



Collaborative Planning and Implementation of School-Based Mental Health Services within an Urban School's Multi- Tiered System of Support

*Madison Metropolitan School District
Dane County, Wisconsin*

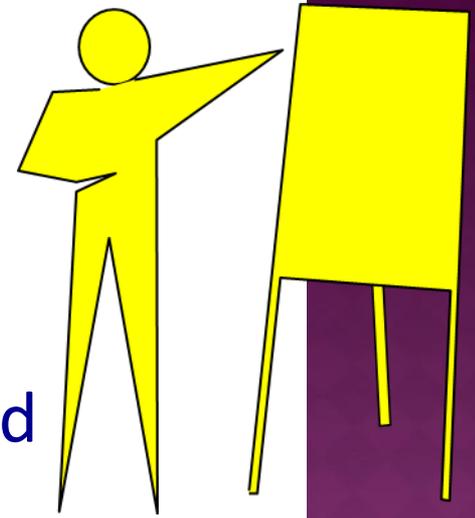


Today's Desired Outcomes

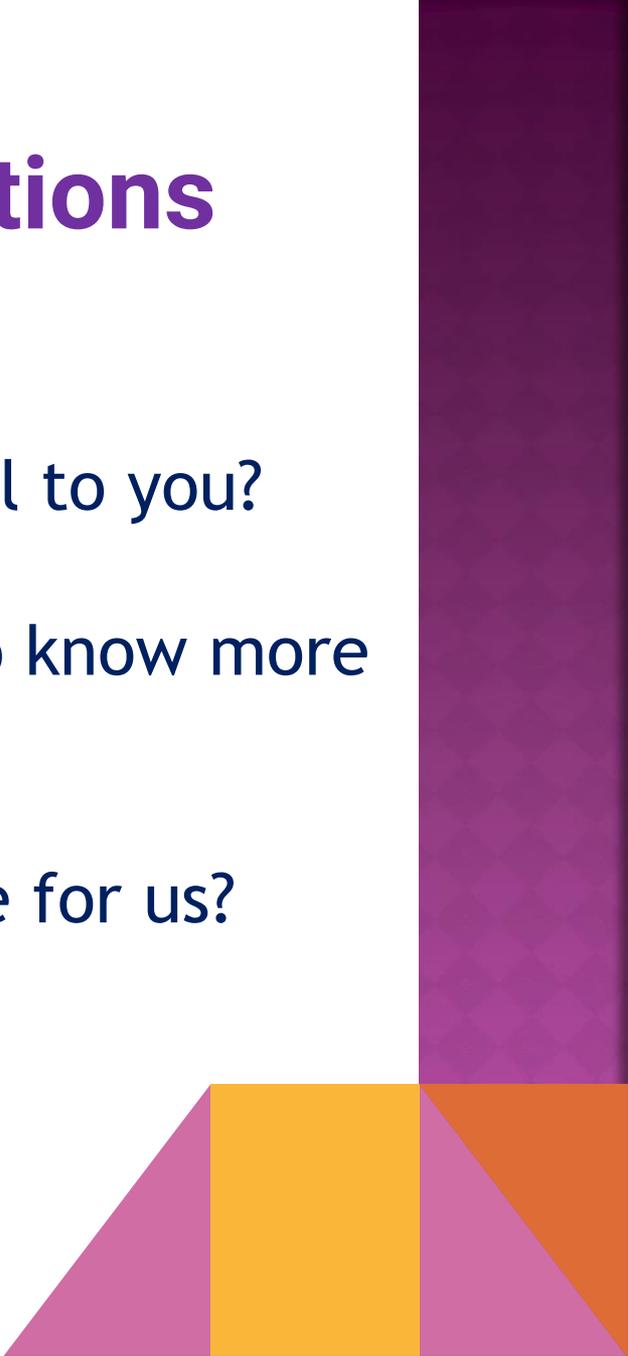
- Create energy for systems change
- Share lessons learned from long term collaborative relationships
- Explore practices that have demonstrated positive impact
- Provide opportunities for applications to local conditions

Agenda

- Welcome & Introductions
- Setting the Stage - Background story and context
 - ✓ Psychiatric School Consultation and Collaboration
 - ✓ Building Bridges
 - ✓ Behavior Health in Schools
- Application and Dialogue



Key Take Aways and Questions

- What is something that may be useful to you?
 - What is something you might want to know more about?
 - What advice/suggestions do you have for us?
- 

Why Expand School-based Mental Health Practices?



Let the Data Speak...

