STUDENT SERVICES & ALTERNATIVE PROGRAMS



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Jennifer Cheatham, Ed.D., Superintendent of Schools

**DATE:** June 20, 2013

Nancy Yoder, Executive Director

Appendix OOO-12-42 June 24, 2013

TO: Board of Education

**FROM**: Nancy Yoder, Executive Director for Student Services & Alternative Education

#### RE: Mental Health Task Force Recommendations

#### I. Introduction

#### A. Title/topic

Mental Health Task Force Recommendations

#### B. Presenters

Nancy Yoder, Executive Director of Student Services & Alternative Education Jeannette Deloya, Program Support for Social Work Sara Parrell, Program Support for School Nursing

#### C. Background information

The Mental Health Task Force completed its work in May 2013, culminating in the development of a comprehensive vision and strategic roadmap entitled, *The Plan for a School and Community Integrated Model for Children's Mental Health in Madison*. This plan embodies the collective vision and tireless work of hundred of individuals representing families, children and youth, policymakers, advocates and key systems including mental health, education, health, child welfare, violence prevention and juvenile justice. These groups recognize and support the need to prioritize the social emotional well-being of our children and ensure that all students have access to the mental health services they need to support the achievement of their full potential as healthy and contributing community members. This Plan is presented to the Board with the resounding support of the Task Force and offered as a springboard for moving forward the recommendations that have been created with a high level of collective energy, engagement and commitment.

#### D. BOE action requested

The Board of Education is being asked to accept the *Plan for a School and Community Integrated Model for Children's Mental Health in Madison.* No other action is requested at this time.

#### **II. Summary of Current Information**

#### A. Provide summary

The Task Force Recommendations are summarized as follows and detailed in the attached *Plan for a School and Community Integrated Model for Children's Mental Health in Madison.* 

#### B. Recommendations and/or alternative recommendation(s)

<u>Parent Leadership and Support</u>: Partner with families to collectively identify, and then implement, meaningful supports (advocacy strategies, education, outreach) around their children's mental health needs.

#### Professional Development.

- (1) Develop explicit professional development plans for all levels of educators around social-emotional wellbeing and mental health that emphasizes school climate, collective responsibility and cultural competence.
- (2) Integrate professional development and training goals with other existing community collaborative efforts that are prioritizing children's mental health and trauma.

<u>Access and Direct Services</u>: Develop new and strengthen existing school and community-based multi-tiered systems of support that ensure student health and achievement.

<u>Service Coordination</u>: Develop a universal system (city-county wide) that enables collaboration, coordination, communication, and information sharing that furthers effectiveness of care, within approved parameters.

*Partnership/Coordination, Management and Monitoring*: Determine an oversight mechanism for shared ownership and responsibility.

**<u>Policy</u>**: Adopt final MMSD School-Community Partnership Protocol for all new and renewing mental health collaborations.

**<u>Community Engagement</u>:** Engage with the community to raise awareness of the prevalence of children's mental health concerns and proactive strategies that promote mental health. Develop a structure to ensure that the School and Community Integrated Model for Children's Mental Health is continually informed and endorsed by community members of diverse cultural backgrounds.

<u>Organization Endorsement & Communication</u>: Gain endorsement and adoption of the School and Community Integrated Model for Children's Mental Health by organization partners. Endorsement includes recognition of the importance of the mental health/academic connection and confirms ongoing commitment to applying resources and strategies in coordinated and collaborative ways that optimize success for students.

**<u>Funding</u>**: Maximize current investments and invest sufficient fiscal resources over time to implement the School and Community Integrated Model for Children's Mental Health.

#### C. Link to supporting detail

The complete and comprehensive version of the *Plan for a School and Community Integrated Model for Children's Mental Health in Madison* is attached to this memo.

#### **III. Implications**

#### A. Budget

No new funding is being requested at this time to implement the recommendations of the Mental Health Task Force. Reallocating funds within the existing budget may occur to support the advancement of the Task Force recommendations.

#### B. Strategic Plan

Research supports the construct that children's healthy social and emotional development is an essential foundation for academic, relational and post-secondary success. With this in mind, the recommendations of the Mental Health Task Force are positioned to positively impact student performance and graduation rates.

#### D. Equity Plan

The voices of many cultural groups, advocacy groups, parents, and community stakeholders contributed to the development of the *Plan for a School and Community Integrated Model for Children's Mental Health in Madison.* Continuous engagement and dialogue with groups and individual members of our community remained critical throughout the development of the Plan and provided a lens for ensuring that the Plan reflects a culturally-informed understanding of mental health.

#### E. Implications for other aspects of the organization

The Plan for a School and Community Integrated Model for Children's Mental Health in Madison represents the collective responsibility necessary to meet the Task Force mission of "creating a comprehensive, integrated, culturally-competent and traumainformed school-linked system of mental health practices and supports for MMSD students and their families". The work of this Task Force has been shared with numerous community and district groups and the feedback has been overwhelmingly positive regarding the scope, content and recommendations outlined in the Plan. The expectation for cross-departmental collaboration within the district as well as collaboration with the community is inherent in this Plan.

#### **IV. Supporting Documentation**

The complete and comprehensive version of the *Plan for a School and Community Integrated Model for Children's Mental Health in Madison* is attached to this memo.



## The Plan for a **School and Community Integrated Model** for Children's Mental Health in Madison

May, 2013

#### Mental health touches all of us.

**1 in 5 children and adolescents** experience a mental health problem. In Dane County, 1 in 4 high school students struggle with depression.

In MMSD, **low income students are twice as likely** to be identified with a mental health concern as non-lowincome students.

As few as 1 in 5 students receive the care they need. **60-90% of adolescents** with mental health disorders **fail to receive treatment.** 

Every day, students feel these inequalities as they strive to grow and learn in our schools.

> Research undeniably confirms the fundamental connection between students' healthy social-emotional development and academic, relational, and post-high school success.

We pay tremendous immediate and long-term costs when students' mental health needs are not met.

Early mental health screening and intervention cost much less than residential and other specialized out-of-home care, which can cost over **\$250,000** a year for one child.



Within our community, we recognize the urgent need to more responsively support the mental health and well-being of our children. By collectively and proactively committing to the mental health and well-

being of our children, we can and will overcome today's limitations and

meet tomorrow's challenges to ensure positive outcomes for students,

now and in the future.

Continuous engagement and dialogue with groups and individual members of our community remained critical throughout the development of the Plan. These efforts contributed to maintaining a **culturally-informed understanding** of mental health that is reflected within the Plan.

Additionally, this communication allowed for the planned application of resources and strategies in coordinated and collaborative ways to optimize success for students.

Thank you to the following groups for their contributions.

Attic Angel Association Boys & Girls Club of Dane County Canopy Center – Families United Network Children, Youth, & Family Consortium Children's Mental Health Collaborative of Dane County City Education Committee City of Madison – Community Development Division Health Council Latino Health Council Latino Support Network MMSD Dept. of Educational Services Family Resource Fair MMSD Parents: Outreach & Survey Efforts MMSD Students: High School Focus Groups Public Health Madison – Dane County United Way Healthy for Life Committee

Ongoing dialogue will continue to be essential to ensure the development and delivery of school and community-based children's mental health services is **continually informed and endorsed** by individuals and groups of diverse cultural backgrounds within our community.



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#### Madison School-Community Integrated Model for Children's Mental Health

#### MMSD Mental Health Task Force Membership

January 2012 - May 2013

#### **Co-Chairs**

Scott Strong	Community Partnerships, Inc., Executive Director
Dan Nerad	MMSD, Superintendent's Office, Superintendent
Steve Hartley	MMSD, Superintendent's Office, Interim Chief of Staff
Nancy Yoder	MMSD, Student Services & Alternative Programs, Director

#### **Task Force Members** (\*Denotes Implementation Planning Team Member)

Julie Ahnen	Dane County Department of Human Services
Shahanna M Baldon	MMSD, Superintendent's Office
John Bauman	Dane County Juvenile Court
Casey Behrend*	Youth Services of Southern Wisconsin
Connie Bettin	Dane County Department of Human Services
Lynn Brady	Journey Mental Health Center
Carol Carstensen	Foundation for Madison Public Schools
Roseanne Clark	UW Child Psychiatry, UW Health
Donald Coleman*	Midwest Center for Human Services; Midwest Center for
	Cultural Competence
Tom Crabb	Dean Health System
Greg DeMuri	UW Pediatrics, UW Health
Sandy Erickson*	United Way of Dane County
Mario Garcia Sierra	Centro Hispano
Carol Gattshall	Dean Health System
Lynn Green	Dane County Department of Human Services
Phyllis Greenberger*	Disability Rights Wisconsin
Jim Haessley	MMSD, Educational Services
Kathy Halley*	MMSD, Student Services
Armando Hernandez*	Access Community Health Centers
Nikky Hoffmaster*	Parent
Mary Howick	UW Health
Elizabeth Hudson	Wisconsin Department of Public Instruction
Sue Janty	Meriter Hospital
Jalateefa Joe-Meyers	MMSD, Equity and Diversity
Donna Jost	MMSD, Early and Extended Learning
Sharyl Kato*	The Rainbow Project
Ava Martinez	NAMI Dane County
Brenda McMiller*	Parent
Sue Moran	Journey Mental Health Center
Dan Murphy	Madison Police Department, and MMSD

Marcus Murphy Meg Nelson **Nichelle Nichols** Mary O'Donnell Heather Olwig Nan Peterson Deb Ptak\* Rebecca Ramirez\* Elizabeth Rice Kristen Roman Peggy Scallon\* Katie Schmitt Jim Van Den Brandt Rhonda Voight **Connie Williams** Marykay Wills\* Jim Woodward Sally Zirbel-Donisch\*

Family Service Madison MMSD, Educational Services Urban League of Greater Madison City of Madison, Community Development Division MMSD, Student Services American Family Children's Hospital, UW Health MMSD, Whitehorse Middle School MMSD, Educational Services and Student Services **UW-Madison School of Nursing** Madison Police Department UW Child Psychiatry, UW Health Meriter Child and Adolescent Psychiatric Hospital Group Health Cooperative, South Central WI Dane County Department of Human Services City of Madison, Community Development Division Dane County Department of Human Services Meriter Health Services MMSD, Health Services

#### MMSD Student Services: Staff to the Task Force

Jeannette Deloya, Kathy Halley, Mara McGlynn, Sara Parrell, and Elizabeth Scholz, UW School of Social Work Graduate Intern

#### Forward

The Madison Metropolitan School District Board of Education and its district Leadership Team are to be commended for identifying and addressing the growing need to provide an educational environment that is inclusive of students with mental health concerns. As a result of this thinking, the MMSD Mental Health Task Force was convened in January 2012. The Task Force was formed with a wide variety of community leaders representing parents, cultural groups, the medical community, non-profit mental health agencies, advocacy agencies, government, law enforcement, juvenile justice, MMSD, and funding agencies. This multidisciplinary group of leaders crafted a vision and mission for its work and met monthly over the course of 13 months to identify the need, wade through supporting data, review exemplar models of school/community collaboration occurring throughout the country, and ultimately drafted strategic goals which would guide the work of the Implementation Planning Team who would continue to meet twice a month for the next 4 months.

The Task Force members also deserve commendation for their commitment to a process that occurred over the course of over 1 ½ years. The members were engaged and motivated to put forth a plan that met the need of students in the MMSD, one that our community could rally behind and one that would not just sit on a shelf, but become a living, breathing document that would benefit all students. It became clear to the Task Force through its review of exemplar models and data that schools and communities that come together to collaborate and integrate services are able to realize better outcomes for students with mental health concerns.

Although this plan is just the beginning of the work that needs to be done, the Task Force is confident that it is one that addresses the charge of the Board of Education and district's Leadership Team, and will guide us into the foreseeable future to produce positive outcomes for students and our community.

We urge our community partners to support this plan and work with us to develop a high-quality model that will be good for our students and ultimately those beyond Madison's borders.

Scott Strong, *Co-Chair, MMSD Mental Health Taskforce* Executive Director, Community Partnerships, Inc.

#### Acknowledgements

The Madison School Community Integrated Model for Children's Mental Health was developed as a result of the diligent work and thoughtful contributions of hundreds of individuals and groups committed to and concerned about the health and well-being of Madison's children, adolescents and their families.

**Dan Nerad**, previous Madison Metropolitan School District Superintendent, provided initial passion and leadership when given the MMSD Board of Education's charge to form a school community task force to create recommendations for a school-linked system of mental health practices and supports for MMSD students and families.

This model could not have been achieved without the important work of the Madison Metropolitan School District Mental Health Task Force. The Task Force members are to be commended for developing a thoughtful, data-informed set of recommendations that culminated from 12 months of regular meetings, in space generously provided by the United Way of Dane County. The Task Force cochairs, Dan Nerad, **Scott Strong** (Executive Director of Community Partnerships), **Steve Hartley** (MMSD Interim Chief of Staff) and **Nancy Yoder** (MMSD Director of Student Services and Alternative Programs) provided steady and perceptive ongoing leadership to all phases of the work. This model builds on the work of the Task Force Recommendations, as defined in January, 2013.

Special recognition is extended to members of our schools and community organizations and to the **Children's Mental Health Collaborative** all of whom contributed first-hand testimony and expertise towards building shared understanding amongst task force members. Representatives from community organizations that serve children, adolescents and families through school-community collaborative interventions provided important data that informed the Task Force recommendations. These individuals included **Tyler Schueffner**, *Youth Services of Southern Wisconsin*; **Celia Huerta**, *Face-Kids Connections*; **Rena Kornblum**, *Hancock Center*; **Robin Gray**, *Community Partnerships*; **Emilie Sondel**, *The Rainbow Project*; and **Ritu Ghandi**, *UW-Psychiatry*. Additionally, the following MMSD school-based student services members from all levels took time to share their stories with us: **Alexandra Fayen**, **Sara Knueve**, **Wendy Johnson**, **Megan Martin**, **Sara Parrell**, and **Calvin Taylor**. Each of these important stories underscored the sense of urgency that exists to do everything we can in our school district and our community to meet the mental health needs of all of our children.

Finally, deep appreciation for contributions of time, skill, perspective and commitment belongs to stalwart parent members of the Mental Health Task Force. **Nikky Hofmaster** and **Brenda McMiller**, parents of MMSD Students, actively participated in forming the recommendations and developing the initial implementation plan. Their keen insights and advocacy were essential to the success of the process and will inform the implementation of this plan for years to come.

### MMSD Mental Health Task Force Planning Process January, 2012-May, 2013

Mental health touches all of us. We pay tremendous immediate and long-term costs when students' mental health needs are not met. It was with this awareness that the Madison Metropolitan School District (MMSD) Board of Education directed former Superintendent Nerad in spring 2011 to form a task force with the following charge: develop a set of recommendations that would contribute to creating a

comprehensive, integrated, culturallycompetent, and trauma-informed schoollinked system of mental health practices and supports for MMSD students and their families.

