



Appendix 000-8-3
February 25, 2013

Date: January 31, 2013

TO: Members of the Board of Education

FROM: Jane Belmore, Superintendent

RE: 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 Mental 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

Mental Health Task Force Action Teams and Membership

Organization and Policy		Education and Outreach		Direct Access and Service		Individualized Care	
Name	Org.	Name	Org.	Name	Org.	Name	Org.
Steve Hartley shartley@madison.k12.wi.us	MMSD, Deputy Superintendent	Nancy Yoder nyoder@madison.k12.wi.us	MMSD, Director of Student Services	Dr. Peggy Scallon pscallon@wisc.edu	UW Health Psychiatry	Kathy Halley khalley@madison.k12.wi.us	MMSD, Psychologist
Sandy Erickson sandy@uwdc.org	United Way	Donald Coleman donaldc216@gmail.com	Midwest Ctr. for Human Services	Nikky Hofmaster snikky1976@yahoo.com	MSMD Parent	John Bauman bauman.john@countyofdane.co	DC Juv. Court
Tom Crabb thomas.crabb@deancare.com	Dean (Psychiatry)	Brenda McMiller berndie@sbcglobal.net	MMSD Parent	Armando Hernandez Armando.Hernandez@accesshealthwi.org	Access	Jim Haessley jhaessly@madison.k12.wi.us	MMSD, Special Education Admin
Carol Cartensen carolcartensen@gmail.com	Foundation for Madison Schools	Ava Martinez amartinez@nami.danecounty.org	NAMI Dane County	Elizabeth Rice eirice@wisc.edu	UW-Madison Nursing; Journey	Sue Janty SJANTY@meriter.com	Meriter Health Services, Admin.
Nan Peterson npeterson@uwhealth.org	American Family Children's Hospital	Dr. Greg DeMuri demuri@pediatrics.wisc.edu	MMSD/UW Health	Sharyl Kato skato@therainbowproject.net	Rainbow Project	Jalateefa Joe-Myers jljoemeyers@madison.k12.wi.us	MMSD, Parent
Mary O'Donnell modonnell@cityofmadison.com	City of Madison	Connie Williams CWilliams@cityofmadison.com	City of Madison	Carol Gattshall carol.gattshall@deancare.com	Dean (Psychiatry)	Phyllis Greenberger phyllisg@drwi.org	Disability Rights of WI
Marykay Wills wills.marykay@countyofdane.com	DCDHS	Connie Bettin bettin@co.dane.wi.us	DCDHS	Deb Ptak dptak@madison.k12.wi.us	MMSD, Prinicpal	Mary Howick mary.howick@uwmf.wisc.edu	UW Behavioral Health
Lynn Brady lynn.brady@journeymhc.org	Journey, Administrator	Heather Olwig haolwig@madison.k12.wi.us	MMSD, Psychologist	Jim Van Den Brandt jvandenbrandt@ghcscw.com	GHC, Administrator	Scott Strong scott.strong@commpart.org	Community Partnerships
Sally Zirbel-Donisch szirbeldonis@madison.k12.wi.us	MMSD, Health Services	Elizabeth Hudson elizabeth.hudson@wisconsin.gov	DPI	Sue Moran sue.moran@mhcdc.org	Journey	Marcus Murphy marcusm@fsmad.org	Family Service, Inc.

Casey Behrend casey.behrend@youthsos.org	Youth SOS	Donna Jost dljost@madison.k12.wi.us	MMSD	Julie Ahnen ahnen@countyofdane.com	DCDHS	Rhonda Voigt voigt.rhonda@countyofdane.com	DCDHS
		Kristen Roman kroman@cityofmadison.com	MPD	Rebecca Ramirez rlramirez@madison.k12.wi.us	MMSD, Counselor	Meg Nelson manelson3@madison.k12.wi.us	MMSD, Social Worker
		Dr. Roseanne Clark rclark@wisc.edu	UW (Psychiatry)			Dan Murphy dmurphy@cityofmadison.com	MMSD, MPD
						Katie Schmitt kschmitt@meriter.com	Meriter

Work Team member: **Jeannette Deloya**
jdeloya@madison.k12.wi.us

Work Team member: **Betsy Scholz**
escholz@madison.k12.wi.us

Work Team member: **Sara Parrell**
sparrell@madison.k12.wi.us

Work Team member: **Mara McGlynn**
mkmcglynn@madison.k12.wi.us

School Community Plan to Support Children's Mental Health
MMSD Mental Health Task Force 2012-13

Key Data Points

Mental Health touches all of us. We pay tremendous immediate and long-term costs when students' mental health needs are not met. Our data tells us that...