- Circa 1 in 5 youth have a mental health “condition”
- Students of color and students living in poverty are less likely to receive needed services
- 20% of these students receive no treatment in the community
- Schools and the Juvenile Justice System are the “de facto” mh providers
- Suicide is 4th leading cause of death among teens
- Factors that impact mh occur ‘round the clock’
- The challenge for educators to address factors beyond school and for providers to address factors in school are significant
- There’s a strong relationship between being well and doing well

(SAMHSA, MMSD MH data, DCYA)

Madison and Dane County, Wisconsin

- MMSD: 27,000 students
- 48% students living in poverty
- 56% students of color
- Rapidly changing demographics
- High mobility
- 3-5% uninsured, ~40% Medicaid
- 75% of African American families live in poverty





~1990

UW-MMSD partnership for Child Psychiatry Consultations begins

2002

Children's Mental Health Collaborative

2002-12

Growth of school-community collaborative practices

2012-13

MMSD Mental Health Task Force articulates need, gathers partners

2013-14

Installation of pilot - **Integrated model**

Local Health Systems endorse approach

2014-15

Building Bridges (3-district & county collaboration establishes short term stabilization teams

2015-16

Expansion of school-based mental health services secured through a 5 year grant

Mental Health Task Force

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.*



Task Force Membership

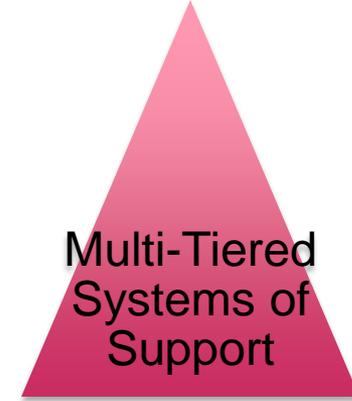


- Parents
- Cultural Groups
- Medical Community
- Non-profit Providers
- Advocacy Agencies
- University Depts.
- City Government
- County Human Services
- Law Enforcement & Courts
- Madison Schools
- Funding Agencies

*Co-Chairs: Community MH
Leader & District
Superintendent*

MMSD Staff Team

Strategic Goal Areas



Organization/Policy

Shared ownership and responsibility

Coordinated systems, policies, strategies, resources

Education/Outreach (Universal)

Education, Professional Development, and Parent Leadership

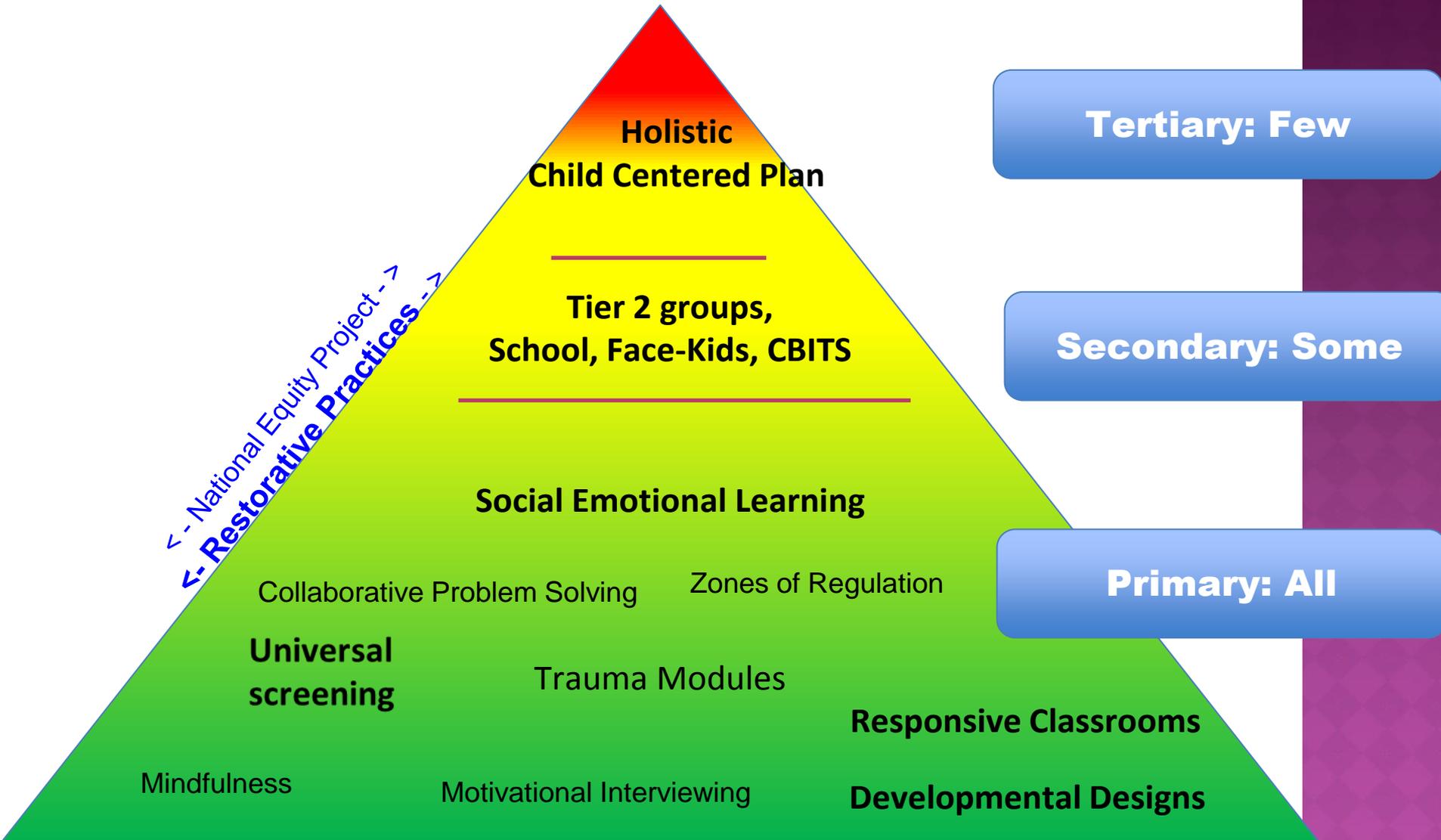
Direct Service/Access (Tier 2)