The plan for a Madison School-Community Integrated Model for Children's Mental Health is a comprehensive vision and strategic roadmap for achieving the recommendations put forth by the Mental Health Task Force in January 2013. It embodies the collective vision and tireless work of hundreds of individuals representing families, children and youth, policymakers, advocates, and key systems including mental health, education, health, child welfare, violence prevention, and juvenile justice.

#### **Mental Health Task Force**

**Vision:** We will empower parents/caregivers, implement culturally competent, trauma-informed and evidence-based practices, take collective responsibility and evaluate our services so that all students will have access to the mental health services they need to support the achievement of their full potential as healthy and contributing community members.

*Mission:* Create a comprehensive, integrated, culturally-competent, and trauma-informed school-linked system of mental health practices and supports for MMSD students and their families.

These and other groups recognize and support the need to collectively develop and sustain a coordinated, seamless system of care within our school and community. Commitment to the plan ensures that social emotional well-being of children is a top priority and that all students have access to the mental health services they need to support the achievement of their full potential as healthy and contributing community members.

#### Why an Integrated Model for Children's Mental Health in Madison?

Research clearly demonstrates that children's healthy social and emotional development is an essential foundation for academic, relational and post-high school success. A robust body of research also links mental health and academic achievement. Students with mental health concerns are more likely than peers to miss instruction due to increased suspension, office discipline referrals and attendance problems, and to have lower graduation rates. These students also require a range of school supports and interventions around behavior, emotional regulation and engagement in learning.

It is estimated that one in five students nationwide has a diagnosable mental health condition. In some schools within MMSD, staff identify as many as one fourth of all students as having a mental health concern. About a third of MMSD sixth graders report significant symptoms related to trauma and violence. Among high school students across Dane County in 2012, 8.7% of students reported suicide attempts within the past year and 24% reported struggling with depression. Individuals interacting most directly with students including school staff, parents and community members often lack the education and understanding about mental health that is needed to best support students with mental health

concerns. This lack of knowledge impacts students on a daily basis, resulting in lifelong effects. Our community has a collective responsibility to address these issues.

There are significant inequities in access to mental health services and quality of services. Our current system is fragmented and poorly coordinated. Resources are not maximized and families are left to negotiate a complex and confusing system for accessing care. National and local data demonstrates that students of color and students living in poverty are less likely to receive needed services. Students living in poverty are also more likely to experience mental health needs due to trauma, adverse experiences and environmental stressors, while stigma and scarcity of culturally competence care impact their use of services.

It has been shown that prevention, early intervention and appropriate and timely interventions, improve students' academic achievement and overall wellbeing, and benefit communities through providing long-term cost savings in areas of health care, social services, and justice system. Please see Appendices A and B for a detailed data compilation, including a summary of desired components from exemplar models, that informed the MHTF recommendations.

**Collaborative Process for Development of the Plan** As detailed in the Task Force work plan (Appendix C), the members of the MHTF began its 18-month tenure by constructing a strong, shared rationale for their collaborative efforts.

#### Mental Health Task Force Four Strategic Goals

**Organization/Policy** *We will establish shared ownership and responsibility amongst community policy makers to align and coordinate systems, policies, strategies and resources.* 

Education/Outreach: We will identify and develop culturally competent models of school and community education that empower students, parents/caregivers, educators, community members and other professionals to support children's social and emotional well-being and mental health needs.

**Direct Service/Access:** We will develop new initiatives and build on existing successful programs to establish a coordinated, efficient and responsive system of referral, access and provision of mental health services and supports.

Individualized Care: We will develop and maintain a collaborative system including parents/ caregivers that provides timely and appropriate access to quality individualize mental health care to children/youth with significant mental health needs. The MHTF examined local, state, and national data, as well as existing integrated models, programs, and

#### Task Force Membership included Representation from schools and community

Parent and Multi-Cultural Groups Medical Community Non-profit Mental Health Agencies Advocacy Groups City Government County Human Services Law Enforcement and Juvenile Justice Madison Schools services in order to identify strengths on which to build, and options to address gaps and barriers. Staff from MMSD and community agencies shared the challenges they face in trying to meet the mental health needs of students in their schools and programs. During the next phase of work, MHTF members defined parameters that need to be inherent throughout all components of the integrated model. These parameters emphasized the critical role of cultural competence in mental health service delivery and the overall need for continuous evaluation focused on program improvement. This shared vision provided guidance to MHTF members in constructing four strategic goals (see sidebar on previous page) and corresponding recommendations.

The Mental Health Task Force's "School Community Plan to Support Children's Mental Health" (Appendix D) was submitted to the MMSD Board of Education in January 2013 and outlines the MHTF's rationale, vision, mission, strategic goals, and recommendations. (The BOE January, 2013 report is included in this report as Appendix E).

From January 2013 – May 2013, a 20-person representative group of MHTF members formed an Implementation Planning Team (IPT) to achieve the following desired outcomes:

- Examine assumptions about culture and ensure that all aspects of the process and resulting plan reflected capacity to function effectively as individuals and organizations "within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities." (Cross, 1989)
  - IPT members agreed on a definition of cultural competence. A structured cultural competence reflection was incorporated as a standing agenda item in all IPT meetings. During this time, members reflected on ways the processes we engaged in to complete the work incorporated cultural competence as well as ways cultural competence was integrated explicitly within the action plan. (Definition and reflection questions are included as Appendix F)
- Create action plans for MHTF recommendations
  - To this end, IPT members formed work groups to create explicit action plans for the recommendations identified as priorities by the larger Task Force. These recommendations related to funding, parent empowerment and support, professional development, schoolbased services, and service coordination.
- Develop an oversight mechanism and ongoing management plan including a parent advisory component
  - MMSD Work Team members met with community groups with vested interests in the areas of education, health, and mental health to explore options for oversight and ongoing management. The Children's Mental Health Collaborative was identified as an existing group

with high potential for performing both functions due to the alignment of their mission with the charge of the MHTF, long-standing history of effective collaboration in the area of children's mental health, and flexible structure. This report includes a proposal to formally

establish the Children's Mental Health Collaborative for a significant portion of the oversight responsibilities needed to ensure progress on the plan (please see appendix G for the full proposal and recommended committee structure).

- Obtain commitments from agencies, stakeholders, and Board of Education
  - IPT and MMSD Work Team members met with various stakeholders throughout the spring to raise awareness of the plan, strategize ways to leverage existing partnerships, and foreshadow a request for endorsement. The MMSD Work Team, along with identified oversight and management team, will proceed to seek and obtain endorsement of this plan from community partners following the MHTF review on May 16, 2013 and Board of Education review June 24, 2013.

The collective work of the Mental Health Task Force represents the potential for the powerful partnership that is needed between MMSD and the broader Madison community to create and sustain an integrated model for children's mental health that provides all students access to the mental health services they need to develop into healthy and contributing community members.

#### The Work of the Task Force & Implementation Planning Team

#### January, 2012- May, 2013

- Define cultural competency and address in plan
- Understand current community and school mental health services, delivery and access
- Review research and data
- Explore exemplar models: Seattle, Baltimore, Boston, Los Angeles, Minneapolis
- Determine and prioritize recommendations
- Implementation planning and engaging community input (organizations, families, school staff, students)

#### Public Input to the Plan

Following the submission of the "School Community Plan to Support

Children's Mental Health" to MMSD's Board of Education in January, 2013, members of the Implementation Planning Team and MMSD Work Team sought input from stakeholder groups, MMSD staff, and parents. Groups and a summary of feedback from dialogue and input sessions are listed in Appendices H and I. The intended outcomes of these sessions were to:

- Inform the Implementation Planning Team's action planning process
- Continue the process of developing the Plan through a culturally-informed understanding of mental health
- Generate endorsement\* of the Plan by organization partners

\*Endorsement is defined as commitment to an on-going partnership that allows for implementation of defined components of the plan for a Madison School-Community Integrated Model for Children's Mental Health.

The majority of individuals from MMSD and external groups as well as parents provided overwhelmingly positive feedback on the scope, content, and recommendations outlined in the Plan. There was

recognition that an effective collaborative model has inherent challenges and incredible potential. There was high level agreement about the need for extensive professional development and parent education about the relationship of mental health and behavior. Among parents and school staff, support for students with significant mental health needs emerged as the area of greatest concern.

All input was considered by the Implementation Planning Team, and recommendations that addressed recurrent comments were weighted as priority. Above all, public input reinforced the fundamental importance of ensuring the development and delivery of school and community-based services related to children's mental health is continually informed and endorsed by diverse groups within our community.

In conclusion, the recommendations and action plans that follow represent the best thinking of a widely diverse cross-section of our community. They are informed by rigorous examination of the current data that establishes the compelling need for a coherent, collaborative and integrated approach to children's mental health. Through their articulation, the recommendations are already contributing to a growing sense of hope among families, school staff and community members that Madison's resources can be mobilized to ensure positive outcomes for students, now and in the future.

"Because I am a parent of children with mental health issues I have developed a heart for the work that the mental health task force has done over the past 18 months. I feel honored to have been a part of the process and am excited to see what the future holds but I can't help wishing that our ideas would have been in place when my children needed it. I am positive however that if the task force recommendations are implemented they will provide help and strength to families for generations to come, and the idea that my grandchildren won't have to struggle the same way that my children did brings me hope and excitement for the future of the Madison schools."

> Nikky Hoffmaster, Parent MMSD Mental Health Task Force Member

#### RECOMMENDATIONS FOR BUILDING A SCHOOL AND COMMUNITY INTEGRATED MODEL FOR CHILDREN'S MENTAL HEALTH IN MADISON

The multi-tiered system of support provides a framework for the School and Community Integrated Model for Children's Mental Health in Madison. The guiding principles woven throughout the Model include collective responsibility, cultural competence, parent leadership, use of evidence-based and trauma-informed practices, system coordination and continuous improvement based upon ongoing evaluation and accountability.

**Parent Leadership and Support:** Partner with families to collectively identify, and then implement, meaningful supports (advocacy strategies, education, outreach) around their children's mental health needs.

#### **Professional Development**:

- (1) Develop explicit professional development plans for all levels of educators around social social-emotional wellbeing and mental health that emphasizes school climate, collective responsibility and cultural competence.
- (2) Integrate professional development and training goals with other existing community collaborative efforts that are prioritizing children's mental health and trauma.

**Access and Direct Services**: Develop new and strengthen existing school and communitybased multi-tiered systems of support that ensure student health and achievement.

**Service Coordination:** Develop a universal system (city-county wide) that enables collaboration, coordination, communication, and information sharing that furthers effectiveness of care, within approved parameters.

**Partnership/Coordination, Management and Monitoring:** Determine an oversight mechanism for shared ownership and responsibility.

**Policy:** Adopt final MMSD School-Community Partnership Protocol for all new and renewing mental health collaborations.

**Community Engagement:** Engage with the community to raise awareness of the prevalence of children's mental health concerns and proactive strategies that promote mental health. Develop a structure to ensure that the School and Community Integrated Model for Children's Mental Health is continually informed and endorsed by community members of diverse cultural backgrounds.

**Organization Endorsement & Communication:** Gain endorsement and adoption of the School and Community Integrated Model for Children's Mental Health by organization partners. Endorsement includes recognition of the importance of the mental health/academic connection and confirms ongoing commitment to applying resources and strategies in coordinated and collaborative ways that optimize success for students.

# Plan for a

# School and Community Integrated Model for Children's Mental Health in Madison

## School and Community Integrated Model for Children's Mental Health

The multi-tiered system of support provides a framework for the School and Community Integrated Model for Children's Mental Health. The guiding principles woven throughout include collective responsibility, cultural competence, parent leadership, use of evidence-based and trauma-informed practices, coordination of systems and continuous improvement based upon on-going evaluation and accountability.



## **Recommendations and Action Plans**



<u>Prioritized Recommendation</u>: Partner with families to collectively identify, and then implement, meaningful supports (advocacy strategies, education and outreach) around their children's mental health needs.

#	Action Step	Priority	People Responsible	Time Frame	Visible Result	Resources Needed
1	Needs assessment: create online, anonymous avenue for parent input	1	MH Work Team	Summer 2012-Spring 2013	Online survey	Survey (English and Spanish)
2	Needs assessment: convene parent focus groups to solicit input and membership	1	MHTF IPT: Parent Empowerment and Support Group CMHC MH Work Team	Year 1	Products (resource needed) created; Some meetings have occurred and data collected	Facilitation Guide Facilitator Translation Google Doc calendar Survey postcard
3	Partner with MMSD R&E, Community Engagement to identify and develop system to organize feedback from parent surveys and focus groups, and contacts for Parent Mental Health Leadership Council	1	MMSD R&E MMSD Community Engagement CMHC	Year 1	Google Doc/technology- based system	Tech support
4	Seek & obtain funding to support parent staff to PMHLC	1	MMSD Student Services	Year 1	Funding obtained	MMSD staff time
6	Hire parent staff to PMHLC	1	MMSD Director of Student Services	Year 1	Staff hired	Funding MMSD staff time
7	Identify MMSD staff to support PMHLC	1	CMHC: Steering Committee MMSD Student Services	Year 1	MMSD staff identified	MMSD staff time
8	Identify PMHLC members and gain commitments from these individuals, including 2 parent co-chairs; Parent members include: parents and caregivers with personal experience of 1) raising children with mental health concerns and 2) accessing and navigating the child- serving systems in Madison and Dane County on behalf of their children	1	CMHC MMSD Student Services staff serving CMHC PMHLC	Year 1	PMHLC co-chairs identified Group formed	Contact info for interested parents from parent focus groups and/or survey

Prioritized Recommendation: Partner with families to collectively identify, and then implement, meaningful supports (advocacy strategies, education and outreach) around their children's mental health needs.

#	Action Step	Priority	People Responsible	Time Frame	Visible Result	Resources Needed
9	Obtain status for Parent MH Leadership Council as subcommittee of Children's Mental Health Collaborative	1	MH Work Team CMHC	Year 1	Approval from CMHC	MMSD staff time
10	Gain endorsement of Parent Empowerment & Support action plan from Parent MH Leadership Council	1	СМНС	Year 1	Defined purpose and roles of support structure	Facilitation
11	Convene Parent MH Leadership Council	1	CMHC: PMHLC	Year 1	Meeting has occurred	Space Facilitator Translation Food Childcare Transportation Stipend: co-chairs
12	Explicitly define Parent MH Leadership Council mission, structure, priorities and activities for Year 1	1	CMHC: PMHLC	Year 1	Mission statement PMHLC Action Plan: Year 1 Analysis of parent survey responses and focus group feedback	Funds for participation in relevant conferences/trainings
13	Hold monthly meetings to inform and evaluate work of ongoing MHTF, with the CMHC and Board of Education providing oversight support	1	CMHC: PMHLC CMHC MMSD Board of Education	Years 1-5	Communication structure/mechanism for MHTF input Meeting calendar Annual Evaluation Bi-monthly meetings with CHMC (Steering Committee and Advisory Board) and MMSD BOE	Consultation for evaluation
14	Develop PMHLC Action Plan for Years 2-5 -Assess and evaluate Year 1 work	2	CMHC: PMHLC	Years 2-5	PMHLC Action Plan: Years 2-5	

Prioritized Recommendation: Partner with families to collectively identify, and then implement, meaningful supports (advocacy strategies, education and outreach) around their children's mental health needs.

