

# School Mental Health Improvement Plan

## (Policy SHLT-003)

**Paul Koh, Assistant Superintendent, Student Support Services**

Dr. Marrius Pettiford, Sr. Director, Counseling & Student Services

Cam Lopes, Director, Special Education Services

Michael Pesce, Director, School Social Work

Kelly Lister, Sr. Administrator, Crisis Prevention & Intervention

November 2, 2021



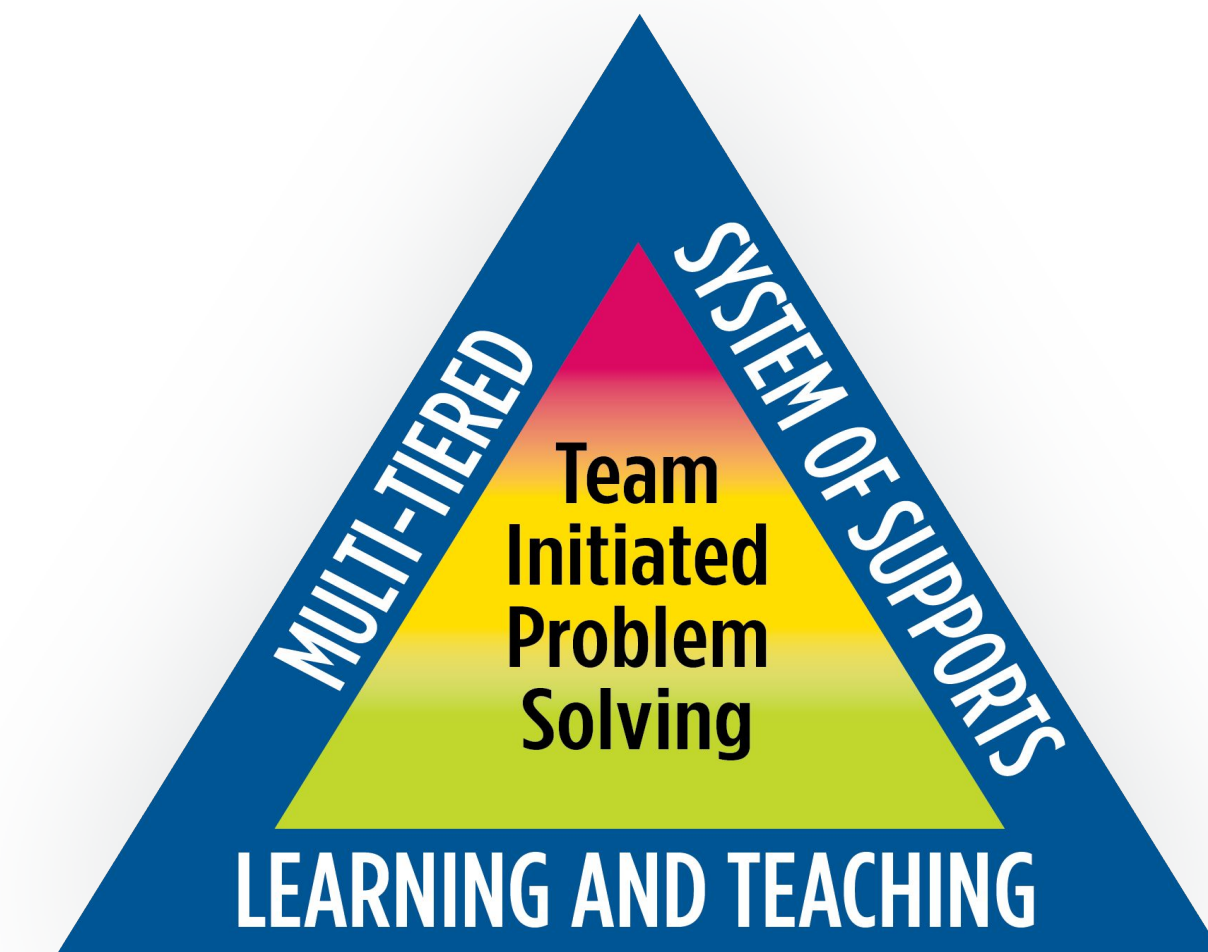
# Desired Outcomes

- 1** Behavioral Health History & Context
- 2** Review of School Mental Health Improvement Plan Requirements
- 3** Provide an update on components of the WCPSS SHLT-003 Plan
- 4** Plan submitted to NCDPI on September 13, 2021