Responsive, efficient system of referral and services

Individualized Care - Child Centered Plan (Tier 3)

Timely and appropriate access to coordinated and quality individualized care

Continuum of Supports



Cultural Competence

Conversations and Commitment

How might the reflection questions for cultural competency in the plan and components be useful to you?

handout



Recommendations and Action Plans

Organization and Policy

Management, Partnership Protocols, Community Engagement & Organization Endorsement

Parent Leadership	Professional Development	Access and Delivery	Services Coordination	Partnership/ Management and Monitoring	Funding
Parent Leadership Council --- Language Interpreting --- Meaningful supports	Schools --- School-Community Integration	School-based health services --- Continuum of services --- Coordinated Critical Response	Coordination & Information-sharing across systems --- School-based coordination	CMHC Advisory Board --- CMHC Work Teams --- MMSD --- MMSD Partnership Protocol	Grants --- Patient revenue --- Partner collaborations --- Budget --- Advocacy

Psychiatric Consultations

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

Psychiatric Consultations

Describe impact for students when clinical consultation and specialized supports are embedded in an intensive needs program



Psychiatric Consultations

- Program Description
- Lessons and Learnings
- Current Status



Program Description

School Consultations

- Residency Training
- 12 per year
- Presenting problems
- Prevalence of trauma
- Report/
Recommendations

Systems Consultations

- Residency Training
- .5 day per week
- Alternative programs
- PD for teachers
- Consultation on student mental health

Lessons and Learnings

- Importance of school-based relationships and programming that occurs in schools
- You don't have to be a therapist to provide a therapeutic relationship
- Kids need love
- Presence of psychiatrists for consultation brings validation and builds understanding

Intensive Support Team

Purpose & Goals

Purpose: To serve schools in supporting students with intensive needs

Goals:

- Increase responsiveness to schools
- Improve access to community resources
- Support capacity in responding to students with intensive needs

MMSD Intensive Support Team

Membership

- Teachers
- School Social workers
- Occupational Therapist
- School Nurse
- School Psychologists
- Mental Health Professionals
- Administrators
- Community Leader in MH Partnerships

Training, experience & expertise

- Significant Disabilities
- Autism
- Trauma
- Behavior
- Mental health
- Health
- FBA and Behavior Support Plans



IST Service Delivery

Student-Specific Professional Development

Examples: Student specific Crisis Management Intervention (CMI), student specific trauma training

Brief Consultation to school-based teams

Examples: Functional Behavior Assessment / Behavior Support and Safety Planning

Short term stabilization is offered to support team-identified goals and development of a school-based plan. *Timeframe: 1-3 months*

Examples: Transitioning from Residential Care Centers (RCC), creating an Individualized Regulation Protocol, establishing connections to community resources

IST Service Delivery

School/Community Coordination (e.g., wraparound)