Outo	Outcome 1: Establish an ongoing Parent Mental Health Leadership Council that provides education, advocacy, and outreach to improve parent supports									
relat	related to children's mental health									
#	Action Step	Priority	People Responsible	Time Frame	Visible Result	Resources Needed				
	<ul> <li>-Create a timeline, structure and method for <i>annual evaluation</i> of parent-centered supports</li> <li>-Advocate for inclusive, responsive and culturally-competent parent-centered supports</li> <li>-Actively recruit new members to ensure that this group represents diverse parent perspectives</li> <li>-Engage in relevant learning opportunities, such as conferences and trainings, to increase overall knowledge and effectiveness of PMHLC</li> </ul>									
15	Receive continued oversight support and guidance from the Children's Mental Health Collaborative and Board of Education	2	CMHC: PMHLC CMHC MMSD Board of Education	Years 2-5	Bi-annual meetings with CHMC (Steering Committee and Advisory Board) and MMSD BOE					

Outo	Outcome 2: Identify and implement meaningful supports for parents/caregivers around their children's social-emotional learning and mental health									
needs										
#	Action Step	Priority	People Responsible	Time Frame	Visible Result	Resources Needed				
1	Prioritize which supports need immediate attention in regards to development and implementation	1	CMHC: PMHLC	Year	Action Plan	Parent MH Leadership Council Analysis of parent survey responses and focus group feedback				
2a	Network of Family Advocates: Identify community agencies that currently have family advocates	1	CMHC: PMHLC	Year 1	Inventory of current groups with family advocates	NAMI Family Ties Disability Rights WI				

<u>Prioritized Recommendation</u>: Partner with families to collectively identify, and then implement, meaningful supports (advocacy strategies, education and outreach) around their children's mental health needs.

nee		<b>.</b>				
# 2b	Action Step Develop a network of family advocates	Priority 1	People ResponsibleCMHC: PMHLCCommunity agencieswith familyadvocates	Time Frame Year 1	Visible Result Collaborative agreement between existing parent and family advocate agencies	Resources Needed Analysis of parent survey responses and focus group feedback
2c	Assess training materials for family advocates that already exist in the community and nationally, especially those with a focus on MH	2	CMHC: PMHLC Community Agencies with family advocates MMSD: E&D MMSD: SS	Year 2	Summative report of findings (trends, themes)	
2d	Develop and implement orientation training for parent and family advocates based on existing models	2	CMHC: PMHLC Community agencies with family advocates	Years 2-5	Training modules (in- person and online)	Facilitators/trainers Translation & Interpretation
2e	Connect with schools, mental health advocacy groups, mental health providers, hospitals, etc. to increase awareness around purpose and accessibility of network of Family Advocates	2	CMHC: PMHLC MMSD: E&D MMSD: SS	Years 2-5		
3a	Parent Education and Trainings: Develop culturally-competent education and trainings for families around social- emotional learning and mental health	1	MMSD MHLT MMSD: E&D MMSD: R&E CHMC: PMHLC	Year 1	Training modules	Analysis of parent survey responses and focus group feedback Facilitators Translation Training materials Space Second Step curriculum
3b	Identify implementation sites (schools, community centers, etc.)	1	MMSD MHLT MMSD E&D	Year 1	Confirmation of site availability	Sites (schools, community)

Prioritized Recommendation: Partner with families to collectively identify, and then implement, meaningful supports (advocacy strategies, education and outreach) around their children's mental health needs.

#	Action Step	Priority	People Responsible	Time Frame	Visible Result	Resources Needed
			MMSD: SS CHMC: PMHLC		MOU with sites/org. partners -Schedule of trainings	
3с	Identify trainers and implement "train the trainer" sessions	1	MMSD MHLT MMSD: E&D MMSD: SS CHMC: PMHLC	Year 2	-Commitment from trainers -"Train the trainer" sessions held	Space Trainers Trainees Training materials Translation & Interpretation
3d	Increase school and community (including family) awareness about social- emotional learning and mental trainings for parents	1	MMSD MHLT MMSD: E&D MMSD: SS MMSD: Community Engagement CHMC: PMHLC	Year 2	PR "campaign" (email, social media, paper fliers, etc.)	Paper fliers Social media presence
3e	Implement education and trainings for parents around social-emotional learning and mental health	1	MMSD MHLT MMSD: E&D MMSD: SS CHMC: PMHLC	Year 2	Trainings scheduled and held	Facilitators Translation & Interpretation Educational materials for families (training materials)
4a	<b>Family Resource Guide:</b> Meet with MMSD Department of Equity and Diversity to discuss Parent University as a possible mental health resource for families	1	MMSD MHLT CMHC: PMHLC MMSD: E&D MMSD: SS	Year 1	Meeting occurs	
4b	Inventory current resources in community that support children's mental health and families of children with mental health needs	2	CMHC: PMHLC MMSD MHLT MMSD: E&D MMSD: SS	Year 1	Database of community agencies (services) **INCLUDES network of family advocates	Survey for community agencies (services) NAMI MMSD Parent University United Way (211 First Call for Help)

Prioritized Recommendation: Partner with families to collectively identify, and then implement, meaningful supports (advocacy strategies, education and outreach) around their children's mental health needs.

Outo	Outcome 2: Identify and implement meaningful supports for parents/caregivers around their children's social-emotional learning and mental health									
need	ds									
#	Action Step	Priority	People Responsible	Time Frame	Visible Result	Resources Needed				
4c	Identify "location" for Family Resource Guide (i.e. online, paper, possibly phone option)	2	MMSD R&E	Year 2	Online host/website Inventory of physical locations where Family Resource Guide will be distributed (i.e. schools, doctor's office, MH provider agencies, etc.)					
4d	Identify group to maintain and update Family Resource guide	2	CMHC: PMHLC CMHC: SCC MMSD: E&D	Year 2	Commitment from oversight group Timeline for updating (action plan)					
4e	Create and publish Family Resource Guide	2	CMHC: PMHLC MMSD R&E MMSD: Community Engagement	Year 2	Online Family Resource Guide available Hard copy of Family Resource Guide distributed	Translation services				
4f	Increase community awareness of Family Resource Guide	2	MMSD: SS MMSD: E&D MH agencies CHMC	Year 2-3	Email blast to organizations/individ uals Presentation (or similar) to community coalition groups	Youth Resource Network Latino Support Network Children, Youth and Families Consortium Communities United				
5	Evaluate these supports on an annual basis	3	CMHC: PMHLC MMSD: SS MMSD: E&D	Years 1-5	Annual progress reports	Consultation for evaluation				

<u>Prioritized Recommendation</u>: Partner with families to collectively identify, and then implement, meaningful supports (advocacy strategies, education and outreach) around their children's mental health needs.

#	Action Step	Priority	People Responsible	Time Frame	Visible Result	Resources Needed
1	Assess local interpreter certification training programs (curriculum and standards)	2	MMSD MH Work Team	Year 1	Inventory of certification programs and practices	Madison College
2	Assess local agencies and schools' practice standards for home/native language interpreters	2	MMSD MH Work Team	Year 1	Inventory of local practice standards	
3	Obtain input from families around their unmet interpretation needs	2	Children, Youth and Families Consortium	Year 2	Integration of parent input, local certification program standards and local agency/school practice standards	Surveys Focus groups
1	Advocate for and adopt community- wide adoption of "best practice standards" policies for home/native language interpretation	2	MMSD: HR MMSD: OMGE Madison College MH provider and advocacy agencies	Year 3	Collaborative agreement (Memorandum of Understanding)	
5	Offer community trainings to increase awareness of "best practice standards"	2	Children, Youth and Families Consortium CMHC	Years 3-5	Trainings occur CMHC Summit	Facilitators Space Materials
6	Develop mechanism/group to ensure that "best practice standards" are upheld in the community	3	To be determined	Years 2-5	Oversight committee Schedule for annual evaluation Action plan for evaluation	Consultation for evaluation

#### Acronym Key:

MH=Mental Health

MMSD=Madison Metropolitan School District MHLT=Mental Health Leadership Team E&D=Equity and Diversity SS=Student Services R&E=Research and Evaluation MHTF=Mental Health Task Force IPT=Implementation Planning Team

CMHC= Children's Mental Health Collaborative PMHLC= Parent Mental Health Leadership Council SCC=School Community Collaboration committee

#### Education and Outreach - Professional Development and Training - MMSD

<u>Prioritized Recommendation</u>: Develop explicit professional development plans for all levels of educators around social-emotional wellbeing and mental health that emphasizes school climate, collective responsibility and cultural competence.

0	utcome 1: Develop year one professional deve	lopment plan	that aligns with district prior	ities for MMSD staf	f development in multi-tiere	ed systems of support
#	Action Step	Priority	People Responsible	Time Frame	Visible Result	<b>Resources Needed</b>
1	Develop, finalize and provide professional development on Social Emotional Learning Standards and evidence-based curriculum for social emotional learning.	1	MMSD Student Services MMSD Mental Health Leadership Team	Year 1	Training module Record of participants Gallup Survey results Improved student outcomes	MMSD staff time; professional development time; data from parent and community survey & focus groups
2	Develop, finalize and provide professional development on Trauma, Trauma- informed schools, and applications in classrooms and schools	1	MMSD Student Services, MMSD Educational Services	Year 1	Documentation of participating schools Completion of DPI Trauma-Informed School Checklist Pre- and post- teacher skill survey	Same as above
3	Develop, finalize and provide professional development on evidence based tier 2 interventions including Check In Check Out, Brief Functional Behavior Analysis, Group Interventions	1	MMSD Student Services Positive Behavior Support External Coaches	Year 1	Training modules Record of participating schools & staff Improved student outcomes Documentation of tier 2 interventions implemented	Same as above
4	Finalize and provide professional development on research-informed Student Support and Intervention Team practices, including use of the Collaborative Problem-solving Process.	1	MMSD Educational Services MMSD Student Services & Positive Behavior Support External Coaches	Year 1	Training modules Documentation of participating schools & staff Completion of SSIT self- assessment	Same as above

#### Education and Outreach - Professional Development and Training - MMSD

<u>Prioritized Recommendation</u>: Develop explicit professional development plans for all levels of educators around social-emotional wellbeing and mental health that emphasizes school climate, collective responsibility and cultural competence.

5	Develop, finalize and provide professional	1	MMSD Educational	Year 1	Training modules	Same as above
	development on evidence-based tier 3		Services		Documentation of	
	interventions, specifically the complex				participating schools &	
	Functional Behavior Analysis, and		MMSD Student Services		staff	
	corresponding Behavior Intervention Plan				Improved student	
					outcomes	
					Documentation of tier 3	
					interventions	
					implemented	

#### Education and Outreach – Professional Development and Training (School/Community Integration)

<u>Prioritized Recommendation</u>: Integrate professional development and training goals with other existing community collaborative efforts that are prioritizing children's mental health and trauma.

#	Action Step	Priority	People Responsible	Time Frame	Visible Result	Resources Needed
1	Develop and provide training on Social	1	MMSD Student Services,		Training module	Early Childhood
	Emotional Learning Standards and use		MMSD Mental Health	Year 1	Record of	Council;
	evidence-based curriculum for social		Leadership Team, Office		participants	collaboration time
	emotional learning in community programs		of Extended & Early		Gallup Survey	with non-district
			Learning		results	partner programs
					Improved student	
					outcomes	
2	Develop, finalize and provide professional	1	MMSD Student Services		Training modules	MMSD staff time;
	development on Trauma, Trauma-informed		MMSD Educational	Year 1	modified for	trauma training
	care, and applications in classrooms and		Services		community groups	modules
	schools for community providers that		Trauma Network		Documentation of	
	provide supports in schools		СМНС		participating	
					agencies	
3	Develop, finalize and provide professional	1	MMSD Student Services		Training modules	MMSD staff time;
	development on evidence based tier 2		FACE-KIDS	Year 1	modified for	professional
	interventions, collaborative problem-		Hancock Center		community groups	development time
	solving process with community partners				Documentation of	for community
	that co-facilitate group interventions in				participating	partners
	schools				agencies	
4	Develop & finalize evidence-based Tier 3	1	MMSD Educational		Training modules	MMSD staff time;
	intervention, specifically the complex		Services	Year 1	modified for	professional
	Functional Behavior Analysis, and		Student Services		community groups	development time
	corresponding Behavior Intervention Plan,		Community Partnerships		Documentation of	for community
	and provide professional development with				participating	partners
	community partners				agencies	

<u>Prioritized Recommendation 1</u>: Develop new and strengthen existing school & community based multi-tiered systems of support that ensures student health and achievement.

Outcome 1: Establish school-based health services that articulate with and build on existing programs to optimize a) screening for mental health and AOD issues, b) early detection, intervention and referral for mental health concerns, and c) holistic health promotion and care.

#	Action Step	Priority	Agency/Staff Responsible	Time Frame	Visible Result	Resources Needed
1	Conduct needs assessment to determine school pilot sites for school-based health and mental health services	1	MMSD MH Team staff	Fall 2013	Assessment complete	Staff time
2	Conduct site visits to districts with school- based health centers	1	MMSD MH Team staff	'13-14 school yr	Summary reports	Staff time
3	Engage with health organizations to vet concept of school-based centers with key primary care and behavioral health functions	1	MMSD MH Team staff	Fall 2013		Staff time
4	Identify and define the primary health care functions of comprehensive School-Based Health Centers	1	MMSD MH Team staff	Fall 2013	Document with defined services	Staff time
5	Define roles relative to functions, including that of the Behavior Health Consultant and/or mental health provider in the school-based health services model	1	MMSD MH Team staff	Fall 2013	Document with defined roles and functions	Staff time
6	Determine licensing requirements for delivering school-based primary care and mental health services	1	MMSD MH Team staff	Fall 2013		Staff time
7	Develop concrete description of school- based health services and programs that are culturally competent and include bilingual services	1	MMSD MH Team staff	January 2014		Staff time Parent Leadership Council
8	Identify "trigger-points" for referral to school based health services with special attention to transitions (entry into 4K), 4K- 5, 5-6, and 8-9) and universal screening results	1	MMSD MH Team staff	Spring 2014		Staff time and MMSD- Agency Collaboration time
9	Develop RFPs for school-based services.	1	MMSD MH Team staff	Fall 2013	RFPs	Staff time

#### Access and Direct Services

<u>Prioritized Recommendation 1</u>: Develop new and strengthen existing school & community based multi-tiered systems of support that ensures student health and achievement.

