

2023-2025 Mental Health Meeting Minutes

DATE: 1/16/2024 TIME: 1:30pm Location: Teams Members Present:

Co-Chair Jonathan Gauerke Clerical Support Amy Roberts Agbara Bryson Sarah Dooley Elizabeth Crider Jacob Morgan Joan Montoya Jovon Matthews Katy Endress Mandy Ellis Michele Carmichael Sally Gambacorta Becky Turner

Co-Chair Dawn Lochbaum PFHC Board Rep. Holly Bill Denise Backes Keith Downes Gregg Stoner Ronia Jamison Hannah Jordan Karen Beverlin Kerry Klesath Mary-Jennifer Meister Theresa Miller Stephanie Brown Wes Podbielski

<u>Updates</u>

January Guest Speakers: Beth Crider Peoria ROE and Team

-Mandy Ellis: Dunlap School District, oversees student services

- -Karen Beverlin: Assistant Superintendent for Washington High School
- -Kerry Klesath: Director at SEAPCO

-Beth noted that Ann Bond was not able to join.

-Beth stated that according to school law, if a student is experiencing something catastrophic once they've missed 10 days, they are entitled by law to have Home Hospital Tutoring, where the school system provides a tutor, typically for one hour a week or day, depending on the family agreement.

-Traditionally this has been used for St. Jude patients, horrible car accidents, etc. and used once in a blue moon.

-Beth noted that often in special education they will use their sped teachers outside of the school day as an additional contract to go provide that to sped students. These students are entitled by federal law to certain services. One of which could be home hospital tutoring, which have crept up in occurrence since COVID.

-Karen brought to Beth's attention that there has been a massive influx of doctors that are willing to write a note of a child experiencing anxiety by being in a school system and wants to stay home. It's almost a prescription for an entire other kind of service outside of the school system. (Anxiety was just an example).

-Karen noted that in Washington High School there are currently 26 students with home hospital tutoring, 20 of which are failing all their classes.

-Bullying, anxiety, depression, and other mental health concerns, potentially behavior concerns if the child cannot function and interact with peers inside the classroom.

-It's putting a band aid on the issue and not fixing it by just putting them on home hospital tutoring.

-This leads to lack of exposure to Gen Ed curriculum, lack of problem solving with to support students and it's hard to support those that have mental health needs when you don't have eyes on them.

-The doctors fill out the form through the IEP process, a medical certification form. It gives the doctor a time frame as to what their estimating, the amount of tutoring to be done, and the team accepts or denies after all information is in.

-It is also hard to find special education certified tutors, which is what is required for students with an IEP.

-Beth gave background stating that in the 2008-2010 range PPS under Dr Juanita Latham, if a home hospital tutoring form came in signed by a doctor that was for generalized anxiety or other mental health, it was automatically denied.

-Beth noted that this tool was intended to address a need, but it's not being used for what it's intended for.

-Home Hospital Tutoring for Special Ed students is 5 hours whereas other students have 1 hour required.

- (Discussion notes below.)

Discussion

-Hospital/Home Tutoring and the mental health impact from the school perspective.

-Beth is wanting to get more data from Ann Bond and will look to get answers to questions.

-Holly asked if the notes were from a few specific doctors or a variety.

-Michele asked if there is a commonality across the cases related the specific doctors.

Wondered if they could develop a communication protocol to doctors of what this is intended to be used for and what can we be telling schools? What do they need to help support students facing anxiety, depression, etc.

-Holly added that talking with the providers would be helpful and finding out what the pushback is from parents.

-It's difficult to have conversations with the right people.

-Beth added that you do not need to have an IEP to have home tutoring.

-The timeframe of these notes varies from district to district. Some districts have started requiring only one semester at a time.

-There are certain releases that need to be signed to have any kind of communication or paperwork from the doctor and when it's related to mental health, there is an extra layer of signatures they must get (HIPAA compliant.)

-Beth will speak with her Student Services Committee to see if these trends are happening across Illinois.

-As a community individual, they assume that when a child has severe anxiety that they will automatically get something from the school district and it's not automatic. It only is if it's showing that it's impacting their achievement within the school systems.

-The group noted that the first step would be identifying the doctors that are writing these notes, Dr. Stoner stated it's his suspicion that it's only a few specific ones.

-Holly added that after the doctors have been identified to come back to the meeting and share those with the different groups represented in this meeting and they can share the information with their leaders, or it could be a press release or inviting Beth to come speak at a meeting. She also added that parent education would be helpful too – especially if they knew it was potentially harmful in the long end.

-Beth reminded the group that they are aware of the mental health crisis that has occurred to students post COVID and throwing them into home hospital tutoring is not the answer to address those issues.

-Beth added that she started to hear about this from Peoria Public Schools in 2008-2009, but increased a lot post COVID.

-Home hospital tutoring is not remote learning.

-The ROE offices are providing a lot of professional learning about safe sand supportive, affirming cultures within the school system, many LGBT individuals are at the alternative school because they are in a small rural school with less diversity.

-Parents don't know what to do with their kids and want a quick and easy fix. Parents can put pressure on the providers to write the notes and put what they want in there. Education needs to be addressed for parents as well.

-Peoria Public Schools has a based around wrap around center at Trewyn, but other districts don't have that.

-Michele talked about the education sub-committee from the previous cycle and focusing on early intervention and prevention from an adolescent perspective if they want to see improvement on the adult side. Michele and Jan would like to take a deeper dive into this issue, potentially a side committee.

-It was discussed if these kids have a counselor they are seeing and that is unknown data at this time.

-Dr. Stoner noted that he was not aware of this programming as a provider but is willing to volunteer time to help educate the individual providers one on one to help them understand the purpose and what the issues are.

Sub-Committee Updates

<u>Telepsych</u>

-Johnathan stated they met last week with a small group and encouraged attendance in the subcommittees.

-They want to keep the forefront of the focus on health equity.

-After doing some research, health equity and telehealth is the opportunity for everyone to receive the health care hey need and deserve, regardless of social or economic status. It means making changes in digital literacy, technology, and analytics.

-Suggestions are making materials accessible, using images and words. Jonathan and Holly have been working within the subcommittees to do more promotion through social media next month.

-Making sure post visit surveys through the organizations are being completed.

-Need to use inclusive patient intake forms, asking your patients if they need assistive devices to help them get through their appointments.

-They want to encourage staff to learn how to broaden telehealth access.

-Allowing extra time in virtual visit appointments, some patients may need more time and need to adjust schedules to allow for that.

-Using technology designed with equity in mind and encouraging all patients to get involved in planning and implementing health equity. (Sitting on a board or a committee providing input on materials, procedures, then conducting sensitivity training.)

-Look for skills and experiences for cultural competency, connections to the local committee, community experience, working with underserved population groups, and fluency in languages other than English.

<u>CAHC</u>

-Dawn noted that meeting that was scheduled prior to the holidays did not work well for people and some were ill, so they are scheduled to meet again this Thursday, January 18th at 11:00, a hybrid meeting. Those interested in that group to please let Dawn or Amy Roberts know.

Next Meeting Date

-Tuesday, February 20 at 1:30, at OSF RT 91 (hybrid).

-Guest Speaker: IL Tobacco Free Communities & tobacco awareness discussions

Member Announcements

-The next cycle's CHNA is in the planning stage with the survey launch projected for June 2024 and the priorities to be established February to April 2025, implementation to start May 2025. -Annual PFHC meeting is on March 7, 2024, at 9am at the Spalding Pastoral Center. Invitations should have been received via email from Amy Roberts.

-Family Core: 25th Annual Frosty 5K and Dog Walk on 1/27/24.