# Multi-Tiered Systems of Support (MTSS)

## Six Critical Components

- Leadership
- Data-Based Problem Solving
- Data Evaluation
- Three-Tiered Instruction/Intervention Model
- Building Capacity/Infrastructure for Implementation
- Communication & Collaboration



# Behavioral Health

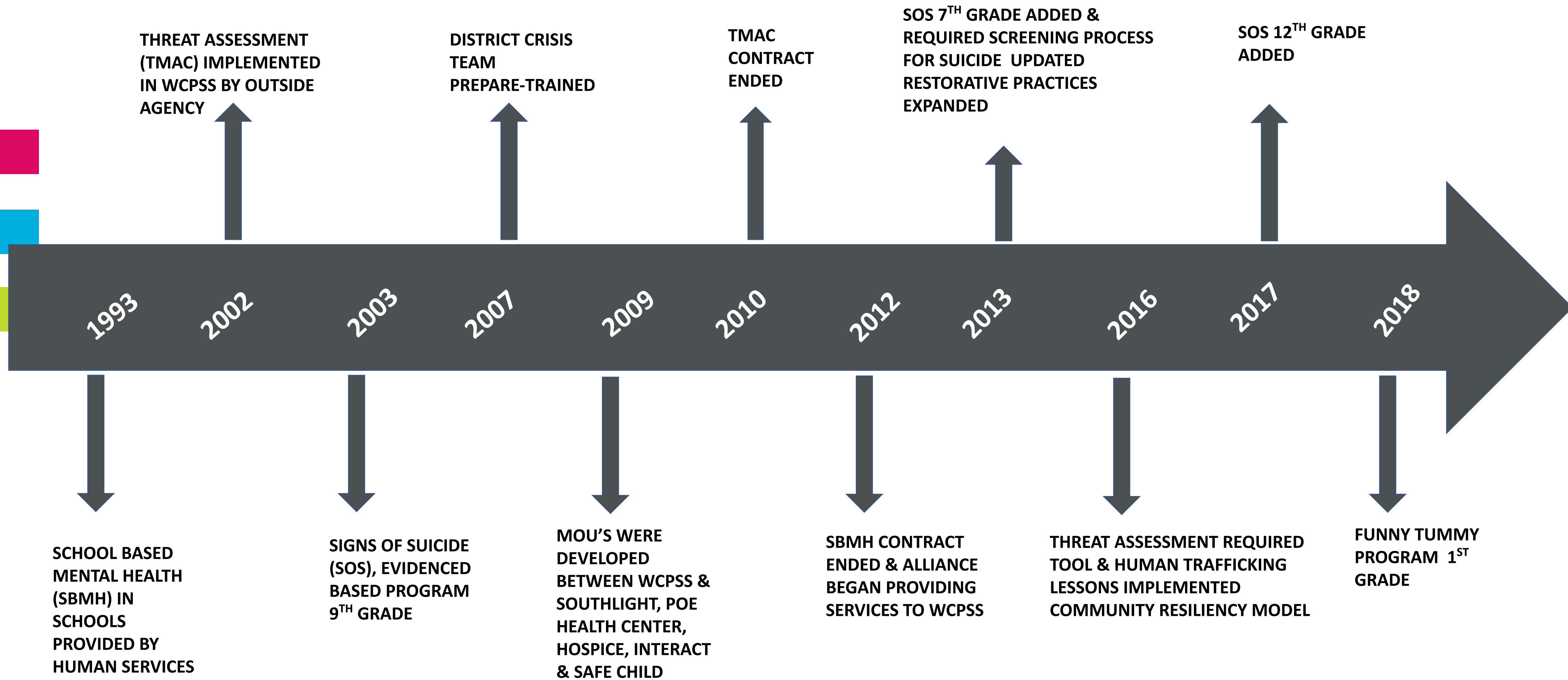
Social & Emotional Learning (SEL)