Outcome 1: Establish school-based health services that articulate with and build on existing programs to optimize a) screening for mental health and AOD issues, b) early detection, intervention and referral for mental health concerns, and c) holistic health promotion and care.

#	Action Step	Priority	Agency/Staff Responsible	Time Frame	Visible Result	Resources Needed
10	Design services with attention to aligning with recommendations of the United Way Delegation to Improve Behavioral Health and with services of the Primary Access for Kids (PAK) program	1	MMSD MH Team staff	Ongoing		Collaborating Agencies, Health Council

#	Action Step	Priority	Agency/Staff Responsible	Time Frame	Visible Result	Resources Needed
1	MMSD Student Services and Educational Services Departments develop a structure for collaboration to ensure consensus toward and achievement of desired outcomes	1	Department Directors and Administrative Staff MH Team support staff	Fall 2013	Structure in place	Staff time
2	Meet with Meriter Child-Adolescent Psychiatric Hospital leaders to identify mutual goals	1	MMSD Student Services MH Team staff, MMSD Educ. Services staff	Fall 2013	Meeting occurred; goals clarified	Staff time
3	Conduct needs assessment: current level of service delivery to students with severe mental health disorder and opportunities to build on existing practices	1	MMSD Student Services MH Team staff, MMSD Educ. Services staff	Fall 2013	Assessment completed	Staff time
4	Examine existing school therapy models including day treatment programs	1	MMSD MH Team, MMSD Educ. Services staff	Fall 2013	Summary report	Collaborating agencies;
5	Design continuum of services: target populations, intervention plan for education and therapy, progress monitoring, pre and post assessment, and program evaluation	2	MMSD MH Team, MMSD Educ. Services staff,	Spring 2014	Service continuum defined	Collaborating agencies; Meriter Hospital
6	Connect program design and needs assessment to identify pilot site(s)	2	MMSD MH Team staff, MMSD Educ. Services staff	Spring 2014	Plan for implementation in place	Collaborating agencies

<u>Prioritized Recommendation 1</u>: Develop new and strengthen existing school & community based multi-tiered systems of support that ensures student health and achievement.

#	Action Step	Priority	Agency/Staff Responsible	Time Frame	Visible Result	Resources Needed
1	Design and conduct needs assessment to identify resources and gaps in crisis services (data sources: hospitals, police, schools, and families)	1	MMSD MH Team staff, MMSD Educ. Services staff,	Spring 2014	Needs Assessment	Staff time
2	Meet with organizations who currently or have previously provided critical response services (e.g., Journey, Community Partnerships, Dane County) to identify strengths, gaps, barriers and outcomes	1	MMSD MH Team staff, MMSD Educ. Services staff,	Fall 2014	Summary of data	Staff time
3	Meet with organizations who currently or have previously provided respite services (e.g., Safe Harbor, The Respite Center) to identify strengths, gaps, barriers and outcomes	1	MMSD MH Team staff, MMSD Educ. Services staff,	Fall 2013	Summary of data	Staff time
4	Define critical response services and procedures, including response team structure and service area	2	MMSD MH Team staff, MMSD Educ. Services staff,	Spring 2014	Plan in place	Staff time
5	Identify interventions including respite options	2	MMSD MH Team staff, MMSD Educ. Services staff,	Spring 2014		Staff time
6	Acquire resources needed to implement critical response services and identified interventions	2	MMSD MH Team staff, MMSD Educ. Services staff,	Fall 2014		Staff time
7	Implement services including a plan for progress monitoring, pre and post assessment, and program evaluation	2	MMSD MH Team staff, MMSD Educ. Services staff,	Spring 2013		Staff time

#### Service Coordination

<u>Prioritized Recommendation 2</u>: Develop a universal system (city-county wide) that enables collaboration, communication and information-sharing that furthers effectiveness of care, within approved parameters.

#	Action Step	Priority	Agency/Staff Responsible	Time Frame	Visible Result	Resources Needed
1	Needs assessment: identify strengths, gaps, barriers, and outcomes of current practices for sharing information.	1	MMSD MH Team staff, MMSD legal counsel	Fall 2013	Assessment completed	Collaborating agencies; Health Council
2	Incorporate robust parent input on needs assessment, system design, and ongoing monitoring and evaluation.	1	Mental Health Parent Leadership Council, MMSD MH Team staff	Fall 2013	Plan completed and implemented	Parent Leadership Council
3	Explore use of electronic medical record (e.g., EPIC) in MMSD.	1	MMSD MH Team staff, MMSD legal counsel	Fall 2013	Recommendation made	Collaborating agencies; Health Council
4	Explore other technology systems for supporting the coordination of mental health services including video conferencing and tele-psychiatry.	2	MMSD MH Team staff, Meriter and UW Health Child Psychiatry Services, Health Council Staff Team	Spring 2014	Recommendation made	Collaborating agencies: Meriter and UW Health Child Psychiatry Services
5	Develop protocols for critical cross-system communication.	2	MMSD MH Team staff	Fall 2014	Protocols developed	Collaborating Agencies
6	Develop inter-agency agreements to support universal exchanges of information including allocation of staff and other resources.	2	MMSD MH Team staff, Meriter and UW Health Child Psychiatry Services, Health Council Staff Team	Fall 2014		Collaborating Agencies

#### Service Coordination

<u>Prioritized Recommendation 2</u>: Develop a universal system (city-county wide) that enables collaboration, communication and information-sharing that furthers effectiveness of care, within approved parameters.

#	Action Step	Priority	Agency/Staff Responsible	Time Frame	Visible Result	Resources
1	Assess current MMSD mental health practices and create standards for practices district-wide to effectively serve children and integrate community services.	1	MMSD Student Services leaders, MMSD PBST member(s), and MH Team staff	Fall 2013	Assessment complete	Evidence- based guidelines and research
2	Identify and define the "common approaches" used in all schools regarding consultation, screening, referral (to internal and external resources) and case-management for children with mental health concerns.	1	MMSD Student Services leaders, MMSD PBST member(s), and MH Team staff	Spring 2014	Protocols and procedures established	
3	Establish core competencies for all MMSD support staff for mental health practices and system for PD which ensures availability of skills in all schools, e.g., Violence Risk Assessment (VRA), Suicide Risk Assessment (SRA)	2	MMSD Student Services leaders, MMSD PBST member(s), and MH Team staff	Spring 2014	Documented core comp.	Integrate with PD plan
4	Integrate systems and practices with the multi- tiered system of supports framework.	2	MMSD Student Services leaders, MMSD PBST member(s), and MH Team staff	ongoing		
#### Partnership/Coordination, Management and Monitoring

#### Prioritized Recommendation: Determine oversight mechanism for shared ownership and responsibility

#	Action Step	Priority	People Responsible	Time Frame	Visible Result	Resources Needed
1	Gain endorsement from MHTF for CMHC Advisory Board as the structure for communication and accountability that includes scheduled up-dates on policy, programming, services and budget decision-making	1	MH Work Team	Spring 2013		MMSD staff time
2	Gain endorsement from current CMHC Steering Committee for restructuring the CMHC Advisory Board as the structure for communication and accountability that includes scheduled up-dates on policy, programming, services and budget decision-making	1	CMHC Steering Committee co-chairs	Spring 2013	Adopt oversight & management proposal	MMSD staff time
3	Identify proposed membership	1	CMHC Steering Committee MH Work Team	Spring 2013	Membership list	MMSD staff time
4	Solicit and finalize membership	1	CMHC Steering Committee	September 2013	Membership list	MMSD staff time
5	Initiate bi-annual meetings	1	CMHC Steering Committee	Fall 2013	Meeting	MMSD staff time Meeting materials
6	Provide accountability for implementation and evaluation of School Community Integrated Model for Children's Mental Health in Madison	1	CMHC Steering Committee	Fall 2013, ongoing	Meetings	MMSD staff time Meeting materials

#### Partnership/Coordination, Management and Monitoring

#### Prioritized Recommendation: Determine oversight mechanism for shared ownership and responsibility

	valuating the MHTF activities.			I									
#	Action Step	Priority	People Responsible	Time Frame	Visible Result	Resources Needed							
1	Gain endorsement from MHTF for CMHC Steering and Work Committees as the mechanism for developing, implementing, sustaining and evaluating MHTF activities	1	MH Work Team	Spring 2013		MMSD staff time							
2	Gain endorsement from current CMHC Steering Committee restructuring the CMHC Steering and Work Committees as the mechanism for developing, implementing, sustaining and evaluating MHTF activities	1	CMHC Steering Committee co-chairs	Spring 2013		MMSD staff time							
3	Adopt proposed CMHC work committee structure	1	CMHC Steering Committee	Summer 2013		MMSD staff time							
4	Plan and implement children's mental health summit	1	CMHC Steering Committee Additional mental health stakeholders	Fall 2013	Summit	MMSD staff time Rental space Supplies & materials							
5	Solicit and expand work committee membership	1	CMHC Steering Committee Additional mental health stakeholders	Fall 2013	Increased membership	MMSD staff time							
6	Review School Community Integrated Model for Children's Mental Health in Madison action plans and confirm timelines	1	CMHC Work Committees	Fall 2013	Finalized action plans	MMSD staff time							
7	Implement action plans	1	CMHC Work Committees	Fall 2013, ongoing	Completed action steps	MMSD staff time Resources indicated in action plans							
8	Sustain & evaluate action steps	1	CMHC Work Committees	Spring 2014, ongoing	Sustained action steps Evaluation data	MMSD staff time							

#### Partnership/Coordination, Management and Monitoring

#### Prioritized Recommendation: Determine oversight mechanism for shared ownership and responsibility

Outcome 3: Establish the MMSD as primary oversight organization for developing, implementing and evaluating district services and programs, professional development and managing related budget implications.							
#	Action Step	Priority	People Responsible	Time Frame	Visible Result	Resources Needed	
1	Gain adoption of the School Community Integrated Model for Children's Mental Health by the MMSD Board of Education	1	MH Work Team	June 2013	Adoption granted	MMSD staff time	
2	Use MMSD Partnership Protocol for medium and high intensity partnerships as per MMSD policy	1	Director of Strategic Partners & Innovations	Ongoing	MOAs in place	MMSD staff time	

#### **Organization and Policy – Funding**

<u>Prioritized Recommendation</u>: Maximize current investments and invest sufficient fiscal resources over time to implement the School Community Plan to Support Children's Mental Health

#	Action Step	Priority	People Responsible	Time Frame	Visible Result	Resources Needed
1	Identify the funding needs (costs) in each action area	1	MHTF IPT Strategic Teams	Summer, 2013	List of funding needs	MMSD Staff Time
2	Determine estimate for cost of each need	1	MMSD Work Team	Summer, 2013	Estimate of costs	MMSD Staff Time
3	Identify Funding needs (costs) for following year		MMSD Student Services and CMHC committee	Summer, 2013 (and each respective year)	List of funding needs	MMSD Staff Time
4	Determine estimate for cost of each need		MMSD Student Services and CMHC committee	Summer, 2013 (and each respective year)	Estimate of costs	MMSD Staff Time
5	Identify cost to MMSD, and additional outside revenue sources	1	MMSD Student Services (MH Team)	September, 2013	Budget for 2013- 2014	MMSD Staff Time
6	Establish sustaining budget to support model (costs plus revenue)		MMSD and CMHC	May 2014 - 2015 and on-going	On-going operating budget that sustains effective practices	MMSD Staff Time

#	Action Step	Priority	People Responsible	Time Frame	Visible Result	Resources Needed
1	Identify funds from multiple federal, state, university and local agencies to support children's health and mental health prevention, early intervention and treatment efforts at the city and county level.	1	MMSD MH Team	May, 2013 and on-going	List of funding opportunities	MMSD Staff Time
2	Explore the use of various federal programs to support children's mental health programs and services (block grants, juvenile justice, education, NIMH, SAMHSA)	1	MMSD MH Team, CMHC	May, 2013 - 2014		MMSD Staff Time, Office of Funding and Grant Development

#### **Organization and Policy – Funding**

# <u>Prioritized Recommendation</u>: Maximize current investments and invest sufficient fiscal resources over time to implement the School Community Plan to Support Children's Mental Health

3	Identify and pursue local funding sources including community foundations/endowments,		MMSD MH Team	September, 2013 – May, 2014; on-going	Increase revenue	MMSD staff time, Office of Funding and Grant Development
4	Obtain commitment from project	1	MMSD with future grant	As grant	Successful Grants	
	partners to share grant-writing		partners	opportunities and	obtained to support	
	responsibilities with the district,			related model	MHTF	
	when there is mutual benefit to			development are	recommendations	
	client population.			aligned. On-going		

#	Action Step	Priority	People Responsible	Time Frame	Visible Result	Resources Needed
1	Identify agencies and individuals with decision-making ability appropriate for moving named priorities and who will contact and meet with them	1	MMSD MH Team	On-going		MMSD Staff Time
2	Develop talking points, agenda and ideas for the partner conversations		MMSD MH Team	On-going		
3	Hold conversations with potential partners		MMSD MH Team	On-going		
4	Integrate and/or strengthen existing connections and relationships – for example, Face-Kids, CBITS, Face-Kids Connections,	1	MMSD MH Team	On-going	Increase number of school-community collaborations that are evidence-based.	CMHC, MMSD Departments, Schools of Hope,

#### **Organization and Policy – Funding**

# <u>Prioritized Recommendation</u>: Maximize current investments and invest sufficient fiscal resources over time to implement the School Community Plan to Support Children's Mental Health

Outco	Outcome 4: Make effective use of Medicaid and BadgerCare to ensure that children receive appropriate mental health services (increase efficient use of							
patier	nt revenue)							
ш	Action Ston	Duiouitus	Deenle Deenensihle	Time a France	Visible Desult	Deserves Needed		

#	Action Step	Priority	People Responsible	Time Frame	Visible Result	Resources Needed
1	Review IDEA Medicaid Funding for WI. Apply to costs related to school- based delivery of services (screening, assessment, coordination, training and related services.	1	MMSD Work Team	September, 2013 – 2014; on-going	Increase in revenue	MMSD Staff Time
2	Expand the number of Medicaid/BadgerCare Application agents, particularly in the schools through expanded training activities		MMSD Health Services	On-going	Increase in enrollments	MMSD Staff Time
3	Explore strategies for covering health and mental health services provided at school by school staff, including Related Services on IEPs.	1	MMSD Student Services; Educational Services		Increase in revenue	MMSD Staff Time; MMSD Accounting Services
4	Advocate for Medicaid coverage for services for undocumented families		MMSD MH Team; Children's Mental Health Cooperative		Increase in revenue	MMSD staff time: (Resources: WI Council for Children and Families; American Council of School Social Work)

Outcome 5: Make policy and planning recommendations to the Board of Education, the City of Madison, and the County of Dane regarding a sustainable budget for prevention, early intervention, and treatment across local governing agencies							
#	Action Step	Priority	People Responsible	Time Frame	Visible Result	Resources Needed	
1	Develop strategies for establishing	1	MMSD MH Team, CMHC	May, 2013 – May	Increase collective	MMSD Staff time;	
	local mechanisms for integrating		Steering Team,	2015	responsibility of	Time on agenda of	
	federal, state and local funding				funding partners	the City Education	
	sources for children's mental health.					Committee	

# Appendices

### Appendix A1

### **Mental Health Fact Sheet**

#### Mental health problems affect a significant number of children in our community.

- One in ten children has a mental illness serious enough to impair how they function at home, at school, and with peers.<sup>1</sup>
- One in four Madison high schools reported feelings of depression that were severe enough to impair their daily activities during the past year.<sup>2</sup>
- Across Dane County, one high school student in 12 reported one or more suicide attempt in the past year.<sup>3</sup>
- Among chronically absent students, Native American students and gay/lesbian students the rate of suicide attempts increased to 1 in 4 during the past year.<sup>4</sup>
- 16% of elementary students, 24% of middle school students, and 16% of high school students were identified with mental health concerns in 2013.<sup>5</sup>
- Three of 4 students in alternative programs have a mental health concern.<sup>6</sup>

Low income children (those qualifying for free and reduced lunch) and children in child welfare or juvenile justice systems are disproportionately affected by serious emotional disorders.

