Alternative Schools & Health in Montana

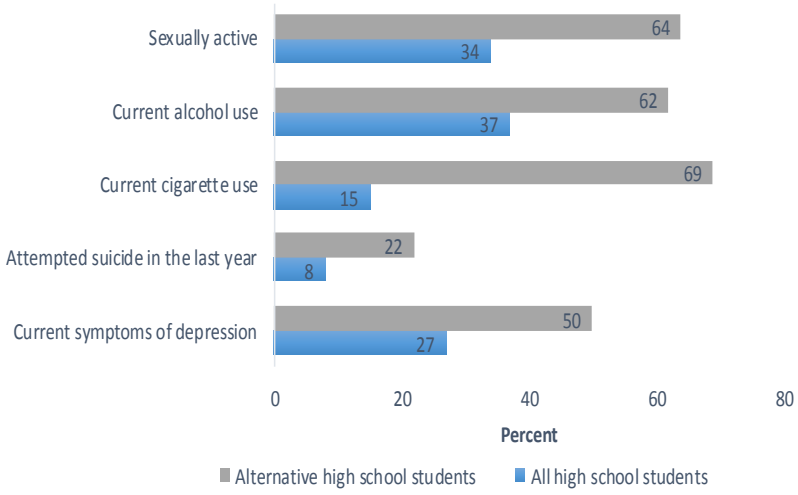
MONTANA HEALTHCARE FOUNDATION

Health Brief

"50% of alternative high school students report symptoms of depression."

What group of high school students in Montana is the most at risk for suicide, mental health concerns and substance use? Recent data from the Youth Risk Behavior Survey indicate that some of the most vulnerable students in Montana are those attending alternative schools. 22% of alternative high school students report attempting suicide in the last year and 50% report symptoms of depression (see figure). This group of students also reports elevated rates of alcohol and substance use compared to other high school students in the state.[1]

Reported health risk behaviors for alternative versus all high school students in Montana, YRBS 2013

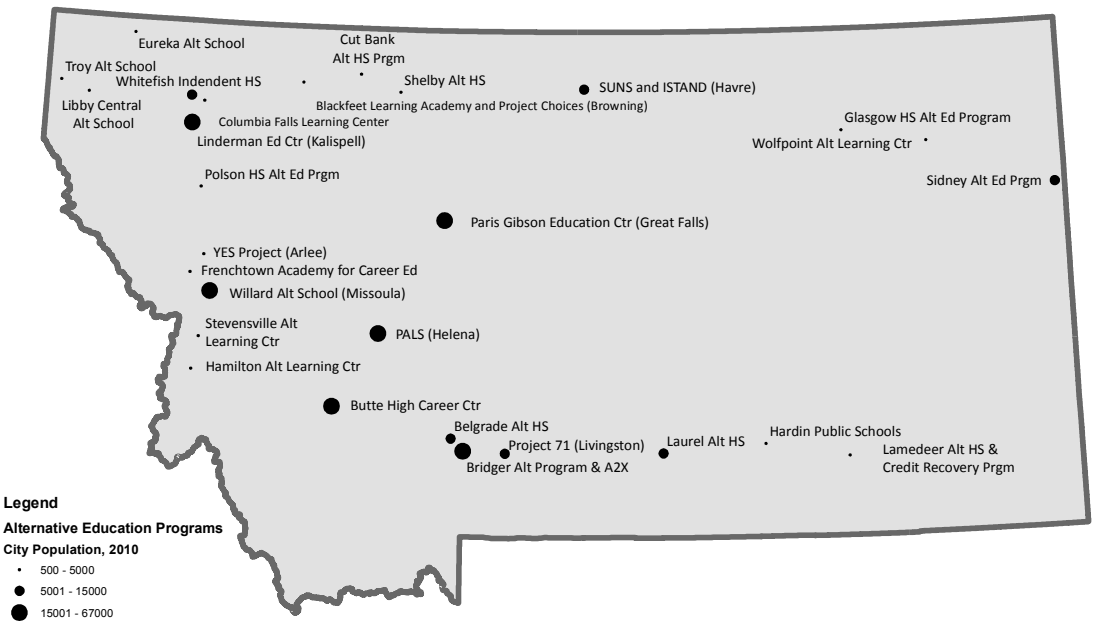


This brief contains a summary of findings from research funded by the Montana Healthcare Foundation to understand more about alternative high school programs and the health-related needs of students that attend them. For a full report on the research, visit the Montana Healthcare Foundation website: mthcf.org

Alternative Schools in Montana

The Office of Public Instruction (OPI) defines an alternative education program as "**A 'restructured' academic program to serve at-risk students and operated within an accredited public school.**"[2] There is no official tracking system of these programs in Montana, but research funded by the Montana Healthcare Foundation located 28 alternative education programs administered by accredited public schools, indicating that at least 18% of the 160 K-12 or high school districts in Montana offer alternative education options.