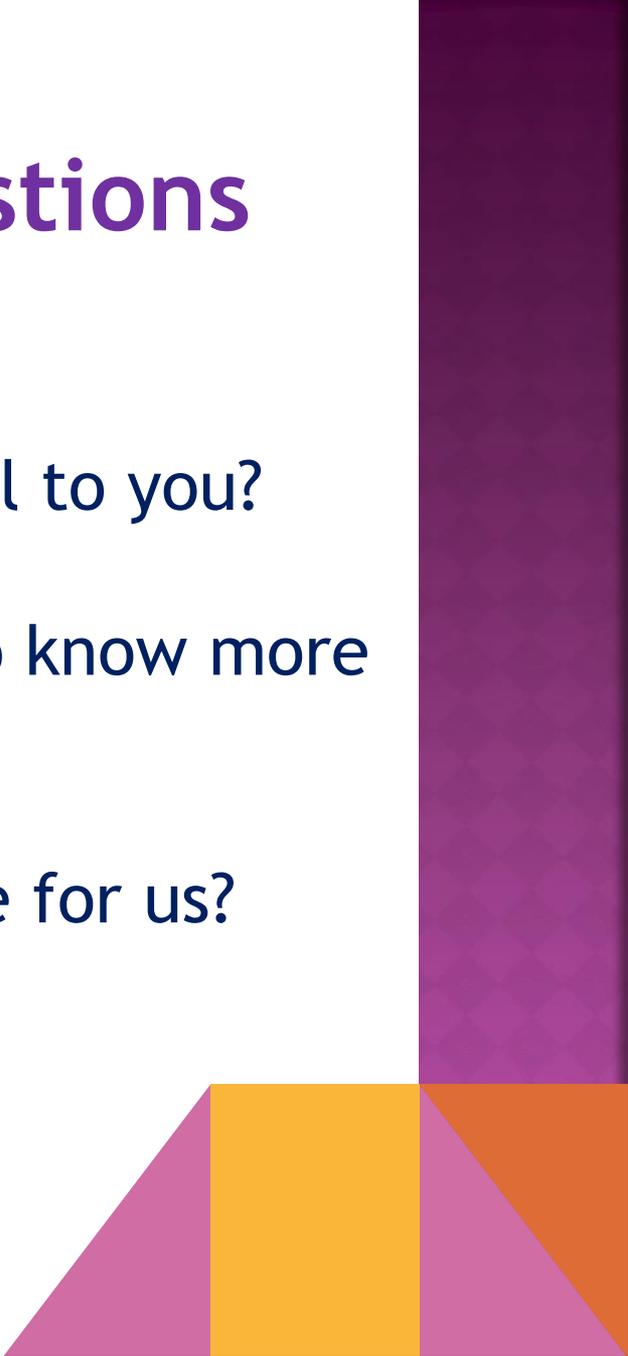
Includes informal and formal services and interventions, together with community services and interpersonal support.

Program Assignment to Intervention Programs:

Make recommendations regarding placement into programs

*Examples: **Psychiatric Consultations, Building Bridges, Intervention Programs, School-Community Coordination***

Key Take Aways and Questions

- What is something that may be useful to you?
 - What is something you might want to know more about?
 - What advice/suggestions do you have for us?
- 

Recommendations and Action Plans

Organization and Policy

Management, Partnership Protocols, Community Engagement & Organization Endorsement

Parent Leadership	Professional Development	Access and Disparities	Services Coordination	Partnership/ Management and Monitoring	Funding
Parent Leadership Council --- Language Interpreting --- Meaningful supports	Schools --- School-Community Integration	School-based health services --- Continuum of services --- Coordinated Critical Response	Coordination & Information-sharing across systems --- School-based coordination	CMHC Advisory Board --- CMHC Work Teams --- MMSD --- MMSD Partnership Protocol	Grants --- Patient revenue --- Partner collaborations --- Budget --- Advocacy

Building Bridges

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

Building Bridges

Explore lessons learned from early implementation of a multi-district short term stabilization program



Building Bridges



*Enhancing Student Emotional
Health and School Success*

- Program Description
- Lessons Learned
- Current Status

Building Bridges

Program Description

Building Bridges...

- Supports children's educational experience by working with students, family, community agencies, and school staff to develop and promote emotional wellness
- Partners with school staff to connect students and their families to resources in the school and surrounding community

Building Bridges

Program Description

- Collaboration: Dane County Department of Human Services; three school districts; and Catholic Charities
- Serves students in grades 4K - 8, with immediate mental health needs, and their families
- Free of cost, Voluntary
- 90 days

Building Bridges

Program Description

Collaborative process

- School Social Worker and Catholic Charities Clinical Coordinator
- MMSD BB team meets regularly to review all treatment plans
- County BB team meets regularly to provide clinical case consultation; program development; and professional development

Building Bridges Service Delivery

- Intake
- Treatment Plan
- Weekly contact
- Regular staffings
- Discharge Plan
- 1 month follow-up
- 6 month follow-up



Lessons Learned

- Clinical consultation model
- Collaborative teaming of school staff and MH professional
- Mutually beneficial
- Flexibility of scheduling and service provision



*Enhancing Student Emotional
Health and School Success*

Parent/guardian/School Staff Comments

Thinking about the ways you have worked with the Building Bridges Team, what has been most helpful to you or your child?

