

Sacramento County Student Mental Health & Wellness Collaborative

Sacramento County Student Mental Health and Wellness Plan

A Framework for Change

Sacramento County Student Mental Health & Wellness Plan

The Sacramento County Student Mental Health and Wellness (SMHW) Plan is the result of a partnership between the Sacramento County Division of Behavioral Health Services, (DBHS) and the Sacramento County Office of Education (SCOE) to build collaboration among mental health professionals, educators and other system partners to develop a common vision and desired results for the role of schools in creating a comprehensive countywide system of prevention and early intervention for the mental health of children from birth to high school completion.

The SMHW plan consists of Goals, Strategies and Key Activities in the four content areas of Systems and Policy Development, Education and Training, Comprehensive Continuum of School-Based Approaches and Technical Assistance.

The plan reflects input from the Sacramento County Student Mental Health & Wellness Collaborative gathered during several meetings convened by the DBHS and SCOE in 2009. Organizational/Community Development Consultant Deb Marois with assistance from SCOE and DBHS staff facilitated the meetings. The plan was also informed by the Sacramento County Prevention and Early Intervention (PEI) planning process and the Student Mental Health Initiative.

Sacramento County Student Mental Health & Wellness Plan

The Sacramento County Student Mental Health and Wellness (SMHW) Plan is the result of an overarching goal to create a countywide school-based approach for promoting mental health and increasing the academic and personal success of children and youth. This plan was developed by the Sacramento County Student Mental Health and Wellness Collaborative which consists of a broad range of stakeholder groups in Sacramento County – representatives from school districts, SCOE, DBHS, the California Department of Education, Family and Youth Advocates, private education providers, mental health and social service providers, community-based agencies, and the general community.

During a series of four meetings between August and December 2009, the Collaborative developed the Sacramento County Student Mental Health and Wellness Plan addressing the four content areas of the Student Mental Health Initiative (SMHI): (1) systems and policy development, (2) education and training, (3) school-based programs, and (4) technical assistance. The Collaborative relied on the following essential elements, derived from the PEI component of the MHSA and the SMHI, to help inform the planning process:

- Community collaboration will bring members of the community together in an atmosphere of support to systematically address community wellness or solve existing and emerging problems
- Cultural competence goals and values will be incorporated into all aspects of policy making, program design, administration and service delivery
- The needs and preferences of children, youth and families will drive the development of programs and services in creating an effective system of care
- Programs and interventions will be designed with an emphasis on wellness, recovery and resilience, understanding that many mental health problems are preventable, early intervention is cost effective in terms of dollars and human suffering and recovery is expected.
- Integrated services and links to other resources for children, youth and their families will be placed in locations, such as schools, where participants already obtain critical supports.

Based on a belief that programs and services generated from this plan should go beyond traditional approaches, the Collaborative established these guiding principles:

- Services are outcomes-based, holistic, culturally appropriate, universally accessible and stigma-free
- Children, youth and families are the focus of planning and implementation, with emphasis on pre-school and elementary school age, and at-risk children and youth
- Children and youth are always seen as gifts, not as problems to be fixed
- Collaboration, consistency, continuity and coordination across systems and with community are essential to a comprehensive plan
- All community members and system partners are equally valued for their ideas and expertise
- Systems will shift to make relationships a priority, emphasizing relationships over treatment
- The evaluation plan will include measures for individual outcomes with respect to implementation

For the SMHW plan to transform the current environment and given the context of existing school-based support for mental health, wellness and academic success in Sacramento County, the following questions proved essential in guiding the development of the plan:

- How can we move forward toward changing the school environment to achieve our 2019 vision?
- How can we reduce school failure and promote the academic and personal success of all students?
- How can we address as priority groups, students of elementary school age and at-risk children and youth?
- What strategies can we develop based on existing resources?
- How can we improve and/or maintain services using creative methods?
- How can we leverage resources and minimize costs to replicate current effective practices?
- What can be done without additional funds?
- How will we measure our progress to meet various reporting requirements?

A major focus of the SMHW plan is to improve partnerships between schools and other system partners in providing a comprehensive system of support for the mental health, wellness and academic success of students in Sacramento County. To achieve this, the Plan addresses goals in the areas of:

1. Systems and Policy Development
2. Education and Training
3. A Comprehensive Continuum of School-Based Approaches
4. Technical Assistance

The summary chart that follows lists the major goal and strategies for content areas one through three as determined by the SMHW Collaborative. Next, a detailed description of the Plan is presented and includes the content area and main goal followed by the major strategies. Accompanying each strategy is a set of key activities and resources. The content area, Technical Assistance is presented as a summary chart outlining the types of technical support necessary for successful implementation of the Plan. A list of recommended indicators of progress is also included.

