

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...

- 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 discipline, suspensions 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.

Vision

We will . . .

Empower parents/caregivers to partner and fully participate in all aspects of care for their children...

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...

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.

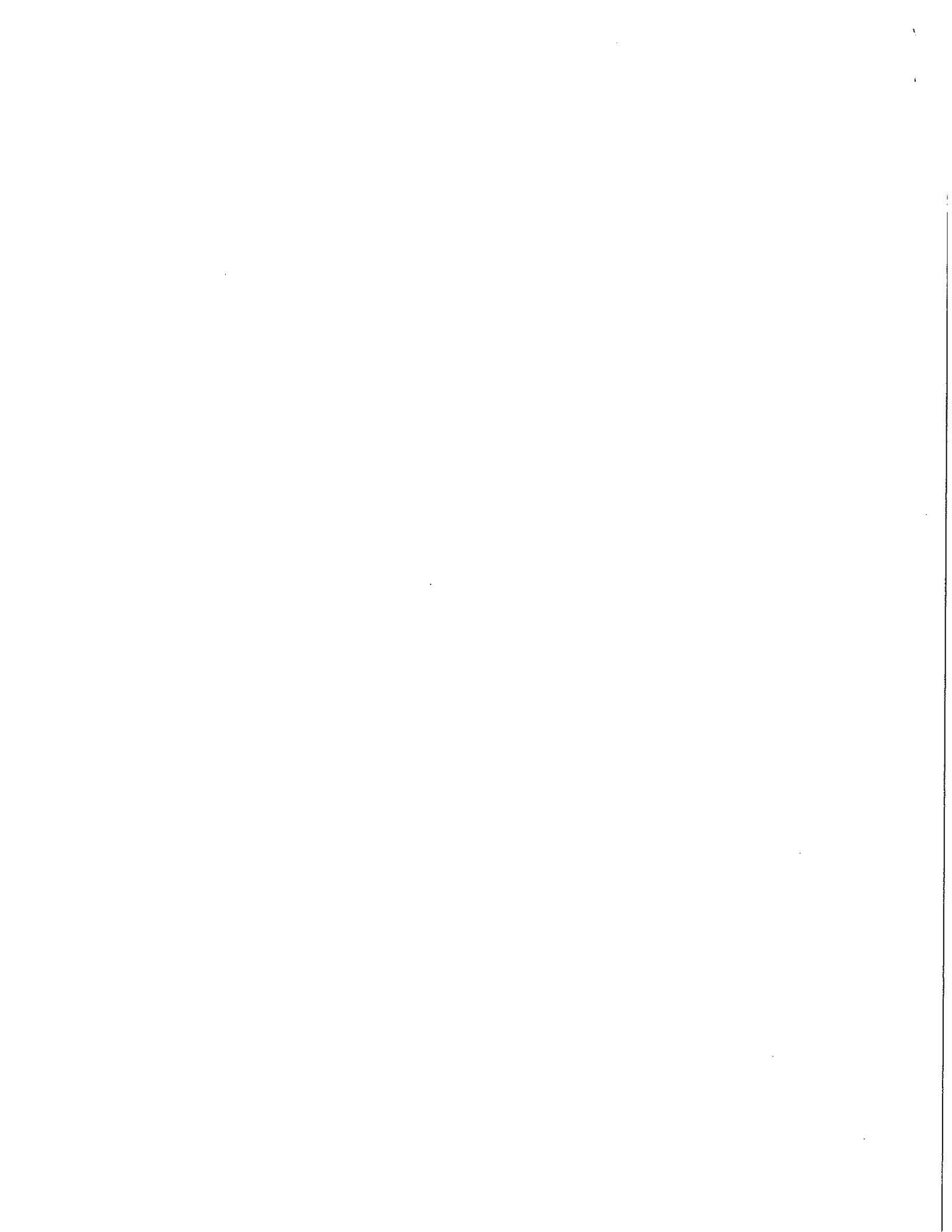
Education/Outreach (Universal) We will identify and develop culturally competent models of school and community education that empower students, parents/caregivers, educators, community members and others to support children's social and emotional well-being and mental health needs.

Direct Service/Access (Tier 2) 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 (Tier 3) 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.

Major Prioritized Action Steps

1. **Policy:** 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.
2. **Funding:** 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.
3. **Public Message (Public Relations):** Develop a PR plan to gain commitment from organization partners for endorsing the School Community Plan to Support Children's Mental Health.
4. **Professional Development and Training:**
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. **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.
6. **Service Coordination:** Develop a universal system (city-county wide) that enables collaboration, communication, and information sharing that furthers effectiveness of care, within approved parameters.
 - 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
7. **Access:** Explore feasibility of comprehensive School-Based Health Clinics located in middle/high schools to optimize screening for mental health issues (including AOD), early identification and intervention for mental health concerns, and overall health promotion and prevention.



Additional Action Steps – Lower Priority Level

Organization and Policy

- A. Policy: Adopt final MMSD School-Community Partnership Protocol for all new and renewing mental health collaborations.
- B. Partnerships/Coordination, Management and Monitoring: Determine an oversight mechanism for shared ownership and responsibility

Education and Outreach

- C. Professional Development and Training: 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.
- D. Development and Training: Integrate professional development and training goals with other existing community collaborative efforts that are prioritizing children's mental health and trauma.
- E. Parent Empowerment and Support: Collaborate with community agencies that provide children's mental health services and supports to create a family resource guide.
- F. Early Identification and Intervention: Build on effective MMSD practices that support student development of universal social-emotional learning skills.

Mental Health Services Access and Delivery

- G. Service Coordination: Establish standard protocols for communication & collaboration when children/youth are in out-of-school placements and when transitioning back to the school environment
 - Create MMSD staff position to coordinate transitions at the district-level
 - Provide co-training to stakeholders
- H. Service Coordination: Establish transition protocol for students with complex mental health issues as they transfer between schools/districts to assure continuity of care
- I. Service Coordination: Establish standard protocols for post-high school transition for youth with significant mental health issues that includes differentiated levels of services based on need
- J. Service Coordination: Ensure and promote network of family advocates that ensures accessibility and incorporates peer specialists

- K. *Access:* 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
- L. *Access:* Evaluate and enhance current processes for mental health screening and referral in MMSD
- M. *Access:* Develop, plan, and implement a school-based mental health service delivery system. Assess current MMSD practices and create standards for mental health practices district-wide to effectively integrate community resources
- N. *Direct Service:* Increase use of/build on evidence-based practices currently being implemented and identify and implement additional evidence-based interventions
- O. *Direct Service:* Develop network of providers to provide equitable, systematic psychiatric evaluations and accessible treatment
- P. *Crisis Response:* Establish mobile crisis response team and respite location for children and youth in crisis
- Gain consensus on definition of crisis response among stakeholders

Mental Health Task Force Action Teams and Membership

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