- *"Finding ways to help him succeed in ways I didn't think about."*
- *"They helped us develop morning and evening schedules, as well as departing from school and arriving at school schedules. Doing those things helps us manage her behaviors better and lessens our stress. Great job!"*
- *The 'child first' approach in helping my son."*
- *"Building Bridges has been a great support to mom-helping with appointments and encouraging mom to keep in contact with school."*

Parent/guardian/School Staff Comments

Thinking about the ways you have worked with the Building Bridges Team, what has been most helpful to you or your child?

- *“They care about my son and his education.”*
- *“Getting him under control (somewhat). He’s doing so much better in school.”*
- *“To learn to communicate with the teachers and to know the questions to ask.”*
- *“Setting goals and then talking to my child.”*
- *“Help me when I needed it. Gave me helpful resources.”*
- *“This has been helpful in for the student and the school staff’s understanding of how environment impacts the student.”*

▪

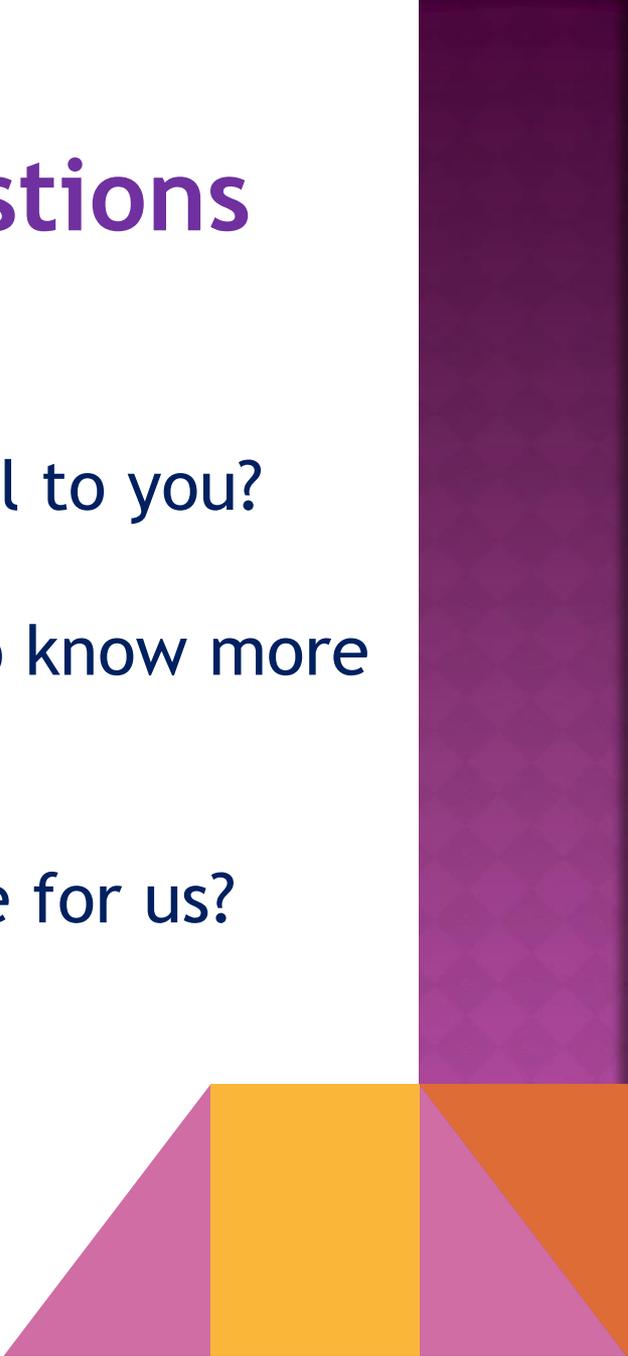
Status Update

Positive momentum! Districts are requesting a expansion and County Executive has committed funding for an expansion of 4 teams in 2016

Preliminary data is favorable



Key Take Aways and Questions

- What is something that may be useful to you?
 - What is something you might want to know more about?
 - What advice/suggestions do you have for us?
- 

Recommendations and Action Plans

Organization and Policy

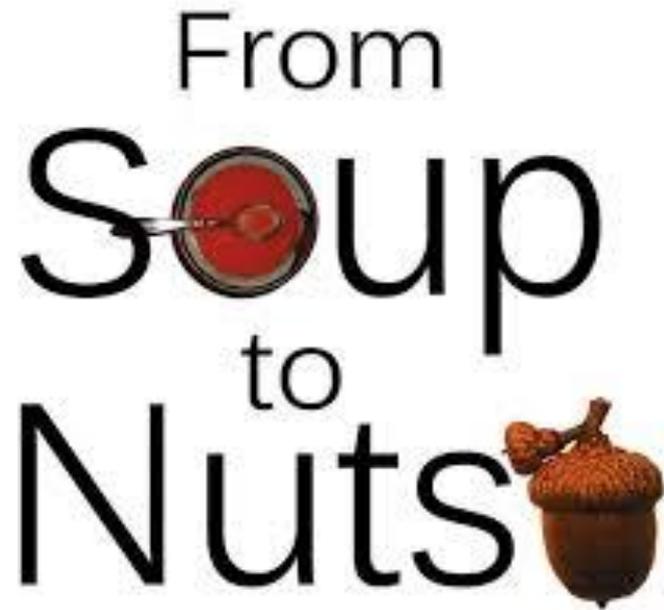
Management, Partnership Protocols, Community Engagement & Organization Endorsement

