussion of how school staff continue to emphasize the complexity of cases and need for more extensive resources. Additionally, there was an apparent reluctance to use an external resource such as Project APPLE to address concerns with students and families at a community-school level. School personnel were inclined to use their own internal supports when student needs were at a mild-to-moderate level. They consulted with Project APPLE once a case reached a crisis point that was beyond what the school's infrastructure could support, and that was beyond the scope of Project APPLE's services.

District Staff and Leadership Turnover

School staff from AASD and KASD participated as part of the Project APPLE collaborative partnership, which involved attending quarterly virtual meetings for feedback and planning future development on Project APPLE. Consistent champions are vital to grow any program, particularly those that are delivered across multiple locales, systems, and communities. This partnership was essential to Project APPLE. As the Project APPLE team attempted to address substantial challenges to engagement posed by the COVID-19 pandemic, these partnerships proved invaluable.

A notable additional challenge to school engagement was staff turnover, and this certainly was an issue throughout the duration of this pilot. In addition to teachers, there were several transitions among core district leadership partners. Turnovers introduced momentum shifts as new leaders attended to the larger duties of their new roles. This included three of the eight enrolled school districts securing new

superintendents over the summer of 2022. Both AASD and KASD were among the districts with new superintendents. After this change in leadership, staff from KASD did not continue to meet with the Project Apple team discussions, however AASD did continue to meet with the Project APPLE team quarterly to discuss challenges the district was experiencing as well as opportunities for further mental health support. We also benefitted from the feedback from outgoing district team members.

Recommendations for Future Programming

During the Project APPLE Pilot Program areas of opportunity to support students, families, and schools were identified. These opportunities can be categorized into three areas, which may inform the development of future school-based mental health programming:

- Help school districts formulate a plan for more severe mental and behavioral health issues.
- Coordinate awareness of community mental health resources.
- Engage with families about mental health to decrease stigma and to address cultural barriers to care.

Needs that have been identified and possible solutions to meet those needs include:

- **Recommendation #1: Provide school-based services to address more severe mental and behavioral health needs of students.**

Project APPLE consultations often involved cases that were at a higher level of need than could be reasonable to expect school staff to address. These were also a higher degree of complexity and severity than Project APPLE was designed to address. Possible solutions to meet this need through future programming may include:

- Embedded mental health staff within the schools or contracted travelling therapists who can regularly schedule in-person meetings with schools.
- Behavioral health program staff who provide in-depth case conference and consultations on-site.
- A monthly standing consultative support meeting with special education departments and program staff for intensive programming and intervention review.
- A behavioral health coach on-site at all buildings to assist staff in managing challenging behaviors and dynamics in the classroom.
- More nurse prescribers available at the schools to consult regarding medication questions.
- More intensive services available within the schools through positions such as a mobile response team or mental and behavioral health specialists who can go into the classrooms and/or work directly with students.

- **Recommendation #2: Provide a central hub for community mental health resources available to schools.**

Districts often identified that they were unaware of various mental health resources across Outagamie County, and that current mental health resource lists and/or information portals are inadequate and outdated, particularly related to school-based mental health. Possible solutions to meet this need through future programming may include having local (either county or regional) liaison services to create and maintain a consolidated hub of resources and information.

- **Recommendation #3: Address cultural concerns and barriers to mental health resources.**

Concerns related to cultural barriers and issues regarding stigma of mental health needs were common themes in consultations. These concerns were often seen in consultations where school staff were able to identify a need for mental health treatment however family members were opposed. There is a need to find ways to address stigma and the way mental health is conceptualized within the broader community and county. Possible solutions to meet this need through future programming may include:

- Having a position in schools such as a parent liaison or mental health coordinator who could be a part of the school team as well as be involved in parent teacher organizations. This person could create parent education and newsletters on mental and behavioral health topics and bring speakers for regularly scheduled parent education nights.
- All buildings would benefit from having a mental health navigator on-site to assist staff and families in finding resources that are appropriate for individual children and their needs. Having this position filled by a person affiliated with cultural minority groups would be particularly helpful in addressing any cultural barriers to care.

Programming in Other States

Since the start of Project APPLE, we have learned more about school-based mental health programs as they have been piloted in other states. While several other states are attempting to address the need for mental and behavioral health support for schools, no state has successfully established a comprehensive program at this time. The following is an overview of the status of select programs, which may inform future work and includes our recommended components. Here are some of the approaches being tried elsewhere:

- Massachusetts: The Massachusetts Child Psychiatry Access Program (MCPAP), recently closed their Massachusetts School Nurse Liaison Project (MSNLP) after five years. This program was run by a nurse practitioner, who provided education, resources, and support to schools in Massachusetts. This program focused primarily on reaching school nurses, who are in every school building in the state of Massachusetts. After several years, Massachusetts decided that providing

education alone was insufficient, as there was still a significant need for direct access to psychiatric care.

- Texas: Texas Child Health Access Through Telemedicine (TCHAT) provides in-school telemedicine or telehealth care. It is designed to provide four to five telehealth visits. This program is not currently available to all school districts in Texas, and it is unclear how care is extended when needs surpass the allotted four to five visits.
- Michigan: Michigan has embedded mental health clinics within schools, replete with therapists and prescribers.

Conclusion

Project APPLE was developed as a school-based mental health pilot program in Outagamie County, Wisconsin. Its goal was to help schools manage mild-to moderate mental and behavioral health concerns among their students through teleconsultation and education. Throughout the three funded years of this pilot, there were fundamental obstacles to using the program. Obstacles included:

- The effects of the COVID-19 pandemic.
- Staff and leadership turnover in schools.
- The complexity and severity of the mental and behavioral health concerns of students.
- The need for a more locally focused service delivery model.
- Schools needed more intensive mental health services than what a teleconsultation program could provide.
 - This overwhelming need would be more successfully met by a direct-service model with integrated mental health professionals embedded within the school setting.
- There was inherent difficulty for this external, area-wide program to gain trust and traction with individual school communities.
 - A “locally-focused” approach is needed, involving partnerships with mental health providers and advocates directly representing, and functioning within, specific school communities.

The project outcome reflects national, state, and local reports that schools will not adopt mental health consultation programs unless a custom local model is available. In response to the work with Outagamie County schools and partners, the three recommendations listed above will help inform the development of future school-based mental health programs in Wisconsin.