

City of Madison
Education Committee

MMSD Mental Health Plan
April, 2015

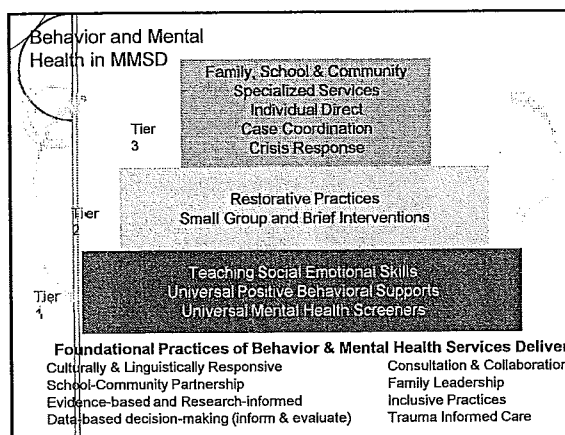
Mental Health Task Force June 2013

School Community Plan for Integrated Mental Health Recommendations

Parent Leadership	Professional Development	Access and Direct Services	Services Coordination	Organization & Policy	Funding
Parent Leadership Council	Schools	School-based health services	Coordination & Information-sharing across systems	Community Partnership	Grants
Language Interpreting	School-Community Integration	Continuum of services	School-based coordination	MMSD Leadership	Patent revenue
Meaningful supports		Coordinated Clinical Response		Policies and Protocols	Partner collaborations
					Budget
					Advocacy

Note: Action plans are developed for each of the vertical plan components listed above

Component	Status	Details
Parent Leadership	On track	Parent Mental Health Learning Council Establish and recruit members to increase representation Establish meeting and communication structure
Professional Development	On track	Integrate Universal MH practices and Tier 2/3 interventions (including Trauma-Informed Care and Collaborative Problem-Solving) into existing PD structures, (e.g. Institute: SEA, Teacher and Student Services, Behavior/MH & Summer, Student Services, Discipline Meetings) Develop Specialized Services Bureau AOD Prevention, Referral and Treatment - grant development CBITS and Social Choice Training Expand Professional Development Opportunities through CMHC - collaborate with other county districts
Direct Service/Access: Integrated School Based Mental Health Plans	On track	Integrating Mental Health Professionals: o Develop, communicate and implement site selection process o Develop, communicate and implement provider selection process o Address reimbursement Processes for Insurance o Develop business plan for ongoing and long term sustainability School Based Health Services Needs Assessment
Direct Service/Access: Educational Clinical Response	On track	Develop, implement, and evaluate Building Bridges program, short term stabilization How, short term LTES for stabilization
Direct Service/Access: School Mental Development	On track	Comprehensive Integrated Mental Health Initiative (regions: Theresa, Pak, Claudia, Emerson, Mendota) Welcomeing Schools and Gender Equations (Shrewsbury, Lincoln, Heaton, Aurora, Van Hee, Hanken, O'Leary) Continuum of Services Clinical Consultation Model Alternative MH Assessment (MEDI, Phone) Employee Wellness/Interventions CBITS, FACS-Ida
Service Coordination	On track	Mental Health Coordination Program - new program (districts) Down covered with health services Research into transportation systems - coordination of healthcare MH and AOD Point of Contact, Trauma Point of Contact
Oversight Management	On track	CMHC Development Crisis Response Team - 1 team model CBITS MCH MH Leadership Group - Central Office
School-Community MH Partnerships	On track	Model School Blueprint CBITS and FACS-Ida



Necessity of Enhanced Partnerships

- About 1 in 5 youth have a mental health "condition"
- About 80% of those youth get no treatment
- School is the "de facto" mental health provider
- Juvenile Justice system is the next "de facto" provider
- Suicide is fourth leading cause of death among teens
- Factors that impact mental health occur 'round the clock'
- The challenge for educators to address factors beyond school and for providers to address factors in school are significant
- Students of color and students living in poverty are less likely to receive needed services

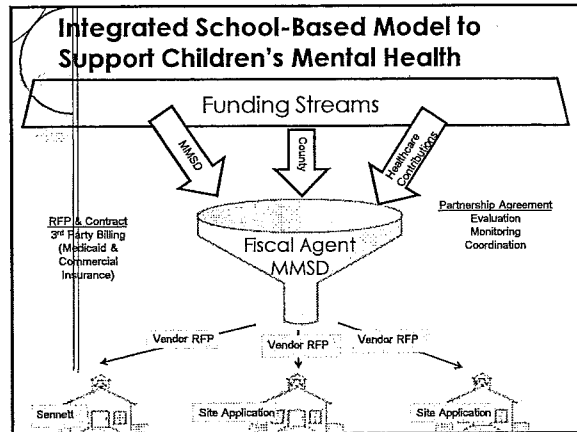
(SAMHSA, MMSD MH data)

In Process

- Integrating Mental Health Professionals: 3 sites
- Building Bridges: 4K-8 (Eastside)
- CIMHI: Ending this year
- CBITS: Partnership Agreement
- Student Services Institutes
 - Tuesday sessions
 - Summer Institute Development

MMSD Healthcare Demographics

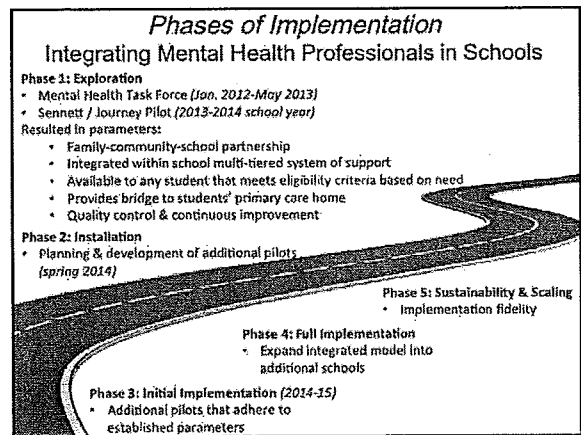
White/Non-white	44%/56%
Low Income	48.6%
Insurance Status	
Yes	~94-97%
Employer	55%
Medicald	40%
Self	3%
Other	2%
No	~3-5%



Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide Positive Behavior Support

Editors: Susan Barrett, Lucille Eber & Mark Weist

See brief



Integrating Mental Health Professionals in Schools: Program Description

- Target Population:** Students with intensive mental health needs who have barriers to services
- Scope**
 - 2 proposed pilots and continue Journey-Sennett collaboration
 - March, 2015 through June, 2016
- Integrating vs. Co-locating**
 - Minimum of .5 position per selected school

(handout)

Integrating Mental Health Professionals in Schools: Proposed

Treatment Services:	75%
School-wide and Teaming:	15%
Professional Development:	10%

(see handout for description)

Provider RFP Components

- Credentials – (NCQA) required by Healthcare organization
- Interconnected Systems Framework-Adherent & Vendor mtg
- Site License – required by WI Dept. of Health Services
- Billing capacity
- Ability to serve uninsured students desired
- Ability to provide Spanish-speaking therapists desired
- Comply with program evaluation parameters

Evaluation Parameters Quantitative & Qualitative

1. Participant Metrics (universal for referred students);
 - Strengths & Difficulties Questionnaire (SDQ)- student
 - Behavior, Attendance and Academic measures student
 - Session data (frequency)
 - Satisfaction surveys (parents, staff, students, providers)
2. Individual Metrics based on referral concern;
3. Service Coordination;
 - Participant Contact Log
 - Release of Information