1. There are inequities resulting from decreasing funding streams, limited coordination of existing resources, and inefficiencies in current use of resources.¹ Students of color² and those living in poverty³ are less likely to receive recommended services in our community's mental health system.

2. School staff and community's lack of education and gaps in knowledge contribute to stigma associated with mental health. This, in turn, contributes to difficulties in successfully connecting struggling youth and families with appropriate services.⁴

3. Students with mental health concerns are more likely than peers to miss instruction due to suspension (x10), office discipline referrals (x7), and attendance problems.⁵ Students identified as having an emotional or behavioral disability are less likely to graduate than their peers.⁶

4. Students with mental health concerns are more likely to interface with the juvenile justice system.⁷

5. Adverse childhood experiences and trauma are common and contribute to emotional dysregulation, risk-taking behaviors and mental health concerns.^{8,9}

6. Research links mental health and social-emotional wellbeing with academic success.¹⁰

Vision

We will . . .

- Identify and implement culturally competent, trauma-informed, evidence-based practices that provide education and access to high quality direct service and individualized care...
- Take collective responsibility to develop and sustain a coordinated, seamless system of care within our schools and community...
- Empower parents/caregivers to partner and fully participate in all aspects of care for their children...
- Include an evaluation plan with outcomes that are measurable and lend themselves to program improvement...

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.

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
1	<i>Policy:</i> 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.	<u>Organizational Partners include:</u> <ul style="list-style-type: none"> • 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 		
4	<i>Funding:</i> 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.			

5	<p><u>Public Message (Public Relation)</u></p> <p>Develop a PR plan to gain commitment from organization partners for endorsing the School Community Plan to Support Children’s Mental Health.</p>			
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Education and Outreach

#	Action Steps	Resources / Ideas	Priority level (1-5, 1 high)	Comments (see guiding questions)
6	<p><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.</p>	<ul style="list-style-type: none"> • Trauma-informed care model (Washington state—“Compassionate Care”; Massachusetts—“Helping Traumatized Children Learn”) • Adult self-care (Center for Investigating Healthy Minds) 		
9	<p><u>Parent Empowerment 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.</p>	<ul style="list-style-type: none"> • NAMI Dane County • Disability Resource Center model • Rainbow Project • Family TIES 		

**Mental Health Services
Access and Delivery**

#	Action Steps	Resources / Ideas	Priority level (1-5)	Comments
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12	<p><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</p> <ul style="list-style-type: none"> • System includes both technology-based (database) and interpersonal communication • Establish protocols and agreement among stakeholders regarding allocation of staff time to engage in service coordination • Ensure intervention/treatment plans follow families • Provide co-training to stakeholders 	<ol style="list-style-type: none"> 1. Protected list serves; my-chart concept 2. Maximize use of technology including videoconferencing, information portals 3. Current release of information systems and procedure 4. Consider model of <i>mental health point person</i> in each school with knowledge and skills for assisting students and families with both referral and ongoing care-coordination 5. Co-training resource: Children’s Mental Health Collaborative 		
20	<p><u>Access:</u> 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.</p>	<ol style="list-style-type: none"> 1. Pilot in a high school or high school/middle school combination where evidence for need is strongest 2. Plan for linkages with Student Support Team and PBS system 3. Involve parents and students in the planning 4. Develop a strengths-based assessment tool to identify student needs (Example: County uses CANS (Child Assessment and Needs)) 5. 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 & Child Psych, Population Health) 		