Parent Leadership	Professional Development	Access and Equity	Services Coordination	Partnership/ Management and Monitoring	Funding
Parent Leadership Council --- Language Interpreting --- Meaningful supports	Schools --- School-Community Integration	<div data-bbox="620 579 1087 891" style="background-color: yellow; transform: rotate(-15deg); padding: 5px; font-weight: bold;">Behavioral Health in Schools</div> <div data-bbox="687 858 977 958" style="border: 1px solid purple; border-radius: 50%; padding: 2px; display: inline-block;">School-based health services</div> --- Continuum of services --- Coordinated Critical Response	Coordination & Information-sharing across systems --- School-based coordination	CMHC Advisory Board --- CMHC Work Teams --- MMSD --- MMSD Partnership Protocol	Grants --- Patient revenue --- Partner collaborations --- Budget --- Advocacy

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

Behavior Health in Schools

Share one district's story of **soups to nuts**:
Moving from exploration to implementation of school-based mental health using the Interconnected Systems Framework



Behavior Health in Schools

- Program Description
- Essential Ingredients
- Current Status



Program Description

- **Target Population:** Students with intensive mental health needs who have barriers to services
- **Collaborating Partners:** Schools, Private Non-profit MH Agency, UW SSW, Funders
- **Scope:** 3 schools (2 elementary and 1 middle school)
- **Integrated Mental Health Model**

How will it work? Individual Student Case Example

- Teacher participates in MH professional development
- Teacher observes significant behavioral & academic challenges & consults family
- Teacher tries classroom interventions
- Teacher refers to Student Services Team for screening, assessment & problem solving
- Student participates in small group intervention & SST makes community referrals
- SST refers to MH professional in school
- MH Professional develops and implements treatment plan
- Team monitors progress
- Data inform continuous improvement



Student Services Team Members

- Support schoolwide social emotional learning
- Conduct screening, brief assessment, interventions and referrals to treatment for students and families
- Implement practice in small groups and classes
- Plan, implement and monitor behavior intervention
- Collaborate with community support teams

Mental Health Professionals

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

- Assess student needs, diagnose, refer
- Develop treatment goals and care plan with family, school staff
- Support ongoing MH professional development and teacher consultation
- Consult and support in crisis management
- Work with all to generalize progress within school environment
- Plan discharge; continue to monitor and evaluate progress

Essential Ingredients

- Family-community-school
- Integrated model
- Available to any student
- Bridge to primary care
- Quality improvement/control