Alternative Education Programs in Accredited Public Schools in Montana, by community size



The majority of alternative education programs are in rural communities of fewer than 5,000 residents, but these programs are often extremely small in scale and serve only a handful of students while some larger communities have stand alone alternative high schools that serve hundreds of adolescents. Only seven alternative education programs (25%) exist east of Great Falls, so students in eastern Montana have little access to alternative education programs within their public school systems.

The Administrative Rules of Montana permit local school boards to waive graduation requirements based on individual student needs, and allow for the use of distance learning technology, which alternative schools often use to supplement or replace live instruction.[3]

Other than these limited provisions, the development, administration and funding of alternative education programs is completely at the discretion of locally controlled school districts. Thus, some programs are simply a bank of computers in a back room of the school where struggling students take online courses, while others are fully operational schools with their own staff and health services. Most alternative education programs in Montana are considered "attendance centers" where students are enrolled in the program (and may even attend classes in a separate building) but are still technically enrolled as students in their traditional high school. Thus, statewide graduation or drop-out statistics are not available for alternative education programs in the state.

Health Indicators

Available data paint a picture of a student population in alternative high schools at very high risk for poor health outcomes. This is partly due to the fact that alternative education programs serve a high-risk group of students, including students who are pregnant or have children, students receiving treatment for mental health or substance abuse, those involved in the criminal justice system, and those being expelled from or dropping out of traditional high schools. Alternative high school administrators report that upwards of 70-90% of their student population is at or below the poverty level and/or qualifies for free or reduced priced lunch. In the 2013 Youth Risk Behavior Survey, alternative high schools students reported elevated health risk behaviors across a wide range of health concerns, especially in the areas of mental health and substance abuse.

Comparison of Selected Self-Reported Health Risk Behaviors on the 2013 Youth Risk Behavior Survey, alternative school versus all high school students in Montana

Trauma and Abuse Indicators	MT Percent (95% CI)	Alternative Schools	Percent difference
Carried a weapon on school property**	9.9 (8.8-11.1)	16.9	52%
Were in a physical fight*	22.8 (21.0-24.6)	40.3	55%
Were ever physically forced to have sexual intercourse	8.7 (7.8-9.8)	23.1	91%
Experienced physical dating violence (hit, slammed into something, or injured with an object or weapon on purpose)*	8.8 (7.7-10.0)	20.4	79%
Mental Health Indicators			
Felt sad or hopeless (for 2 weeks or more so that they stopped doing some usual activities)*	26.4 (24.7-28.3)	50.2	62%
Attempted suicide*	7.9 (6.9-8.9)	21.7	93%
Attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse*	2.6 (2.2-3.1)	10.5	121%
Substance Abuse Indicators			
Currently smoked cigarettes**	15.2 (13.4-17.2)	68.9	128%
Currently drank alcohol**	37.1 (34.8-39.5)	62.3	51%
Had five or more drinks of alcohol in a row (within a couple of hours)**	23.5 (21.6-25.6)	47.1	67%
Currently used marijuana**	21.0 (18.8-23.5)	62.5	99%
Ever used ecstasy	8.2 (7.2-9.3)	35.1	124%
Ever used methamphetamines	3.6 (3.0-4.3)	17.9	133%
Ever took prescription drugs without a doctor's prescription	16.2 (14.7-17.7)	54.5	108%
Indicators for Sexual Behavior			
Had sexual intercourse before age 13 years	4.3 (3.5-5.2)	16.2	116%
Had sexual intercourse with four or more persons (lifetime)	14.7 (12.8-16.8)	49.8	109%
Were currently sexually active (intercourse during the past 3 months)	34.1 (31.6-36.7)	63.5	60%
Other Health Indicators			
Drank a can, bottle, or glass of soda or pop one or more times per day (not including diet soda or pop)***	18.2 (16.4-20.2)	33.3	59%
Did not attend physical education classes on 1 or more days (in average school week)	45.6 (41.7-49.5)	76.9	51%
Did not play on at least one sports team (school or community)*	36.3 (34.3-38.3)	80.8	76%

* During past 12 months
** During past 30 days
*** During past 7 days

Promising Practices

Despite the health challenges facing alternative school students in Montana, there are several promising local and state initiatives being implemented to address these students' health needs. For more details, see the full alternative schools report at www.mthcf.org.

State Initiatives

- *Montana Behavioral Initiative (MBI)* - To date, MBI has funded and trained more than 200 Montana schools to structure tiered behavioral supports for all students using the evidence-based Positive Behavioral Interventions and Supports (PBIS) model. Though a promising and well-funded initiative, participation by alternative schools in MBI is low.
- *High Fidelity Wrap Around/Schools of Promise* - This federally-funded project provides intensive, individualized high fidelity wrap around case management services in tribal schools with struggling students.
- *Mental Health 1st Aid* - Another federal grant through OPI, this project supports Mental Health 1st Aid training to increase school staff capacity to address, identify, and respond to youth with mental health needs. Eventually, more than one thousand school and community members in Montana will be trained in the model.
- *Suicide Prevention Protocols* - This state-funded project supports school-based mental health coordination in rural communities to develop school-community protocols to aid the response to youth mental health crises.