Mental Health

Behavior



# HISTORY OF SERVICES





# School Mental Health Improvement Plan

**Each K-12 public school unit shall adopt and implement a plan for promoting student mental health and well-being and for assessing and improving upon the effectiveness of supports for the mental and social-emotional health and substance use needs of its students and staff**

# Required Components of School Mental Health Improvement Plan

**Universal Prevention**

Early Intervention for  
Mental/Social Emotional  
Health and Wellness

**Referral, Treatment,  
and Re-entry**

MOU with Local Management  
Entity/Managed Care  
Organization

**Suicide Risk Referral  
Protocol**

**Stakeholder  
Engagement**

**Liability**

**Reporting to DPI**

**Timeline**

# Indicators from SHLT-003 Policy

## Universal Prevention

### Where we have met expectations

- ❑ Integrating social and emotional learning strategies across the curriculum and school environment. **Met**  
**Exemplar practice: Second Step**
- ❑ Evaluation of understanding and use of social and emotional well-being learning strategies in classroom/school management as expectations for teachers and administrators. **Met**  
**Exemplar practice: Core Behavioral Health Practices**
- ❑ Improving staffing ratios for licensed specialized instructional support personnel (e.g. school counselors, school nurses, school psychologists, school social workers, and school occupational therapists). **Met**  
**Exemplar practice: Hiring of additional Counselors, Social Workers, Psychologists, Nurses, Instructional Specialists staff with ESSER funds**
- ❑ Incorporating staff mental health and wellness resources (e.g. social-emotional learning and Employee Assistance Programs (EAPs)). **Met**  
**Exemplar practice: Sharing of EAP information and Self-Care sessions on district website**

### Focus Area(s) for Growth:

Integrating social and emotional learning strategies across the curriculum and school environment.

### Practice or program in development:

Implementation of the Universal Screener (BIMAS) through cohorts

# Indicators from SHLT-003 Policy

## Early Intervention for Mental/Social Emotional Health and Wellness

### Where we have met expectations

- ❑ Annual review of the PSU's policies , procedures, and/or practices for crisis intervention. **Met**  
**Exemplar practice: Crisis Plan reviewed and upgraded annually by District Crisis Training Team (this also includes human trafficking and sexual assault awareness training)**
- ❑ Identification of methods for strengthening the PSU's response to mental and social-emotional health and substance use concerns in the school setting, including the role of crisis intervention teams. **Met**  
**Exemplar practice: Collaboration with POE Health Center for additional Substance Use Prevention programming**
- ❑ Annual review of the PSU's discipline policies and practices. **Met**  
**Exemplar practice: SDP provides an annual report to the Board**
- ❑ Identification of strategies to avoid over-reliance on suspension or expulsion in the discipline of students with identified mental and social-emotional health or substance use concerns. **Met**  
**Exemplar practice: Restorative Practices: Circle & Mediation; Community Resiliency Model (CRM)**
- ❑ Inclusion of PSU in the local community emergency preparedness plan. **Met**  
**Exemplar practice: Crisis Intervention Plan is embedded in the district Emergency Operating Plan**

### Focus Area(s) for Growth:

Identification of strategies to avoid over-reliance on suspension or expulsion in the discipline of students with identified mental and social-emotional health or substance use concerns

### Practice or program in development:

Expansion of Restorative Practices, Community Resiliency Model (CRM) tied to Behavioral Health Needs Assessment ( BHNA) & Universal Screener (BIMAS) Data

# Indicators from SHLT-003 Policy

## Referral, Treatment, and Re-entry

### Where we have met expectations:

- ❑ Strategies to improve access to school and community-based services for students and their families, e.g., by establishing arrangements for students to have access to licensed mental health professionals at school. **Met**

**Exemplar practice: Supportive Counseling (2020)**

- ❑ Strategies to improve transitions between and within school and community-based services, e.g., through the creation of multi-disciplinary teams to provide referral and follow-up services to individual students. **Met**

**Exemplar practice: Alliance Care Coordination**

- ❑ Formalized protocols for transitioning students to school following acute/residential mental health treatment. **Met**