Current Status

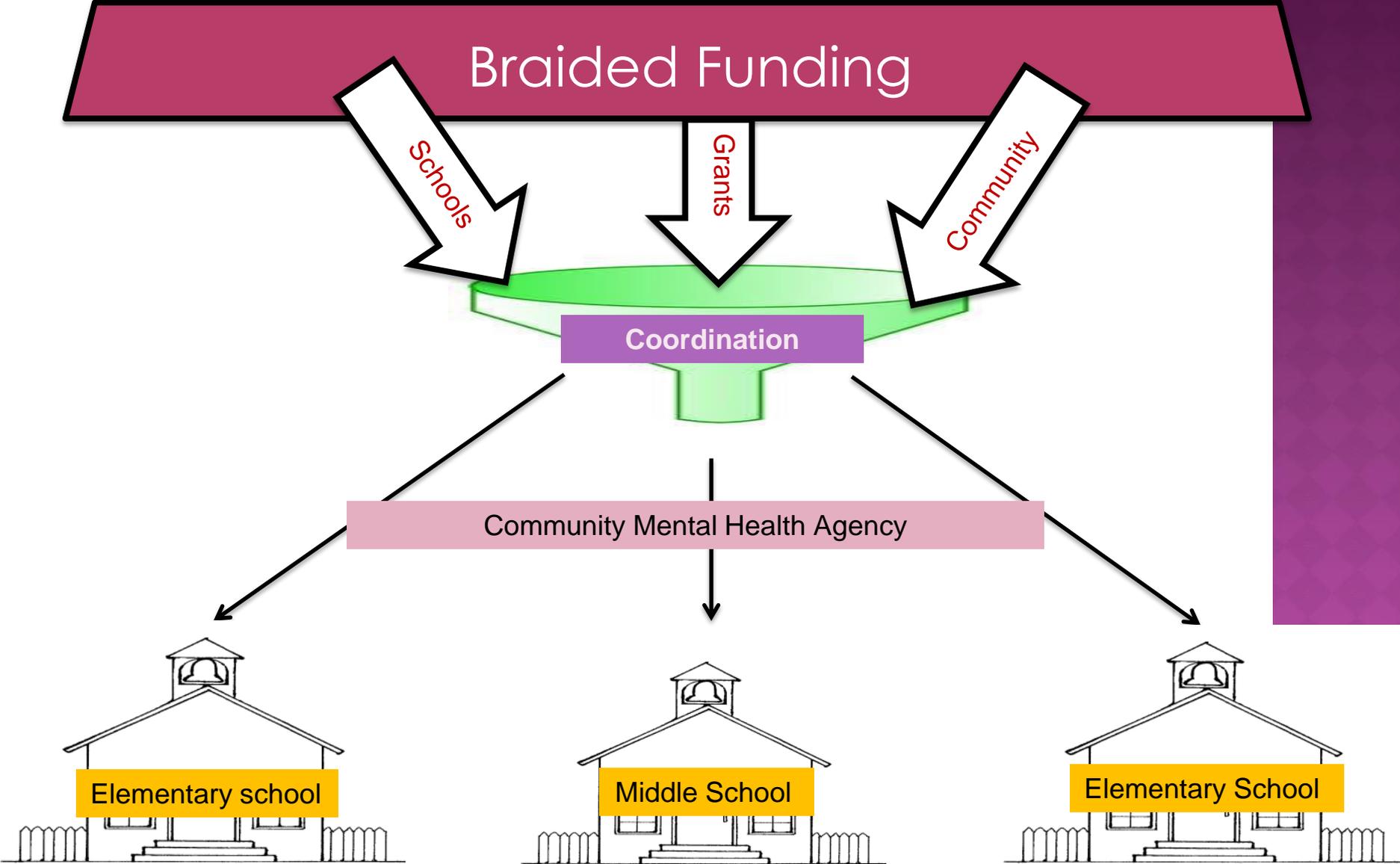
Positive Momentum:

2015-2021

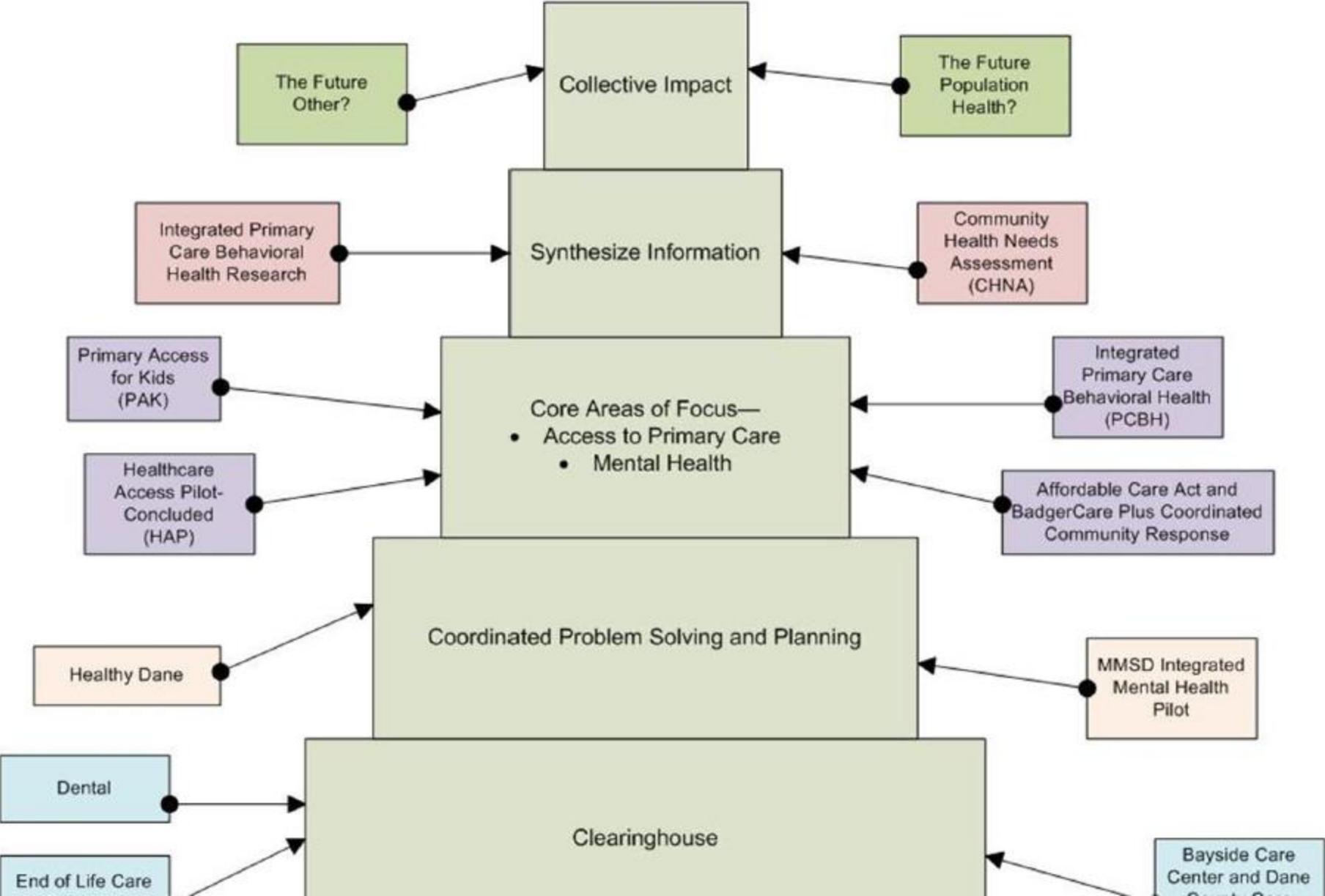
Expansion of School Based Mental Health Services secured through a 5-year Community Impact Grant (University of Wisconsin School of Medicine and Public Health)