For more information on the state level initiatives, visit opi.mt.gov

Local Initiatives

- *Blackfeet Learning Academy and Project Choices*– The Browning Public Schools have two alternative education programs serving 150 students. The Blackfeet Learning Academy is a full-time academic program emphasizing cooperative learning, and Project Choices is an individually tailored self-study program. The school employs two full-time counselors who run therapeutic group counseling sessions, including groups focused on grief, quitting tobacco and other substances, and life skills for young men.
- *Bridger Alternative High School Dialectical Behavioral Therapy Program* - At the Bridger Alternative High School in Bozeman, the Dialectical Behavioral Therapy (DBT) Program pairs a school counselor with two private therapists for training. The program has developed a DBT implementation team to work with students at risk for suicide, self-harm, and problems. Students in need of more intensive therapy are referred to the private therapists who have agreed to see students regardless of their ability to pay.
- *Project SUCCESS at the Willard School in Missoula* - Project SUCCESS is an evidence-based substance abuse treatment program, originally developed for alternative education settings, and is being implemented at the Willard School in Missoula as a partnership with Montana Addiction Services. A 0.5 FTE Project SUCCESS counselor at the school provides students with an eight-session Prevention Education Series and provides referrals for treatment to Montana Addiction Services.

Gaps in Services

Despite innovative, evidence-based projects that alternative education programs are implementing to improve the health of their students, there are many gaps in services. The following themes emerged from interviews with and surveys of key alternative schools stakeholders conducted as part of the Montana Healthcare Foundation research.

Lack of Staff	Less than half of alternative education programs Montana report employing any sort of case management, mental health or medical professional in their program. Some programs do not even employ teachers, but instead rely on para-educators and distance learning technology.
Inadequately Trained Staff	Most programs do not have any specific requirements for teaching in the alternative schools or have ongoing professional development requirements specific to alternative education or health. Even schools with counselors present reported that they are trained to respond to academic issues, not mental health concerns. Alternative school administrators indicate that they would love more resources and time to properly train their staff on health-related issues.
Lack of Community Resources	Rural communities in Montana have limited access to community resources for referrals for students who need mental health and substance use treatment. Even in larger communities, community counselors may not be trained in the most evidence-based modalities for at-risk teens.
Difficulty accessing resources	Because alternative schools students often come from difficult family or life circumstances, most need some level of assistance but not every student needing help has a mental health diagnosis or insurance. And even if students do have Medicaid coverage, many providers limit the number of Medicaid clients they see, so access to care is scarce.
Follow-through for disadvantaged students	Even if alternative schools are able to find community providers who are willing to serve their students and are able to make a referral, students still have difficulty accessing services because of transportation, scheduling issues, and extenuating circumstances. Because of these concerns, alternative school administrators report a preference for services to be located on sites in order to remove barriers to access.
Penalties for alternative schools	Finally, alternative education programs are often prevented from accessing resources for students because of their status as an alternative school. Many grant opportunities exclude alternative schools because they do not fall into the traditional definition of a school. In addition, individual students can actually lose access to special education, Title I, or other types of funding when they transfer to the alternative education program. There are currently no funding sources specifically designated for alternative education programs in Montana.

Recommendations

Based on the research findings, alternative education programs would be an excellent target for grantmaking. There is strong, consistent data indicating that these programs serve a population that suffers from health disparities. The administrators of these programs acknowledge the health challenges faced by their students but often lack the funding, training, and resources to address student needs in a holistic way. Foundations interested in addressing the needs of Montana's alternative school students should consider the following:

1 More data is needed on alternative schools and health. Support the development of infrastructure needed to collect systematic data related to educational and health outcomes in alternative schools.

2 Focus funding on evidence-based practices that address mental health and substance abuse concerns, because the greatest disparity between the alternative school and general high school population exists in these areas.

3 Provide funding to allow existing school counselors, teachers, and other key staff to increase their capacity to address substance abuse, mental health, and trauma.

4 Support the implementation of evidence-based curriculum that addresses mental health, substance abuse prevention, trauma, risky sexual behavior, life skills, resiliency, and general health, as well as trauma-informed discipline policies.

5 Fund initiatives that promote alternative education programs' participation in MBI.

6 Support pilot projects that expand upon and replicate model programs already being implemented at the local level, such as group counseling, DBT, High Fidelity Wrap Around, Mental Health 1st Aid, and Project SUCCESS, while also allowing alternative education programs to consider other evidence-based models that have not been implemented in the state.

7 Because of the diversity of alternative education programs, develop flexible proposals that will allow local programs to assess their most pressing needs and determine the solution that will work best in their local setting.

8 Provide funding, training and technical assistance for alternative schools to establish billing systems to allow for reimbursement by Medicaid and other third-party payers. This will allow schools to provide behavioral health services on site, as well as other health services if needed.

9 There are many potential funding sources for alternative education programs, though few specifically earmark money solely for alternative schools. Continue researching potential funding sources to determine if technical assistance could be provided to programs to access funding from other sources.

This report was prepared on behalf of the MHCF by Katie Loveland MPH, MSW of Loveland Consulting

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