- Nationwide 1 in 5 low-income children ages 6 to 17 have mental health problems.<sup>7</sup>
- Nationwide, almost 70% of children in state and local juvenile justice systems have a diagnosable mental health disorder, and this is true for Wisconsin youth as well.<sup>8,9</sup>
- In MMSD low income students are twice as likely to be identified with a mental health concern as non-low-income students (for example, 22% compared with 10% for elementary students).<sup>10</sup>

# There is a strong relationship between mental health and school success. Unmet mental health needs create a significant barrier to learning for all students.

- A review of 24 studies by the National Association of School Psychologists supports a strong relationship between wellness/mental health and academic achievement. <sup>11</sup>
- A meta-analysis of over 213 school-based, universal social and emotional learning programs involving 270,034 kindergarten through high school students showed increases in attendance and graduation rates, significant improvement in academic achievement and strengthened staff-student relationships.<sup>12</sup>
- Students with mental health concerns are more likely to be truant and chronically absent. The average attendance rate for high school students with mental health concerns is about 87.5% compared to 93.5 for other high school students.<sup>13</sup>

- High school students with identified mental health concerns are 6 times more likely to have an office discipline referral and 7 times more likely to be suspended than other students.<sup>13</sup>
- The average grade point for high school students with no identified mental health concern is 2.9, compared to 2.1 for students with a mental health concern.<sup>13</sup>

Many children with mental health problems do not get the care they need, and low income students and students of color are less likely to access mental health services in the community due to many barriers including lack of culturally competent services.

- Nationwide, 60-90% of adolescents with mental health disorders fail to receive treatment. This is especially impactful for children of color and those living in poverty.<sup>14</sup>
- Despite high rates of mental illness in children, 4 out of 5 children ages 6 to 17 who have mental health problems do not receive any help.<sup>15,16</sup>
- In Madison, 1 in 5 low-income elementary students with mental health concerns receive community services compared to 1 in 2 of non-low income students.<sup>17</sup>

# Madison Metropolitan School District is changing. Both poverty and mental health needs are growing.

- Currently 50% of MMSD students live in low income families. This is an increase from 39% in 2006.<sup>18</sup>
- According to the Youth Risk Behavior Survey, self-reports of depression and suicide attempts for MMSD students have risen. Depression increased from 20.7% to 23.7% and suicide attempts from 7.3% of students reporting one or more attempts to 8.4% of students reporting one or more attempts.<sup>19</sup>
- Data collected district-wide from 2007 through 2013 shows an increasing number of mental health concerns—14.9% in 2007, 16.3% in 2010 and 17.9% in 2013.

#### **APPENDIX A1**

#### **References for Mental Health Fact Sheet**

<sup>1</sup>New Freedom Commission on Mental Health. 2003. "Achieving the Promise: Transforming mental health care in America, Final Report. (DHSS Publication No. SMA-01-3832). Rockville, MD: Us Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

<sup>2</sup> Youth Behavior Risk Survey. 2013. Department of Public Instruction and Centers for Disease Control. <u>http://sspw.dpi.wi.gov/sspw\_yrbsindx</u>

<sup>3</sup> Youth Behavior Risk Survey. 2013. Department of Public Instruction and Centers for Disease Control. <u>http://sspw.dpi.wi.gov/sspw\_yrbsindx</u>

<sup>4</sup> Youth Behavior Risk Survey. 2013. Department of Public Instruction and Centers for Disease

<sup>5</sup>Madison Metropolitan School District Mental Health Data Collection, 2013.

<sup>6</sup>Madison Metropolitan School District Mental Health Data Collection, 2013.

<sup>7</sup>Howell, R. Access to children's mental health services under Medicaid and SCHIP. Washington D.C.: Urban Institute. Series B, No. B-60. August 2004.

<sup>8</sup>Skowyra, K.R., et al. Blueprint for change: A comprehensive model for the identification and treatment of youth with health needs in contact with the juvenile justice system. The National Center for Mental Health and the Juvenile Justice and Policy Research Associates. 2006. www.ncmhjj.com/Blueprint/pdfs/Blueprint.pdf.

<sup>9</sup>Voigt, R. 2006. Juvenile corrections commitments with mental health/aoda diagnoses in 2002-2005.

<sup>10</sup>Madison Metropolitan School District Mental Health Data Collection, 2013.

<sup>11</sup> Charvata, Jeffrey L., 2012. Research on the Relationship Between Mental Health and Academic Achievement, National Association of School Psychologists. http://www.nasponline.org/advocacy/Academic-MentalHealthLinks.pdf

<sup>12</sup>Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011. The Impact of Enhancing Students'Social Emotional Learning: A Meta Analysis of School-Based Universal Interventions. <u>http://femhc.org/Portals/2/Publications/ChildrensSummit2012/Play%20and%20Social-</u> <u>Emotional%20Learning/SEL-MetaAnalysis.pdf</u>

<sup>13</sup>Madison Metropolitan School District Mental Health Data Collection, 2013.

<sup>14</sup>Knopf, D., Park, M., and Mulye, T. 2008. The Mental Health of Adolescents: A National Profile,
 2008. National Adolescent Health Information Center.

<sup>15</sup>US Department of Health and Human Services. 2000. US Public Health Service, Report of the Surgeon General's Conference on Children's Mental Health. Washington DC. <u>www.surgeongeneral.gov/library/mentalhealth/home.html</u>.

<sup>16</sup>Kataoka, S., el al. Unmet need for mental health care among U.S.children: Variation by ethnicity and insurance status. American Journal of Psychiatry. 159(9). 1548-1555. 2002.

<sup>17</sup>Metropolitan School District Mental Health Data Collection, 2013.

<sup>18</sup>Madison Metropolitan School District Statistics, 2006, 2012.

<sup>19</sup> Youth Behavior Risk Survey. 2013. Department of Public Instruction and Centers for Disease Control. <u>http://sspw.dpi.wi.gov/sspw\_yrbsindx</u>

<sup>20</sup>Metropolitan School District Mental Health Data Collection, 2013.

### Appendix A 2

## Definitions Related to the School Community Plan to Support Children's Mental Health

**Stigma**: disapproval of, or discontent with, a person on the grounds of characteristics that distinguish them from other members of a society.

Office discipline referrals: Student is sent out of the classroom for behavioral reasons.

**Risk-taking behaviors**: as described in the ACE Study, include early sexual activity, early alcohol/drug use, criminal and unsafe behaviors.

**Cultural competence**: Ability to interact effectively with people of different cultural/ethnic backgrounds, including awareness of one's own cultural worldview, an inclusive attitude towards cultural differences, knowledge of different cultural practices and worldviews, and cross-cultural interaction and communication skills.

**Trauma-informed**: Trauma-informed means that individuals understand how trauma affects one's physical, cognitive, emotional, social and spiritual being. Interactions, treatment and practices are built around this knowledge in a manner that creates safety and empowerment.

**Evidence-based**: Evidence-based interventions are treatments that have been shown to be effective through outcome-base research.

**Comprehensive care**: Mental health care that includes prevention, early identification and the continuum from early intervention through intensive, individualized and long-term intervention.

**Integrated**: Braided together, indicating the various agencies, families and stakeholders will work together, communicate and collaborate.

**Systems of care**: Systems of care is a service delivery approach that builds partnerships to create a broad, integrated process for meeting families' multiple needs around mental health. This approach is based on the principles of interagency collaboration; individualized, strengths-based care practices; cultural competence; community-based services; accountability; and full participation of families and youth at all levels of the system.

#### **Appendix A3**

#### Exemplar Models Investigated by the Task Force

Baltimore City Public School System's Mental Health and Health Care Services (Maryland)

Berkeley (California) Integrated Resources Initiative Schools-Mental Health Partnership

Boston Public Schools and Alliance for Inclusion and Prevention (Massachusetts)

Los Angeles Unified School District Mental Health Model (California)

New York City Department of Education School-Based Mental Health Program: Eliminating Barriers to Academic Achievement (New York)

Seattle Mental Health Partnership (Washington)

Hennepin County Children's Mental Health Collaborative (Minnesota) <a href="http://www.hccmhc.com/research-reports/">http://www.hccmhc.com/research-reports/</a>

Wrap Around Milwaukee (Wisconsin)

#### National Programs Consulted by Task Force

Center for School Mental Health, University of Maryland, Baltimore <a href="http://csmh.umaryland.edu/">http://csmh.umaryland.edu/</a>

• Annual Conference for Advancing School Mental Health, Salt Lake City, 2012

Collaborative for Academic, Social and Emotional Learning. <u>http://casel.org/</u>

National Institute of Mental Health. <u>http://www.nimh.nih.gov/statistics/1anydis\_child.shtml</u>

UCLA Center for Mental Health in Schools <a href="http://smhp.psych.ucla.edu/">http://smhp.psych.ucla.edu/</a>

#### **Research and Reports that Informed Thinking**

Adverse Childhood Experiences Study, funded by Kaiser Permanente and the Centers for Disease Control. <u>http://www.cdc.gov/ace/</u>

Adverse Childhood Experiences in Wisconsin: Findings from the 2010 Behavioral Risk Factor Survey. <u>http://wichildrenstrustfund.org/index.php?section=adverse-childhood</u>

Connecting Social Emotional Learning and Mental Health. Prepared for the National Center for Mental Health Promotion and Youth Violence Prevention by the Collaborative for Academic, Social, and Emotional Learning at the University of Illinois at Chicago. January 2008. http://casel.org/wp-content/uploads/SELandMH.pdf

Charvat, Jeffrey L. (2012) Research on the Relationship Between Mental Health and Academic Achievement, National Association of School Psychologists. (http://www.nasponline.org/advocacy/Academic-MentalHealthLinks.pdf)

Comprehensive Community Mental Health Services for Children and Their Families--Program Evaluation Findings. And, Mental Health, United States 2010. And Substance Abuse and Mental Health Services Administration (SAMHSA) Data. US Department of Health and Human Services. 2010. <u>http://www.samhsa.gov/newsroom/advisories/1204250726.aspx</u>

The Cultural Competence Process and Mental Health. A Powerpoint contributed by Don Coleman, Midwest Center for Cultural Competence.

Culturally competent Mental Health Services in the Schools. Barbara Bole Williams, PhD, NCSP. National Association of School Psychologists. 2006 <u>http://www.nasponline.org/resources/culturalcompetence/cultcompmhservices.pdf</u>

Dane County Youth Assessment, 2012.

http://pdf.countyofdane.com/humanservices/youth/assessment\_surveys/2012/youth\_2012\_o verview.pdf

2009. http://www.danecountyhumanservices.org/family/youth/youth assessment 2009.aspx

Durlak, et al. (2011). The Impact of Enhancing Student's Social Emotional Learning: A Meta Analysis of School-Based Universal Interventions (<u>www.casel.org</u>)

Madison Metropolitan School District Mental Health Data. (2007). Analyzed by the Center on Education and Work (CEW), University of Wisconsin-Madison, School of Education.

(2010). Analyzed by MMSD and United Way of Dane County.

(2013). Analyzed by MMSD and Tally Moses, UW School of Social Work

Pathways to Cultural Competence for Teachers, Adapted from "Are We Supporting Diversity? A Tool for Reflection and Dialogue" Work/Family Directions, Inc. naeyc 2010.

President's New Freedom Commission on Mental Health. (2003). *Achieving the Promise: Transforming Mental Health Care in America. Final Report.* DHHS Pub. No. SMA-03-3832. Rockville, MD. <u>http://www.mentalhealthcommission.gov/reports/FinalReport/toc.html</u>

Sartorius, Norman (2007). Stigma and Mental Health. The Lancet, <u>Volume 370, Issue 9590</u>, pp. 810 - 811, 8 September 2007

Youth Risk Behavior Survey conducted as part of a national effort by the U.S. Centers for Disease Control and Prevention . 2011. <u>http://sspw.dpi.wi.gov/sspw\_yrbsindx</u>

26 Personal and Professional Cross Cultural Competencies. Adapted from: Don Miguel Ruiz (1997), Mikel Hogan-Garcia (2003), the Dialogue Group (2000), and Laoshir Wang Yen-nien (2001), Thich Nhat Hanh, and His Holiness the Dalai Lama. Midwest Center for Cultural Competence.