Advancing School Mental Health in Dane County

Sustaining School-Based Mental Health



Dane County Health Council – Organizational Model

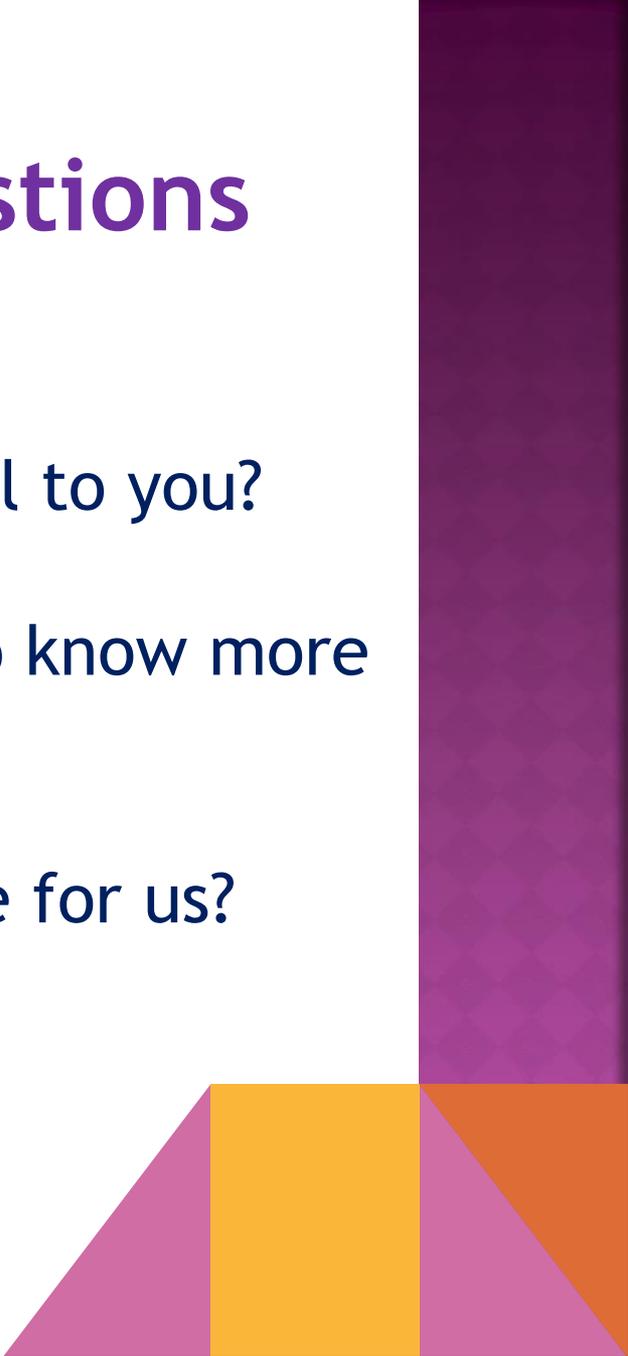


School-Community Implementation Barriers

- Funding
- Interdepartmental Policies and Procedures
- Client Engagement/relevance
- Parent and Student Voice
- Organizational Culture and Missions
- Climate: Urgency, Pace, Support & Energy

Relationships Matter

Key Take Aways and Questions

- What is something that may be useful to you?
 - What is something you might want to know more about?
 - What advice/suggestions do you have for us?
- 

Hope...

- ◉ *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*