

School Mental Health Improvement Plan

(Policy SHLT-003)

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Wake County Board of Education - Work Session

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Desired Outcomes

- 1 Behavioral Health Overview + Connection to Strategic Plan
- 2 Overview of School Mental Health Improvement Plan Requirements
- 3 Progress Overview on Key Areas

Strategic Plan Connection

STRATEGIC PRIORITIES FOR STUDENT OUTCOMES

The most important priorities to achieve our mission and vision.

The Four Cs

Critical Thinking/Problem Solving, Communication, Collaboration, Creativity, and Adaptability

Literacies | Knowledge and Skills

Excellence in content areas including Reading/Language Arts, Mathematics, Science, Social Studies, the Arts, Digital Literacy, Financial Literacy and other content areas.

Behavioral Health

Well-Being, Empathy, Respect, Work Ethic/Habits

Behavioral Health

Social &
Emotional
Learning (SEL)

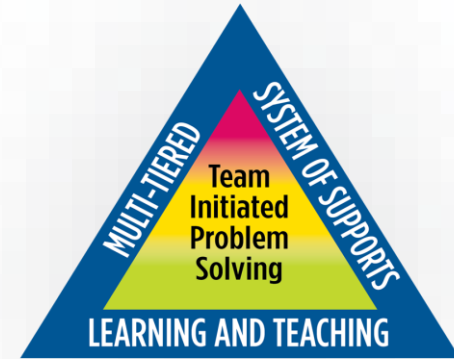
Mental Health

Behavior

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





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

Reporting to Department of Public Instruction (DPI)

Reporting to DPI

Annual Report will be submitted as part of the Healthy Active Children Progress Report/School Mental Health Policy Report annually on September 15.

School Mental Health Improvement Plan is revised every five years from our first submission (September 15, 2021).

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-submitted 9/15/21

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

Indicators from SHLT-003 Policy to be updated in Annual submission-9/15/22

Early Intervention for Mental/Social Emotional Health and Wellness

Continued Focus Area(s) for Growth:

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:

- Comprehensive Plan for Equitable Discipline (CPED)
- Added mediation responsibility to Instructional Specialist position to support Campbell Law Restorative Justice Clinic with student mediations - 113 mediations in 2021-2022
- Expansion of Behavioral Health Business Case for additional school social workers, school counselors, school psychologists. (319 MOE)

Highlighted practice or program in development:

- Reviewing hiring and retention data to ensure high quality student services staff in every school
- Adult Wellness Pilot Program (Human Resources) - Contract positions were developed to improve staff wellness, support mental health needs and increase access to EAP resources.

Stakeholder Engagement

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.

Stakeholder Engagement

Referral, Treatment, and Re-entry

Continued Focus Area(s) for Growth:

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

- Alliance Mental Health Referrals
- Supportive Counseling Referrals

Highlighted practice or program in development:

School-based Mental Health

- Pilot Phase 1 completed in June 2022 serving 28 schools
- Pilot Phase 2 currently underway now serving 40 schools total
- 8 Mental Health Provider Agencies serving students and families
- Students join the Mental Health Collaborative

School Based Mental Health Pilot

July 2022



Phase 1
Total: 28 Schools

Phase 2
Total: 40 Schools

Phase 3
Total: 50 Schools

Future Expansion

**Suicide Risk
Referral Protocol**

Where we have met expectations

- Guidelines on the identification of students at risk of suicide.-Met
- Procedures and referral sources that address actions that should be taken to address students needs.-Met

Suicide Risk Referral Protocol

Continued Focus Area(s) for Growth:

Expanded training to school staff, administrators and families.

- created training specifically for Administrators
- added new Acute Crisis Training for School Crisis Teams
- communicating to Administrators all trainings are available to them

Highlighted practice or program in development:

Expansion of Parent/Family Awareness Sessions that occur after hours and weekends. "Keeping Your Child Emotionally Safe & Healthy" is an example of one session that specifically addresses suicide awareness by teaching parents warning signs.

- Last year we presented this to about 50 families
- Scheduling presentations for this school year (4 schools already on calendar)

FROM HERE,
ANYTHING
IS POSSIBLE.