Component	New York	Boston	Baltimore	LA	Seattle	Rockford	South Beloit	Beloit
Funding	MA; private insurance; school funds	Grants; reimbursement via insurance; school underwriting some services	Grants; State Dept. of Education	Joint county and LASUD contract for MA since 1993; private insurance; Bond funds	City Tax levy covers 60%; 5 health agencies cover the rest	Federal grant (Affordable Care Act) ;	Local and Federal grant (Affordable Care Act)	MA; private insurance; school funds
Community Partners	Hospitals, MH Centers, HMOs	Schools and MH treatment providers (profit and non-profit)	Diverse stakeholders including University	LA Trust For Children's Health, non- profit: Formed by LAUSD BOE 1991	Public Health, HMOs, Hospitals, non-profits	Rosecrance Health Network; Dental provider; medical staff	U of I College of Medicine	Beloit Area Community Health Center (FQHC)
Target Populations	All High School Students	Schools in high- risk neighborhoods	Spec Ed students as risk of out of school placement	School MH clinics (referred students); Wellness Centers	All high schools and middle schools; adding elementary	All High School students	All High School and Middle School students	All High School students
Service Components	Physical and mental health; full spectrum 239 integrated SBHC 216 on-site MH services	Full time MH clinician in school	Mental Health; staff and parent training	MH clinics in 8 schools; full range physical, mental, dental Wellness clinics in 14 High Schools this year	Physical and mental health; full spectrum	Integrated dental, physical and mental health	Full range physical health; some Mental Health (emotional and family struggles); health promotion	Half-day physical health: referral for mental and reproductive health
Outcomes Evaluation	Improved attendance and academic outcomes	Cost and usage	Academic improvements, decrease expulsions & suspensions	Utilization and costs	Improved attendance, decreased drop-out rate, academic improvements	New program	Not available	One year program; looking at usage and MH referrals

### APPENDIX B: Selected National Exemplar Models for School-Based Services

Weblinks:

New York School Based Health Center: <u>http://schools.nyc.gov/Offices/Health/SBHC/SBHC.htm</u>

Boston School Based Health services: <u>http://www.bphc.org/programs/cafh/cah/CAHServices/schoolhealth/Pages/Home.aspx</u>

Baltimore: http://csmh.umaryland.edu/SMHProgams/BSMHI/BSMHI%20Brochure%202012.pdf

Los Angles: <u>http://notebook.lausd.net/portal/page? pageid=33,922882& dad=ptl& schema=PTL EP</u>

http://thelatrust.org/wellness-centers/ http://thelatrust.org/wellness-centers/

Seattle: <u>http://www.seattle.gov/humanservices/foodhealth/publichealth/school.htm</u>

National Association of School-Based Health Care: <u>http://www.nasbhc.org/site/pp.aspx?c=ckLQKbOVLkK6E&b=7453519</u>

What makes a school-based health center (SBHC) sustainable? NASBHC convened an SBHC Workgroup to answer this question by evaluating the characteristics of high-performing programs – those essential qualities commonly found in the most successful SBHCs. The experts agreed that sustainable SBHCs share three common characteristics. They:

- Develop and nurture **Strong Partnerships** with school and community stakeholders committed to SBHCs.
- Create a **Sound Business Model** that relies on a variety of stable and predictable funding sources (federal grants, foundations, state public grants, local funding, community partners, client revenue).
- Operate health care practices that meet the comprehensive needs of students and demonstrate a **High Quality Practice**.

#### Appendix C: MMSD Mental Health Task Force Work Plan

Goal: Develop recommendations for a comprehensive, integrated and culturally competent school-linked system of children's mental health practices and supports for MMSD students and their families.

Phase 1:	Phase 2:	Phase 3: Summer -	Phase 4:
Jan - April	April - June	September	October – January, 2013
Indicators) • Relationship of MH to community issues • Services • Identifying Resources and Obstacles • Wellness Focus – Healthy Development Panelist options (see 'Scope of the Issue' handout): • Parent panel • Community agency panel • Principals & Teachers • School Based MH providers (Psych, nursing, counselors, SSW) • Payment Mechanisms • Other?		<ul> <li>Community resources</li> <li>Existing professional development, university training, and other practices</li> </ul>	<ul> <li>Proposal</li> <li>Communication to Larger Community</li> </ul>

MMSD Mental Health Task Force 2012-13, January 2013

#### **Key Data Points** Vision Mental Health touches all of us. We pay tremendous We will .... immediate and long-term costs when students' Identify and implement mental health needs are not met. Our data tells us culturally competent, traumathat... informed, evidence-based 1. There are inequities resulting from decreasing practices that provide funding streams, limited coordination of existing education and access to high resources, and inefficiencies in current use of quality direct service and resources.<sup>1</sup> Students of color<sup>2</sup> and those living in individualized care... poverty<sup>3</sup> are less likely to receive recommended services in our community's mental health system. Take collective responsibility to develop and sustain a 2. School staff and community's lack of education coordinated, seamless system and gaps in knowledge contribute to stigma assocof care within our schools and iated with mental health. This, in turn, contributes community... to difficulties in successfully connecting struggling youth and families with appropriate services.<sup>4</sup> Empower parents/caregivers to partner and fully participate in 3. Students with mental health concerns are more all aspects of care for their likely than peers to miss instruction due to children... suspension (x10), office discipline referrals (x7), and attendance problems.<sup>5</sup> Students identified as having Include an evaluation plan with an emotional or behavioral disability are less likely to outcomes that are measurable graduate than their peers.<sup>6</sup> and lend themselves to 4. Students with mental health concerns are more program improvement... likely to interface with the juvenile justice system.<sup>7</sup> So that ... 5. Adverse childhood experiences and trauma are All students will have access to the common and contribute to emotional dysregulation, mental health services they need to risk-taking behaviors and mental health concerns.<sup>8,9</sup> support the achievement of their full potential as healthy and contributing 6. Research links mental health and social-emotional community members wellbeing with academic success.<sup>10</sup>

#### Mission

Create a comprehensive, integrated, culturallycompetent and trauma-informed school-linked system of mental health practices and supports for MMSD students and their families.

#### **Strategic Goals**

**Organization/Policy -** We will establish shared ownership and responsibility amongst community policy makers to align and coordinate systems, policies, strategies and resources that will ensure that the objectives of the Task Force are met.

**Education/Outreach** - We will identify and develop culturally competent models of school and community education that empower students, parents/caregivers, educators, community members and other professionals to support children's social and emotional well-being and mental health needs.

**Direct Service/Access** – We will develop new initiatives and build on existing successful programs to establish a coordinated, efficient and responsive system of referral, access and provision of mental health services and supports to assure student (children/youths) health and achievement.

**Individualized Care -** We will develop and maintain a collaborative system including parents/caregivers that provides children/youth with significant mental health needs timely and appropriate access to quality individualized mental health care that will support educational achievement.

	Organization and Policy							
#	Action Steps	Resources / Ideas	Priority level (1-5, 1 high)	Comments (see guiding questions)				
1	<u>Policy</u> : Gain endorsement and adoption of the School Community Plan to Support Children's Mental Health by organization partners. The Plan recognizes the importance of the mental health/academic connection and confirms ongoing commitment to applying resources and strategies in coordinated and collaborative ways that optimizes success for students.	Organizational Partners include: MMSD BOE endorsement Children's Mental Health Collaborative DCDHS Journey Hospitals HMO's City of Madison United Way Community providers Juvenile Justice Law Enforcement MH Advocacy Groups	19 points					
2	<u><i>Policy</i></u> : Adopt final MMSD School-Community Partnership Protocol for all new and renewing mental health collaborations.	Partnership Protocol Includes: Procedures for articulating agreements for interagency MH collaborations, sharing information, parental consent, intervention decision-making and evaluation considerations.	7 points					
3	Partnerships/Coordination, Management and Monitoring: Determine an oversight mechanism for shared ownership and responsibility.	<ul> <li><u>Use Existing Structures:</u></li> <li>BOE and Schools of Hope to provide oversight function</li> <li>Children's Mental Health Collaborative to provide on-going management function</li> </ul>	14 points					
4	<u>Funding</u> : Leverage commitment from funders to align funding priorities related to children/youth /families' mental health services with the School Community Plan to Support Children's Mental Health.		19 points					

5	<u>Public Message (Public Relation)</u> Develop a PR plan to gain commitment from organization partners for endorsing the School Community Plan to Support Children's Mental Health		22 points	
		Education and Outreach		
#	Action Steps	Resources / Ideas	Priority level (1-5, 1 high)	Comments (see guiding questions)
6	<u>Professional Development and Training</u> : Develop explicit professional development plans for all levels of educators around social-emotional wellbeing and mental health that emphasizes school climate, collective responsibility and cultural competence.	<ul> <li>Trauma-informed care model (Washington state—"Compassionate Care"; Massachusetts—"Helping Traumatized Children Learn")</li> <li>Adult self-care (Center for Investigating Healthy Minds)</li> </ul>	24 points	
7	<u>Professional Development and Training</u> : Identify and implement evidence-based training models for pediatricians, pediatric nurse practitioners and family practitioners that provide support around children's social and emotional development.	<ul> <li>Trauma-informed care model (see above)</li> <li>"Bright Futures" model</li> </ul>	1 point	
8	<u>Professional Development and Training</u> : Integrate professional development and training goals with other existing community collaborative efforts that are prioritizing children's mental health and trauma.	<ul> <li>Dane County Trauma Summit (UW- Extension)</li> <li>Include organizational partners (see action step 1)</li> </ul>	2 points	
9	Parent Empowerment and Support: Partner with families to collectively identify, and then implement, meaningful supports (advocacy strategies, education, outreach) around their children's mental health needs.	<ul> <li>NAMI Dane County</li> <li>Disability Resource Center model</li> <li>Rainbow Project</li> <li>Family TIES</li> </ul>	24 points	
10	<u>Parent Empowerment and Support</u> : Collaborate with community agencies that provide children's mental health services and supports to create a family resource guide.	<ul> <li>Children, Youth and Families Consortium</li> <li>Children's Mental Health Collaborative</li> <li>United Way (211)</li> </ul>	6 points	

11	<i>Early Identification and Intervention:</i> Build on effective MMSD practices that support student development of universal social-emotional learning skills.	<ul> <li>Positive Behavior Supports</li> <li>NAMI Dane County curriculum</li> <li>MSCR "Project Unify" (model)</li> <li>Mental Health Services Access and Delivery</li> </ul>	11 points	
#	Action Steps	Resources / Ideas	Priority level (1-5)	Comments (see guiding questions)
12	<ul> <li><u>Service Coordination</u>: Develop a universal system (city-county wide) that enables collaboration, communication, and information sharing that furthers effectiveness of care, within approved parameters         <ul> <li>System includes both technology-based (database) and interpersonal communication</li> <li>Establish protocols and agreement among stakeholders regarding allocation of staff time to engage in service coordination</li> <li>Ensure intervention/treatment plans follow families</li> <li>Provide co-training to stakeholders</li> </ul> </li> </ul>	<ol> <li>Protected list serves; my-chart concept</li> <li>Maximize use of technology including videoconferencing, information portals</li> <li>Current release of information systems and procedure</li> <li>Consider model of <i>mental health point</i> <i>person</i> in each school with knowledge and skills for assisting students and families with both referral and ongoing care- coordination</li> <li>Co-training resource: Children's Mental Health Collaborative</li> </ol>	24 points	
13	<ul> <li><u>Service Coordination</u>: Establish standard protocols for communication &amp; collaboration when children/youth are in out-of-school placements and when transitioning back to the school environment         <ul> <li>Create MMSD staff position to coordinate transitions at the district-level</li> <li>Provide co-training to stakeholders</li> </ul> </li> <li><u>Service Coordination</u>: Establish transition protocol for students with complex mental health issues as they</li> </ul>	<ol> <li>Previously existing MMSD position</li> <li>1. Wisconsin DPI; Infinite Campus technology</li> </ol>	4 points 7 points	
	transfer between schools/districts to assure continuity of care			

15	<u>Service Coordination</u> : Establish standard protocols for post-high school transition for youth with significant mental health issues that includes differentiated levels of services based on need	<ol> <li>Wraparound Milwaukee model</li> <li>MMSD Educational Services – expanded role</li> </ol>	2 points	
16	Service Coordination: Ensure and promote network of family advocates that ensures accessibility and incorporates peer specialists	<ol> <li>Disability Rights</li> <li>Family Ties</li> <li>Safe Harbor</li> </ol>	5 points	
17	<u>Access</u> : Implement strength and evidence-based screening practices at potential points of 'entry' into the MH service delivery system (community-based mental health providers; primary care providers; juvenile justice, child welfare) * Provide training necessary for implementation	<ol> <li>County uses Child Assessment &amp; Needs (CANS)</li> <li>Ensure cultural/linguistic responsiveness</li> <li>Access is using a behavioral health model in primary care; GHC exploring</li> </ol>	7 points	
18	<u>Access</u> : Evaluate and enhance current processes for mental health screening and referral in MMSD	<ul> <li>* MMSD current universal screening practices (4K, 3, 6 (CBITS), 9 (Depression)</li> <li>* Ages and Stages Questionnaire (United Way)</li> <li>* Behavioral and Emotional Screening System (MMSD)</li> </ul>	7 points	
19	<ul> <li><u>Access:</u> Develop, plan, and implement a school-based mental health service delivery system</li> <li>Assess current MMSD practices and create standards for mental health practices district-wide to effectively integrate community resources</li> </ul>	<ol> <li>Journey/Sennett Middle School partnership being explored</li> <li>Integrated model (radical collaboration) preferred over co-location of services; needs to fit within MMSD Positive Behavior Support framework (data driven)</li> <li>Explore MA reimbursement</li> <li>Creation of mental health coordinator in each school; Berkeley Model</li> <li>Build on Open School House model</li> </ol>	14 points	

20	Access: Explore feasibility of comprehensive School- Based Health Clinics located in secondary schools to optimize screening for mental health issues (including AOD), early identification and intervention for mental health concerns, and overall health promotion and prevention.	<ol> <li>Pilot in a high school or high school/middle school combination where evidence for need is strongest</li> <li>plan for linkages with Student Support Team and PBS system</li> <li>involve parents and students in the planning</li> <li>Develop a strengths-based assessment tool to identify student needs (Example: County uses CANS (Child Assessment and Needs)</li> <li>Fully explore MMSD linkages with academics for clinical expansion, increasing student interest in school health, and program evaluation purposes (e.g., UW School of Nursing, UW School of Social Work, UW Med School Pediatrics &amp;Child Psych, Population Health)</li> </ol>	30 points	
21	<u>Direct Service</u> : Increase use of/build on evidence- based practices currently being implemented and identify and implement additional evidence-based interventions	<ol> <li>In-home, family based therapy</li> <li>Non-traditional therapist</li> <li>School-initiated WRAP model (PBIS Network; Illinois PBIS)</li> <li>Mental health treatment school or school-based clinics in which therapists rotate between schools</li> <li>Replicate "Replay" model for use with disconnected youth with mental health needs</li> </ol>	5 points	
22	<u>Direct Service</u> : Develop network of providers to provide equitable, systematic psychiatric evaluations and accessible treatment	<ol> <li>PAK: Primary Access for Kids model (primary care)</li> <li>Accessible treatment includes schools, clinics and community sites</li> </ol>	4 points	
23	<ul> <li><u>Crisis Response:</u> Establish mobile crisis response team and respite location for children and youth in crisis</li> <li>Gain consensus on definition of crisis response among stakeholders</li> </ul>	<ol> <li>Medicaid funding</li> <li>Wraparound Milwaukee model</li> </ol>	8 points	