**Exemplar practice: Daily/weekly communication between Alliance and WCPSS staff on students entering/exiting mental health facilities.**

### Focus Area(s) for Growth:

Access to mental health services more readily available to students and families

### Practice or program in development:

School-based Mental Health

# Indicators from SHLT-003 Policy

## MOU with Local Management Entity/Managed Care Organization

### Where we have met expectations

- ❑ In addition, each PSU shall offer to enter into a memorandum of understanding (MOU) with the Local Management Entity/Managed Care Organization (LM E/ M CO), and/or, to the extent deemed appropriate by the PSU, with local mental health and substance use providers serving the geographic area in which the PSU is located. The MOU should address the parties' respective roles and relationships and how the parties will coordinate referral, treatment, and follow-up to individual students . This requirement is not intended to impose on PSUs any obligation or responsibility to provide, or liability for failure to provide, referral, treatment , follow-up, or other services beyond those already required by state or federal law. **Met**

**Exemplar practice: MOU with Alliance Behavioral Health (2015)**

### Focus Area(s) for Growth:

Increase MOUs as needed with local mental health substance use agencies and providers as needed

### Practice or program in development:

Supportive Counseling MOUs

# Indicators from SHLT-003 Policy

## Suicide Risk Referral Protocol

### Where we have met expectations

- ❑ Guidelines on the identification of students at risk of suicide. **Met**  
**Exemplar practice: Staff Awareness Training (Annual)**
- ❑ Procedures and referral sources that address actions that should be taken to address students identified in accordance with this subdivision. **Met**  
**Exemplar practice: Suicide assessment protocol**

### Focus Area(s) for Growth

Expand training to school staff, administrators and families as needed.

### Practice or program in development:

Expansion of Student/Family Awareness Sessions that occur after hours and weekends. "Keeping Your Child Emotional Safe & Healthy" is an example of one session that specifically addresses Suicide Awareness.

# Indicators from SHLT-003 Policy

## Stakeholder Engagement

### Where we have met expectations

- ❑ Each PSU plan shall provide for engagement of relevant stakeholders , including families, students, community providers, and cross-system partners (e.g., county agencies , faith -based organizations, professional associations , etc.), with the goal of building school , family , and community partnerships to create and sustain coordinated mental and social-emotional health and substance use supports and services for students . **Met**

**Exemplar practice: Mental Health Services Collaborative (2020)**

### Focus Area(s) for Growth

Addition of students to Mental Health Services Collaborative

### Practice or program in development:

School Based Mental Health Pilot

# WCPSS School Mental Health Improvement Plan

Wake County Public School System - Cathy Q. Moore, Superintendent  
 Paul Koh, Assistant Superintendent Student Support Services  
 School Based Mental Health Initiative Improvement Plan

September 10, 2021

Required Element	Task	Point of Contact	Start Date	Status of Implementation	Evidence
	<b>Universal Prevention through Core Instruction, Curriculum, and Environment</b> a. Integrating social and emotional learning strategies across the curriculum and within the entire school environment in alignment with the NC Standard Course of Study - <b>Met</b>  b. Incorporating evaluation of understanding and use of social and emotional well-being learning strategies in classroom/school management into the annual performance appraisal of teachers and administrators - <b>Met</b>  c. Improving staffing ratios for licensed specialized instructional support personnel such as school counselors, school nurses, school psychologists, school social workers, and school occupational therapists to improve student access to school health professionals - <b>Met</b>  d. Incorporating resources provided through staff mental health and wellness initiatives such as adult social-emotional learning and Employee Assistance Programs (EAPs) - <b>Met</b>				Artifacts located in google folder labeled <a href="#">Module 1-Universal</a>
<b>Current State</b>					
	Behavioral Health Needs Assessment (BHNA)	Director, School Psychology (Heather Boling)	2020-2021	Ongoing	
	Classroom SEL Practices	Director, School Counseling		Ongoing	



## Indicators from SHLT-003 Policy

**Reporting to DPI**

**SHLT-003 Report submitted as part of the 2021 Healthy Active Children Progress Report / School Mental Health Policy Report and will be submitted annually in this manner.**

**September 15, 2021**



# QUESTIONS

