

Organization Name and Mission. *Michigan State University (MSU) is a public, research-intensive, land-grant university funded in part by the state of Michigan. Our mission is to advance knowledge and transform lives by: providing outstanding undergraduate, graduate, and professional education to promising, qualified students in order to prepare them to contribute fully to society as globally engaged citizen leaders; conducting research of the highest caliber that seeks to answer questions and create solutions in order to expand human understanding and make a positive difference, both locally and globally; and advancing outreach, engagement, and economic development activities that are innovative, research-driven, and lead to a better quality of life for individuals and communities, at home and around the world.*

Project Information. Description. Behavioral health is key to learning, social development, and overall wellness for school-aged children. However, those with social, emotional, and/or behavioral difficulties are experiencing a major inequity in response to the COVID-19 crisis as they are being excluded from the appropriate care and support they fully deserve¹. School closures, social isolation, disruption in daily activities, and family hardships place children at risk higher than ever before for behavioral and mental health problems². With school closures, 70% of children lost access to the largest providers of mental and behavioral health services^{3,4}. Compounded with limited access to resources (e.g., healthcare, direct care support, therapies) provided outside of school under a strained behavioral health infrastructure, children with social, emotional, and/or behavioral needs are even more vulnerable for mental health crises. Given these compounding factors, school personnel must be prepared to support students' behavioral health and address the social, emotional, and behavioral difficulties students may experience when they return to school².

On March 9, 2021, Governor Whitmer signed House Bill 4048⁵ requiring schools to increase the number of in-person instruction hours to students, beginning no later than March 22, 2021. While school personnel are scrambling to prepare for the return of students, they also must meet the behavioral healthcare needs of students who are returning to school after a year or more time spent online with a less structured learning environment. Experts predict there will likely be a significant amount of mental health and behavioral challenges school personnel will be tasked to support during that transition^{6,7}. In fact, pediatricians from Michigan's Mott Children's Hospital recently warned that children will struggle with the return to school and children will need "more advance planning, emotional support and accommodations to help them adjust"⁸. Given the potential complex and extensive behavioral healthcare needs as children return to school, the demand for services will far exceed the supply available for children within and outside of schools (e.g., severe shortage of all types of mental health providers in Michigan, especially rural areas, including school psychologists, social workers, counselors, and behavior support specialists⁹⁻¹¹). As a result, general and special educators, paraprofessionals, and other school personnel may be tasked with meeting the behavioral healthcare needs of children in Michigan who are experiencing social, emotional, and/or behavioral difficulties once they return to school¹². In addition to the behavioral healthcare needs of the students, a recent interview with the Detroit Federation of Teachers also expressed concerns about teachers' fear with the return to school and services relative to trauma and mental health to help meet their own needs¹³.

One way to support school personnel in an efficient and cost-effective manner is through "on-demand" telehealth consultation. Specifically, a system where school personnel can receive consultation and support on-demand from an expert in behavioral and mental health could dramatically increase the potential for schools to support the behavioral and mental health needs of both students and school personnel. Telehealth is an extremely effective modality of treatment

and a recent study in the journal *Pediatrics* reported that providers found telehealth to be just as acceptable as in-person training¹⁴. To respond to the immediate needs of the current public health crisis, we propose to 1) develop an “on-demand” statewide school-based telehealth consultation service, Michigan Counseling, Appplied behavioral, Rehabilitation & Education Telehealth Consultation Services (i.e., **MI-CARE Program**) for personnel in public schools, and 2) build capacity of personnel within public schools to independently provide better behavioral and mental health services. We will adopt a Community Based Participatory Research approach where we continuously engage with personnel from public schools as full and equal partners in all phases of the process. Our goal is to understand the needs of both the service users and providers to develop, design, and deploy a contextually relevant and culturally sensitive MI-CARE Program. The proposed program **aligns with two of the Behavioral Health Initiative’s priorities in strengthening school-based mental health capacity and use of innovative technology to improve access to and quality of care**. This program is designed to both build capacity and also address the cross-cutting goal of **workforce development in providing effective behavioral and mental health consultation and support in public schools to underserved populations**. This “train the trainer” model will provide ample opportunities for personnel within public schools to improve competencies in supporting behavioral health, and the model will reduce disparities for students with social, emotional, and/or behavioral difficulties. The program will result in a manualized, systematic, and “on-demand” telehealth delivery model designed for personnel within public schools to support their students’ needs.

Key partners and roles. Experts, Drs. Matthew Brodhead (*applied behavior analysis*), Marisa Fisher (*special education*), Connie Sung (*rehabilitation counseling/psychology*), and Kristin Rispoli (*school psychology*) from MSU will serve as Co-PIs and form an interdisciplinary team for this project. The Co-PIs have decades of combined experience in community-based programming for individuals with social, emotional, and/or behavioral difficulties. The Co-PIs have longstanding relationships with intermediate school districts (ISDs) serving Jackson, Ingham, Washtenaw, and Wayne counties in Michigan and anticipate schools within each ISD as willing partners for this program. The Co-PIs will work closely with district and school building leaders to identify school personnel (e.g., special ed. teachers, behavior support specialists, school psychologists, and counselors) to support within those schools. The Co-PIs will also partner with MPHI (a Michigan-based and nationally engaged, non-profit public health institute) and other agencies in Michigan to provide regional support to school personnel in the event in-person support or training is needed. The Co-PIs will seek continuous input on the development, design, and deployment of the MI-CARE Program to ensure the end result of this project is practical, sustainable, and tailored to the needs of school personnel and their constituents.

Project sustainability. MI-CARE addresses a critical behavioral health need, will improve the availability, accessibility, and quality of services provided to children with social, emotional, and/or behavioral difficulties in public schools during and beyond the grant period. School personnel who participate in MI-CARE will receive on-demand consultation and gain competencies in supporting behavioral health needs. Children and professionals in rural or hard to serve areas stand to benefit the most from MI-CARE. Supporting the behavioral and mental health of school personnel will lead to the delivery of even better behavioral services to students.

Estimated Budget. We anticipate this to be a two-year project and are requesting \$500,000 of funds to provide partial salary support for Co-PIs and project support personnel. We also anticipate costs related to telehealth platform setup and maintenance, printed materials and manuals, along with financial incentives for school personnel who participate in this program.

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