#### APPENDIX A

#### School Community Plan to Support Children's Mental Health Supporting Data Sources for Key Data Points Column

- 1. Wisconsin Family Ties analyzed using data from each individual state's Uniform Reporting System submission to the federal Center for Mental Health Services, a part of the Substance Abuse and Mental Health Services Administration (SAMHSA) within Health and Human Services.
- 2. MMSD Mental Health Data 2007, analyzed by Center on Education and Work (CEW), University of Wisconsin-Madison, School of Education-Access to community services disaggregated by race.
- 3. MMSD Mental Health Data 2007, analyzed by Center on Education and Work (CEW), University of Wisconsin-Madison, School of Education-Comparison of top 25% lowincome and bottom 25% low-income schools in accessing community MH services.
- 4. MMSD Mental Health Data 2007, analyzed by Center on Education and Work (CEW), University of Wisconsin-Madison, School of Education-Reason for not accessing services.
- 5. MMSD Mental Health Data 3/2010, analyzed by MMSD and United Way—Attendance and suspension data for students with and without mental health concerns.
- 6. MMSD, Educational Services Data, analyzed by Jack Jorgensen, Director. 2005
- 7. Juvenile Corrections Commitments with MH/AODA diagnoses in 2002-2005. DCHSD, Rhonda Voigt, Social worker in Delinquency and Liaison to Corrections.
- 8. Adverse Childhood Experiences in Wisconsin: Findings from the 2010 Behavioral Risk Factor Survey
- 9. Adverse Childhood Experiences Study: An ongoing collaborative research between the Centers for Disease Control and Prevention in Atlanta, GA, and Kaiser Permanente in San Diego, CA.
- 10. Research on the Relationship Between Mental Health and Academic Achievement, Prepared by Jeffrey L. Charvat, PhD, NASP Director of Research, June 2012

						MADIS	on Metropolitan	N SCHOOL DISTRICT
• 545	West	Dayton	St.		Madison,	Wisconsin	53703-1967	www.mmsd.org
						Jane	Belmore, Ph.D., <i>Interin</i>	n Superintendent of Schools
Date:	Janua	ry 31, 20 <sup>.</sup>	13				Appendix E	
TO:	Board of Education							
FROM:	Jane E	Belmore,	Superin	tendent				
RE:	Superi	Superintendent"s Mental Health Task Force: Preliminary Recommendations						

#### I. Introduction

- A. Superintendent"s Mental Health Task Force: Preliminary Recommendations
- B. Presenters

Steve Hartley, Chief of Staff Nancy Yoder, Executive Director of Student Services and Alternative Education Sara Parrell, Mental Health Team

C. Background Information

Mental Health touches all of us. We pay tremendous immediate and long-term costs when students" mental health needs are not met. It was with this awareness that the Board of Education directed former Superintendent Nerad in Spring 2011 to form a Task Force charged with developing a set of recommendations for a comprehensive, integrated and culturally-informed school-linked system of mental health practices and supports for MMSD students. A group of 35-40 representatives from a wide variety of community stakeholders including MMSD, HMOs, non-profit mental health agencies, law enforcement, city and county government, advocacy agencies and parents was invited to engage in this important work.

The work of the Task Force was initially facilitated by Superintendent Nerad and Scott Strong, Executive Director of Community Partnerships. Steve Hartley served in the co-facilitator role with Scott Strong upon Dr. Nerad's departure. Staff in the Department of Student Services served as "staff" to the committee and provided the structures and processes to keep the group moving forward toward its goals. The Task Force met on a monthly basis from January 2012 through January 2013, working both in a large group as well as in subgroups in the focused areas of Organization and Policy, Education and Outreach, Direct Services and Access and Individualized Care. The preliminary recommendations and consensus regarding priorities were completed in January 2013 and are contained in the attached document entitled: "School Community Plan to Support Children's Mental Health".

#### D. Action Requested

This presentation will provide the Board with an opportunity to hear the preliminary recommendations of the Superintendent"s *M*ental Health Task Force (Phase 1) and the plan for next steps (Phase 2). No specific action is requested at this time.

#### II. Summary of Current Information

A. Synthesis of Topic

The work of the Mental Health Task Force was grounded in data from the inception of the project through the completion of preliminary recommendations. Key data points included:

- Research links mental health and social-emotional well-being with academic success.
- Students with mental health concerns are more likely than peers to miss instruction due to suspension, discipline referrals and chronic attendance issues.
- Inequities exist as a result of insufficient funding, limited coordination of existing resources and inefficiencies in current use of resources for students who need mental health services. Students of color and those living in poverty are less likely to receive recommended services in our community's mental health system.

Using these data points as a foundation, a vision, mission and strategic goals were crafted to ground the work of the Task Force. This information is presented with the Task Force recommendations in the attached document entitled "School Community Plan to Support Children"s Mental Health".

B. Recommendations:

In its School Community Plan to Support Children's Mental Health, the Task Force generated a comprehensive set of 23 action steps in the categories of (1) Organization and Policy, (2) Education and Outreach and (3) Access and Delivery. A consensus process was used to identify the top seven (7) priorities of the Task Force and these priorities will be considered by the Implementation Team as they plan the next steps for this work. While the seven (7) areas of consensus are highlighted here, the entire list of 23 actions steps is included in the attached document so the Board can see the comprehensive nature of the preliminary recommendations.

• Gain endorsement and adoption of the School Community Plan to Support Children's Mental Health by organization partners. The Plan recognizes the importance of the mental health/academic connection and confirms ongoing commitment to applying resources and strategies in coordinated and collaborative ways that optimizes success for students.

- Leverage commitment from funders to align funding priorities related to children/youth/family mental health services with the School Community Plan to Support Children's Mental Health.
- Develop a Public Relations plan to gain commitment from organization partners and community for endorsing the School Community Plan to Support Children's Mental Health.
- Develop explicit professional development plans for all levels of educators around social-emotional wellbeing and mental health that emphasizes school climate, collective responsibility and cultural competence.
- Partner with families to collectively identify and implement meaningful supports (advocacy strategies, education, outreach) around their children's mental health needs.
- Develop a universal system (city-county wide) that enables collaboration, communications and information sharing that furthers effectiveness of care within approved parameters
- Explore feasibility of comprehensive School-based Health Clinics located in secondary schools to optimize screening for mental health issues, early identification and intervention for mental health concerns, and overall health promotion and prevention.

#### III. Implications

A. Budget

There are action steps which may have budget implications but no funding is requested at this time.

B. Achievement Gap Plan

The work of the Mental Health Task Force has many clear connections to the Achievement Gap Plan. The Achievement Gap Plan's focus on Academic Instruction and Support (chapter 1) as well as College and Career Readiness (chapter 2) is built on the premise that students are in class and available for learning, critical factors that are supported by the action steps in the School Community Plan to Support Children's Mental Health. The Plan's expectations for Expanding Culturally Competent Practices (chapter 3) and Enhancing Family Engagement (chapter 5) tie

clearly to the Task Force recommendations regarding building cultural competence as it relates to mental health in our district staff as well as our community partners. There is a strong emphasis on creating meaningful partnerships with parents and families to support their children's mental health needs. There are opportunities through Parent University to partner with parents to meet the mental health needs of their children. The Plan's emphasis on supporting the social, emotional and behavioral development of all students (Chapter 4) provides an excellent backdrop for the School Community Plan to Support Children's Mental Health as it speaks directly to the link between student learning and a safe and supportive school environment where all students feel welcome, safe, respected, valued and engaged. This requires strong proactive strategies focused on the prevention of mental health concerns as well as the resources needed to respond to behaviors as they occur so that all students are able to maximize the amount of time they are actively engaged in learning.

#### C. Implications for the Organization:

The work of the Mental Health Task Force represents the potential for a powerful partnership between MMSD and the broader Madison community as it relates to achieving a sense a collective responsibility for meeting the mental health needs of our students. The School Community Plan to Support Children's Mental Health demonstrates a recognition that this responsibility is one that must be shared by many stakeholders with a significant level of commitment in order to achieve the vision of ensuring that "All students will have access to the mental health services they need to support the achievement of their full potential as healthy and contributing community members". It sends the message that this work cannot be done in isolation but only in strong partnership as members of a community committed to the mental health needs of its children.

#### **IV.** Supporting Documentation

- A. School Community Plan to Support Children's Mental Health
- B. School Community Plan to Support Children's Mental Health Top 7 Priorities
- C. Mental Health Task Force Membership Roster

#### Appendix F

#### **Cultural Competence: Working Definition and Reflection Questions**

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities (adapted from Cross, 1989, *Office of Minority Health*).

- In what ways does this process and plan reflect inclusive cultural values, beliefs, world views, languages and customs?
- To what extent does this process and plan address cultural competency as an ongoing, adaptive journey, every hour, every day?
- How does this process and plan engender openness, curiosity, patience, selfreflection, flexibility, and a sense of humanness?
- How well does this process and plan look to consumers (caregivers and students) to determine level of cultural competency and effectiveness?
- In what ways does this process and plan reduce organizational hierarchy and equalize power structures?

#### APPENDIX G

#### Proposal: Oversight of Continued Planning, Implementation, Managing and Evaluating

The Children's Mental Health Collaborative (CMHC) of Dane County formed in 2002 to improve mental health services for children and youth. Membership includes representation from Dane County school districts, community agencies, juvenile justice, government agencies, United Way, HMOs and consumers. A Steering Committee consisting of work committee co-chairs has historically met monthly to provide coordination and support. An Advisory Board, with members from the greater mental health community, has met at least annually to provide direction, perspective and insight. Examples of on-going collaboration and services that have resulted from the CMHC's work include county-wide universal trauma screening for sixth grade students, data collection on mental health needs and services, mental health education, delivery of evidence-based group interventions and annual community mental health summits.

Overlap in organizational membership on the CMHC and the MMSD Mental Health Task Force is significant. There is consensus among the CMHC Steering Committee and Task Force members to restructure the CMHC to provide the majority of the oversight and ongoing management for the School Community Integrated Model for Children's Mental Health in Madison.

#### Proposed Purpose:

Promote comprehensive, integrated, culturally competent, developmentally appropriate and evidence-based systems of care for children's mental health in Dane County to ensure children's overall well-being and success in school and in the community.

#### Proposed Structure and Membership:

#### Advisory Board:

Meets biannually to provide insight on changes within mental health needs or services in the community, high leverage strategies to meet needs based on political and funding considerations, demonstrates active endorsement of the Model from key organizations, and oversight regarding the work and direction of the collaborative. The Advisory Board is co-chaired by an MMSD representative and community representative. Proposed membership includes representation from:

Dane County Department of Human Services Journey Mental Health Services City of Madison (Mayor's office) Dane County (Executive's office) Juvenile Justice Madison Metropolitan School District (Superintendent's office and Board of Education) Dane County School Districts (Superintendents' offices) HMOs (CEO or designee) Access Community Health Centers

UW Faculty: Child Psychiatry, School of Social Work, School of Nursing, UW School of Medicine Public Health - Department of Pediatrics Public Health Madison Dane County

#### Committee Structure

The CMHC Steering and Work Committees are the mechanism for developing, implementing, sustaining and evaluating the MHTF activities.

#### Steering Committee:

Meets monthly to provide direction, coordination, and support for activities of the CMHC committees. The Steering Committee is co-chaired by an MMSD representative and community representative. Membership includes co-chairs of the committees.

#### **Committees and Function**:

Proposed committees are designed to the mechanism for developing, implementing, sustaining and evaluating the recommendations.

- Student Leadership Council
- Parent Mental Health Leadership Council
- Service Coordination
- Direct Service
- Professional Development
- Assessment & Evaluation

Committees meet twice monthly. Membership is based on function of the committee, and includes MMSD staff, staff from Dane County school districts, and community members. Committees are co-chaired by one school and one community member.

#### <u>Timeline</u>:

٠	Summer 2013:	Finalize structure
•	September 2013:	Establish Advisory Board & Steering Committee membership
•	October 2013:	Children's mental health summit Apply MMSD Partnership Policy to CMHC Expand committee membership
•	November 2013:	Review School Community Integrated Model for Children's Mental Health in Madison action plans and confirm timelines

#### APPENDIX H

**Community Engagement:** Engage with the community to raise awareness of the prevalence of children's mental health concerns and proactive strategies that promote mental health. Develop a structure to ensure the School Community Plan to Support Children's Mental Health is continually informed and endorsed by community members of diverse cultural backgrounds.

#### Current status of recommendation: Outreach to Community Stakeholders

- City of Madison Office of Community Services: 1/31/2013
- Children, Youth, & Family Consortium: 2/5/2013
- City Education Committee: 2/13/2013
- United Way Healthy for Life Committee: 2/14/2013
- Latino Support Network: 4/17/2013
- Health Council: 5/28/2013
- Public Health Madison-Dane County: 5/14/2013
- Attic Angels Board of Directors: 6/17/13
- Boys & Girls Club of Dane County: 6/18/13
- Latino Health Council: 6/27/2013
- Urban League of Greater Madison
- Hmong Education Council
- Centro Hispano

#### **Current status of recommendation: Outreach to Parents**

- Outreach effort: summer 2012
- Canopy Center Families United Network: 4/10/13
- MMSD Dept. of Educational Services Family Resource Fair: 4/17/13
- Outreach effort: spring 2013

#### Current status of recommendation: Outreach to MMSD Students

- Student Focus Group, LGBTQ Youth Leadership Development: 05/22/2013
- Student Focus Group, East High School (two groups (N=6, 20), 9-12 graders, multi-cultural): 6/10/2013
- Student Focus Group, West High School (one group (N=25), 9-12 graders, multi-cultural): 6/11/2013
- Student Focus Group, Lafollette High School (one group (N=20), 9-12 graders, multi-cultural): 6/12/2013

#### Current status of recommendation: Outreach to MMSD Staff

- Departments & Divisions
  - Talented & Gifted
    - Educational Services: Office of Multilingual & Global Education
    - Student Services
    - Curriculum & Assessment
    - Equity & Diversity
  - School-Based Staff Groups
    - Principals
    - Assistant Principals
    - Student Services: Counselors, Psychologists, Social Workers, & Nurses
    - o Instructional Resource Teachers (elementary)
    - Learning Coordinators (middle)
    - o Parent Liaisons
    - o Staff teams (teachers & student services) from each middle school

# APPENDIX H2 MMSD Student & Parent Input

#### Student Focus Groups

Student focus group were conducted at MMSD's four traditional high schools and within a program for students that identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ). The dialogue related to perceptions regarding their needs and the needs of their peers related to mental health and health services. School-based health centers were specifically discussed resulting in a plethora of useful insight that can guide planning.