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2	<i><u>Policy:</u></i> Adopt final MMSD School-Community Partnership Protocol for all new and renewing mental health collaborations.	<u>Partnership Protocol Includes:</u> Procedures for articulating agreements for interagency MH collaborations, sharing information, parental consent, intervention decision-making and evaluation considerations.	7 points	
3	<i><u>Partnerships/Coordination, Management and Monitoring:</u></i> Determine an oversight mechanism for shared ownership and responsibility.	<u>Use Existing Structures:</u> <ul style="list-style-type: none"> • BOE and Schools of Hope to provide oversight function • Children’s Mental Health Collaborative to provide on-going management function 	14 points	
4	<i><u>Funding:</u></i> 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 style="list-style-type: none"> • Trauma-informed care model (Washington state—“Compassionate Care”; Massachusetts—“Helping Traumatized Children Learn”) • Adult self-care (Center for Investigating Healthy Minds) 	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 style="list-style-type: none"> • Trauma-informed care model (see above) • “Bright Futures” model 	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 style="list-style-type: none"> • Dane County Trauma Summit (UW-Extension) • Include organizational partners (see action step 1) 	2 points	
9	<u>Parent Empowerment 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.	<ul style="list-style-type: none"> • NAMI Dane County • Disability Resource Center model • Rainbow Project • Family TIES 	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 style="list-style-type: none"> • Children, Youth and Families Consortium • Children’s Mental Health Collaborative • United Way (211) 	6 points	
11	<u>Early Identification and Intervention</u> : Build on effective MMSD practices that support student development of universal social-emotional learning skills.	<ul style="list-style-type: none"> • Positive Behavior Supports • NAMI Dane County curriculum • MSCR “Project Unify” (model) 	11 points	
Mental Health Services Access and Delivery				
#	Action Steps	Resources / Ideas	Priority level (1-5)	Comments (see guiding questions)
12	<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 style="list-style-type: none"> • System includes both technology-based (database) and interpersonal communication • Establish protocols and agreement among stakeholders regarding allocation of staff time to engage in service coordination • Ensure intervention/treatment plans follow families • Provide co-training to stakeholders 	<ol style="list-style-type: none"> 1. Protected list serves; my-chart concept 2. Maximize use of technology including videoconferencing, information portals 3. Current release of information systems and procedure 4. Consider model of <i>mental health point person</i> in each school with knowledge and skills for assisting students and families with both referral and ongoing care-coordination 5. Co-training resource: Children’s Mental Health Collaborative 	24 points	
13	<u>Service Coordination</u> : Establish standard protocols for communication & collaboration when children/youth are in out-of-school placements and when transitioning back to the school environment <ul style="list-style-type: none"> • Create MMSD staff position to coordinate transitions at the district-level • Provide co-training to stakeholders 	<ol style="list-style-type: none"> 1. Previously existing MMSD position 	4 points	

14	<u>Service Coordination:</u> Establish transition protocol for students with complex mental health issues as they transfer between schools/districts to assure continuity of care	1. Wisconsin DPI; Infinite Campus technology	7 points	
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	1. Wraparound Milwaukee model 2. MMSD Educational Services – expanded role	2 points	
16	<u>Service Coordination:</u> Ensure and promote network of family advocates that ensures accessibility and incorporates peer specialists	1. Disability Rights 2. Family Ties 3. Safe Harbor	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	1. County uses Child Assessment & Needs (CANS) 2. Ensure cultural/linguistic responsiveness 3. Access is using a behavioral health model in primary care; GHC exploring	7 points	
18	<u>Access:</u> Evaluate and enhance current processes for mental health screening and referral in MMSD	* MMSD current universal screening practices (4K, 3, 6 (CBITS), 9 (Depression) * Ages and Stages Questionnaire (United Way) * Behavioral and Emotional Screening System (MMSD)	7 points	
19	<u>Access:</u> Develop, plan, and implement a school-based mental health service delivery system <ul style="list-style-type: none"> Assess current MMSD practices and create standards for mental health practices district-wide to effectively integrate community resources 	1. Journey/Sennett Middle School partnership being explored 2. Integrated model (radical collaboration) preferred over co-location of services; needs to fit within MMSD Positive Behavior Support framework (data driven) 3. Explore MA reimbursement 4. Creation of mental health coordinator in each school; Berkeley Model 5. Build on Open School House model	14 points	

20	<p><u>Access:</u> 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.</p>	<ol style="list-style-type: none"> 1. Pilot in a high school or high school/middle school combination where evidence for need is strongest 2. plan for linkages with Student Support Team and PBS system 3. involve parents and students in the planning 4. Develop a strengths-based assessment tool to identify student needs (Example: County uses CANS (Child Assessment and Needs)) 5. 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 & Child Psych, Population Health) 	30 points	
21	<p><u>Direct Service:</u> Increase use of/build on evidence-based practices currently being implemented and identify and implement additional evidence-based interventions</p>	<ol style="list-style-type: none"> 1. In-home, family based therapy 2. Non-traditional therapist 3. School-initiated WRAP model (PBIS Network; Illinois PBIS) 4. Mental health treatment school or school-based clinics in which therapists rotate between schools 5. Replicate "Replay" model for use with disconnected youth with mental health needs 	5 points	
22	<p><u>Direct Service:</u> Develop network of providers to provide equitable, systematic psychiatric evaluations and accessible treatment</p>	<ol style="list-style-type: none"> 1. PAK: Primary Access for Kids model (primary care) 2. Accessible treatment includes schools, clinics and community sites 	4 points	

23	<p><u>Crisis Response</u>: Establish mobile crisis response team and respite location for children and youth in crisis</p> <ul style="list-style-type: none">• Gain consensus on definition of crisis response among stakeholders	<ol style="list-style-type: none">1. Medicaid funding2. Wraparound Milwaukee model	8 points	
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