#### Summary of Feedback from Student Focus Groups:

- Almost unanimous agreement about the need for and support for comprehensive school health centers with focus on mental health and alcohol & other drug (AOD) use
- Some concerns about potential barriers to students accessing services (e.g., judgment of others, lack of knowledge, stigma, fear of the unknown, worry about having to talk before they were ready, being asked personal questions, not having a person who would understand them)
- Comprehensive nature of services would reduce stigma; services should not be discrete but the center should be a place a student can enter with any concern and be helped
- Students should have a advisory/leadership role in planning and naming the center, promoting community and school education, and evaluating progress
- Identified significant lack of health education and counseling (in schools and in the community) in the areas of AOD, reproductive health, coping with stress, mental health; Therefore, students are not well-informed on health-risks and behavior-risks.
- Identified key components for successful school-based health centers: services provided by culturally-competent, culturally diverse, expert, trust-worthy, youthful adults, one-on-one and in groups, with an emphasis on confidentiality
- Strong support for teachers and support staff (social worker, psychologist, nurse, counselor) integrating with school-based services from community providers, with trusted adults serving as a bridge for students to the center
- Individualized and integrated approaches for physical and mental health concerns with an emphasis on affirming and building on student strengths and following the student-identified need is critical
- Incorporation of peer and adult mentoring models should be considered, as well as bringing in motivational speakers and role models who are able to relate to students through real life experiences
- Need to help students see life beyond high school

#### Parent Outreach

Parents were central to the development of recommendations and continue to provide leadership that guides action planning. Outreach included focus groups at community agencies, surveys, and school-sponsored events and served to: Identify meaningful supports needed by parents/caregivers around their children's social emotional learning and mental health needs; continue to build a culturally-informed understanding of mental health and ways parents support their children's overall mental wellness.

#### Summary of Feedback from Parent Outreach Efforts:

• Professional development

- It is the job of all school staff to support our children in being successful in school;
   Training is needed for all school staff in the area of promoting students social emotional wellness and, in particular, engaging with students that have mental health needs
- School leadership need to be knowledgeable about mental health
- School staff need to intervene earlier to address students' social emotional needs before mental health needs are severe
- Concerns regarding school culture schools need to be a place where all students, staff and others are respected and encouraged to learn about one another resulting in a strong community and understanding of the individuals who comprise it.
- Evidence-based, structured social/emotional skill groups are needed in order for children to have the skills they are expected to in order to be successful in school
- Parent Leadership & Support
  - Parent peer support and advocacy is crucial
  - A central place to access information about options that are available to support child would be helpful.
  - Opportunities to interact and have dialogue with other parents in order to gain more knowledge about children's social emotional development and mental health needs are desired.
- Direct Services & Access
  - There is lack of access to ongoing, effective services in the community and limited availability of student services staff in schools.
  - Strong support for having mental health services in schools this would improve attendance
  - School-based health centers need to be accessible to all students regardless of insurance
  - More school-based services are needed for students that have significant mental health needs such as day treatment within the school environment
  - Services need to be culturally competent including bilingual and bicultural providers and language interpreters

#### APPENDIX I

**Endorsement & Communication**: Gain endorsement and adoption of the School Community Plan to Support Children's Mental Health by organization partners. The Plan recognizes the importance of the mental health/academic connection and confirms ongoing commitment to applying resources and strategies in coordinated and collaborative ways that optimizes success for students.

#### **Defining endorsement:**

Organizations that endorse this Plan agree to establish an on-going partnership that allows for implementation of defined components of the School Community Plan to Supports Children's Mental Health.

#### Current status of recommendation: Meetings with external groups

- Children's Mental Health Collaborative of Dane County
  - School Community Collaborations Committee: 1/29/2013
  - Enhancing School Family Partnerships Committee: 2/14/2013
- City of Madison Office of Community Services: 1/31/2013
- Children, Youth, & Family Consortium: 2/5/2013
- City Education Committee: 2/13/2013
- United Way Healthy for Life Committee: 2/14/2013
- Health Council (staff team): 3/12/2013; 4/11/2013; 4/23/2013
- Latino Support Network: 4/17/2013
- Public Health Department of Madison and Dane County: 5/14/2013
- Health Council: 5/28/2013
- Access Community Health Centers: 6/6/2013
- Attic Angels Board of Directors: 6/17/13
- Boys & Girls Club of Dane County: 6/18/13
- Latino Health Council: 6/27/2013

#### Summary of Feedback:

- It remains important to develop our plan through a culturally-informed understanding of mental health
- Common questions emerging from the community include: Who is going to pay for it? Who is going to do it? Who is going to provide management and leadership? How will privacy rights be maintained?
- There is some guarded optimism regarding school-based health services. Members of community generally support the concept of school-based health services while they express concerns about logistics
- High level agreement about the need for extensive professional development and parent education about the relationship of mental health and behavior

#### Current status of recommendation: Meetings with MMSD groups

- MMSD Mental Health Leadership Team: 1/14/2013
- MMSD Management Team: 1/28/2013
- MMSD Board of Education: 2/4/2013
- MMSD Student Services Leadership Team: 2/8/2013
- MMSD Principals: 2/13/2013
- MMSD School Nurses: 3/2/2013
- MMSD School Counselors: 3/9/2013
- MMSD School Psychologists: 3/16/2013
- MMSD Department of Educational Services Administrative Team: 4/12/2013

• MMSD School Social Workers: 4/30/2013

#### Summary of Feedback from Staff:

- Strong recognition of the need for the Plan and support at the leadership & school level
- Support for students with significant mental health needs emerges as the area of greatest concern and is not addressed explicitly enough in the Plan
- High level agreement about the need for extensive professional development and parent education about the relationship of mental health and behavior
- Consensus exists that a cultural competent plan for supporting children's mental health will have a significant impact on the achievement gap
- An effective collaborative model has inherent challenges and incredible potential

#### Appendix J



**Guidelines for MMSD/Community Partnerships** Approved by the Madison Board of Education on 2/25/2013

The Madison Metropolitan School District welcomes community members and groups to actively collaborate in mutually beneficial partnerships that meet common goals and accomplish together what one organization cannot do alone. In order to strengthen current partnerships and allow for a systematic process to create new partnerships we have developed policy, procedures and guidelines.

#### **Definition of Partnership:**

A collaborative relationship between the Madison Metropolitan School District (MMSD) and community entities that is mutually beneficial and works toward shared goals and purpose through an agreed upon division of labor, services, outcomes and financial responsibility.

#### **Guiding Principles:**

- 1. The purpose of MMSD's School and Community Partnerships program is to enable the District to meet its goals and leverage community resources in support of specific District priorities.
- 2. Partnerships require an agreed-upon investment of material and human resources, organizational accountability, and shared responsibility and decision making.
- 3. Partnerships are most productive when they are built on trust and reflect true collaboration between and among participating entities.
- 4. Effective partnerships outline roles and responsibilities for all involved and establish ongoing mechanisms for communication around program development, implementation, operation and evaluation.
- 5. It is the District's responsibility to ensure that partnerships address student needs and that barriers to participation are removed.
- 6. Partnerships evolve to meet the changing needs of students, schools and families. Systematic monitoring and review by all involved help ensure continuous improvement and determine how agreements change to meet these needs or dissolve.
- 7. The District will provide interested community partners with a systematic process for accessing opportunities for collaboration.
- 8. Partnerships will honor our legal and ethical obligations to student privacy.
- 9. The District's partnerships decisions will reflect its fiscal responsibilities as a steward of taxpayer funds.

#### **Categories of partnerships:**

Partnerships fall into different categories based on factors such as the type or scope of programs and services offered by the collaboration; the amount of contact time the partners have with students/families/staff; the number of schools served; the total amount of financial, material, and/or in-kind resources involved; the type of data shared; the duration of the partnership, and the direct link to District priorities. See Partnerships Categories Grid on page 3.

#### Process for establishing new partnerships:

The partnership development process begins with the completion of the online inquiry form. The form is reviewed by the proposed MMSD partnerships administrator to determine if the proposal aligns with District goals and is within the scope of possibility.

If MMSD is initiating the partnership, the District contacts the potential partner to set up a planning meeting with appropriate school or department staff members. If MMSD is responding to an invitation to partner by an outside group, the proposed MMSD Partnerships administrator and or designated staff member/s will meet with the potential partner/s. The participating partners will work together to outline goals, logistics, protocol, and roles and responsibilities. A partnership agreement will be drawn up in collaboration with the participating partners using the Memorandum of Agreement (MOA) template and Decision-Making Matrix. This agreement will guide the partnership as it develops.

The Board of Education will be informed of any proposal for a medium- or high-intensity partnership. Board approval is required on the final agreement; any contractual requirements must adhere to MMSD policies and procedures.

#### **Ongoing documentation of partnerships:**

MMSD staff members involved in community partnerships are responsible for initially registering their partnerships in the MMSD Partnership Database, then updating /tracking changes at least once per year. The proposed MMSD partnerships administrator oversees the maintenance of the partnership database and facilitation of partnership development and evaluation processes.

#### Monitoring and evaluation:

Partners will revisit the agreement on a regular basis to assess progress on goals and objectives, and determine if modifications to the MOA are needed.

The Superintendent or Board of Education may ask for an evaluation and recommendation to continue or discontinue a partnership based on changing funding, change in student needs, change in space needs or lack of implementation of program goals. The MMSD reserves the right to terminate a partnership

#### 2012-13 Partnerships Categories

Program Scope	Low Intensity	Medium Intensity	High Intensity
Priority Focus	Wide-ranging local school interests, needs, goals. May focus on School Improvement Plan (SIP) goals.	Direct link to school / department / District needs and/or goals	Directly link to District goals
Resource Commitment*	Few shared resources (e.g. dollars, staff time and space)	Some shared resources (e.g. dollars, staff time and space)	Significant high level of shared resources (e.g. dollars, staff time and space)
Student Contact or Partner's Presence within school/s	Little or no direct contact with students, families and/or staff	Direct contact with students, families and/or staff	Ongoing, regular contact with students, families and/or staff
Duration	One-time, short-term / less than one year	One to three years	Long-term / more than three years
Site/s	Single site	One site to three sites / school-based program / service	Multiple sites
Contractual Considerations*	May or may not need contract for services (depending on cost)	Contracts for services and/or a Request For Proposal (RFP) may be required; MOA is required.	Contracts for services and/or RFP may be required; MOA is required.
Required Administrative Sign-off	Principal or similar administrative District staff	BOE informed at initial stage through updates via the Superintendent. (The BOARD may request additional information, and based on that information, may direct the Superintendent not to move forward or to re-categorize the partnership intensity level.) Superintendent / Assistant Superintendent make final decision.] BOE approves via Purchases and Contract process as required.	BOE informed at initial stage. Superintendent makes his/her written recommendation; BOE makes final decision. Requires compliance with MMSD Purchases and Contract process.
Monitoring Responsibility	Local school principal or designee	Principal / Management Team level in collaboration with MMSD Partnerships Administrator	Superintendent/Assistant Superintendent or designee in collaboration with MMSD Partnerships Administrator
Evaluation Process	May or may not require formal evaluation	Reviewed regularly / annually; requires evaluation data	Reviewed regularly / annually; specific data created, monitored and analyzed. Formal evaluation required.
General Description	Simple agreement with school or District	Documented partnership agreement with school and/or District; Information must be entered into the Partnerships Database	Formal documented partnership with school and District; Information must be entered into the Partnerships Database
Examples	School assemblies, guest speakers/classroom presentations, donations*, residencies, committee work, representation on boards of directors, co- chairing community committee, letter of support for partner initiative, backpack give-aways. Includes many PTO/PTA/other family-school group activities.	School volunteers, tutors, mentors	District-level: academic tutoring programs, college and career readiness programs, health services partnerships, early childhood collaborations

\*All exchanges of funds and/or in-kind contributions must adhere to District policies and procedures regarding contracts, donations, volunteer use, data sharing, external research and possible need for a Request for Proposal (RFP).

Approved by Madison Board of Education 2/25/2013

#### Memorandum of Agreement between the Madison Metropolitan School District and X Organization

This MOA outlines the mutually agreed upon elements of the partnership between the Madison Metro School District and X that carries out the (name of joint project / program / activity).

- 1. Statement of Shared Purpose and Mission
- 2. Specific Target Goals and Outcomes
- 3. Rationale for Collaboration (link to MMSD priorities, goals, identified needs)
- 4. Time Frame (including plan for review of agreement and terms for ending agreement)
- 5. Program Monitoring / Evaluation Plan (outline measurement / assessment of target goals and outcomes)
- 6. Organizational Structure / Staffing (add organizational charts as addenda)
- 7. Lines and Frequency of Communication
- 8. Decision-making Authority / Levels with attached "Decision-making Matrix" as addendum
- 9. Public Relations
- 10. Partner Contributions
  - a. MMSD will provide:
  - b. In-kinds:
  - c. X Organization will provide:
- 11. Budget Information Sharing (joint review of budgets / budget review process)
- 12. Fundraising
- 13. Access to and Use of Data (attach data protocol as addendum)
- 14. Composition and Role of Advisory Board (if appropriate)
- **15. Involvement of Other Community Groups** (outline additional partnership / collaborative resources)
- 16. Statement of Agreement with Signatures and Dates

#### Partnership Decision-making Matrix

This document is to serve a guide for decision making between MMSD and X Organization for the implementation of the XX program and is not inclusive of all decision making that may occur during the 2012-13 school year.

Joint Decisions are those items that MMSD and X Organization will decide together in a collaborative manner with both parties agreeing to outcome.

**X Organization Decisions** are those items upon which ultimately the X Organization will make final decisions. The X Organization may seek the opinion of MMSD but the X Organization will have final decision making authority on these items.

**MMSD Decisions** are those items upon which ultimately MMSD (central office and school-based staff) will make final decisions. MMSD may seek the opinion of the X Organization or other community partners, but MMSD will have final decision-making authority on these items.

**School-based Decisions** are those items that ultimately will be decided by the site team at the school level. These decisions may be shaped by MMSD policies and protocols, X Organization policies and protocols, and school policies and protocols, but ultimately the school site team will have final decision-making authority on these items.

	Joint Decisions between MMSD and X Organization	X Organization Decisions	MMSD Decisions	School-based / Site Team Decisions
Human Resources (Staffing and volunteers)				
Marketing, Promotion, and Recruitment				
Budget and Funding				
Accessing Student Data				
Program Design				

# "It's all about trust...."

MMSD High School
 Student Focus Groups,
 June 2013





"I am positive that if the task force recommendations are implemented they will provide help and strength to families for generations to come, and the idea that my grandchildren won't have to struggle the same way that my children did brings me hope and excitement for the future of Madison schools."

- Parent member, MMSD Mental Health Task Force, June 2013