**SACRAMENTO COUNTY STUDENT MENTAL HEALTH & WELLNESS PLAN
SUMMARY CHART OF STRATEGIES**

<p align="center">SYSTEMS AND POLICY DEVELOPMENT</p> <p>GOAL: Plan and implement changes in systems and policies that support collaboration and coordination across systems.</p>	<p align="center">EDUCATION AND TRAINING</p> <p>GOAL: Increase the knowledge and skills of school personnel, parents, service providers and community members to address mental health needs.</p>	<p align="center">COMPREHENSIVE CONTINUUM OF SCHOOL-BASED APPROACHES</p> <p>GOAL: Identify key components of a comprehensive, continuum of school-based approaches to support student mental health, wellness and academic success in Sacramento County.</p>
<p>STRATEGIES:</p> <ul style="list-style-type: none"> ▪ Establish an infrastructure for oversight and accountability ▪ Develop a comprehensive process to communicate, market and promote broad investment and support of student mental health and wellness in schools ▪ Design and implement promising practices that promote student mental health wellness and academic success ▪ Integrate mental health strategies into school culture and academics. ▪ Align and leverage funding for sustainability 	<p>STRATEGIES:</p> <ul style="list-style-type: none"> ▪ Develop a system of training implementation that is accessible in natural community settings (e.g., community centers, family resource centers, schools) and across systems ▪ Establish a process to educate and train school personnel, parents, service providers and community members ▪ Develop a system to identify, collect and assess data for ongoing implementation and refinement 	<p>STRATEGIES:</p> <ul style="list-style-type: none"> ▪ Create supportive school climates that emphasize relationship ▪ Promote parent/caregiver engagement ▪ Establish linkages to student mental health and wellness services ▪ Implement mental health educational programs ▪ Establish a process for the early identification of students with mental health concerns ▪ Provide targeted outreach and education

SACRAMENTO COUNTY STUDENT MENTAL HEALTH & WELLNESS PLAN

SYSTEMS AND POLICY DEVELOPMENT

GOAL: Plan and implement changes in systems and policies that support collaboration and coordination across systems.

STRATEGY 1: Establish an infrastructure for oversight and accountability	
KEY ACTIVITIES	
<p>1.1 Engage and involve the Sacramento County Office of Education Superintendent, Countywide Services Agency (CSA) Administrator, and the Division of Behavioral Health Services (DBHS) Director to promote the Student Mental Health & Wellness (SMHW) Plan</p>	<p>1.2 Create a countywide oversight body. Consider appropriate representation of districts and other system partners</p> <ul style="list-style-type: none"> ▪ Obtain input from the SMHW Collaborative regarding membership and selection process
<p>1.3 Establish roles and responsibilities of the oversight body based on the vision, mission, goals and outcomes of the SMHW Plan to:</p> <ul style="list-style-type: none"> ▪ provide leadership and coordinate implementation of the SMHW Plan ▪ coordinate communication to key constituents ▪ establish reciprocal communication loops ▪ create content area ad-hoc committees to: <ul style="list-style-type: none"> ✓ identify/expand existing stakeholders, in addition to county mental health and schools include CPS, probation, spiritual/faith-based representatives, cultural and community leaders, institutions of higher learning, parents, youth and representatives of client, family, youth and peer support advocacy groups ✓ develop/implement the Plan vision relative to strategies identified under each content area ✓ identify and assess current and future funding that support the plan 	
<p>1.4 Develop measurable outcomes for each goal outlined in the SMHW Plan</p> <ul style="list-style-type: none"> ▪ establish benchmarks, progress measures and evaluation strategies for each content area of the plan ▪ develop an annual report to share progress made on outcomes 	<p>1.5 Review and recommend policies that support social and emotional well-being and its impact on academic success</p>
<p>1.6 Identify solutions to system rules and barriers (e.g., FERPA, confidentiality) that impede delivery of services to students</p> <ul style="list-style-type: none"> ▪ focus on accurate interpretation of privacy laws (minor consent, HIPPA, FERPA) to ensure appropriate and least restrictive application 	
ASSETS AND RESOURCES	
<ul style="list-style-type: none"> ▪ superintendents, key district personnel, Special Education Local Plan Areas (SELPA), Association of California School Administrators (ACSA), California School Boards Association(CSBA), California Teachers Association (CTA), Board of Supervisors, Service Employees International Union (SEIU), Child Protection Services (CPS) staff, Alcohol and Drug Program (ADP) staff, decision makers at county/city level ▪ parents/caregivers, principals and teacher-leaders (formal and informal), school/district site councils, social services, mental health, public health, medical profession, law- and policymakers, law enforcement agencies, community-based agencies, agencies serving youth, spiritual/faith-based organizations, family resource centers, special education representatives, community advocacy groups ▪ research existing successful practices on local, state, national and international levels 	

STRATEGY 2: Develop a comprehensive process to communicate, market, and promote broad investment and support of student mental health and wellness in schools including linkages between social-emotional and academic outcomes.

KEY ACTIVITIES

Activity 2A: Create a plan to market mental health support in schools to key decision makers and stakeholder groups.

<p>2A.1 Identify how key decision makers and stakeholder groups define the terms mental health and wellness including a focus on finding and using de-stigmatizing language.</p>	<p>2A.2 Obtain the necessary marketing consultation to create, test and promote a clear, culturally and linguistically appropriate core message that invokes a common understanding of key concepts across stakeholder groups and system partners, and enables each key stakeholder group to answer the following questions:</p> <ul style="list-style-type: none"> ▪ How will I benefit? ▪ How will the community benefit? ▪ How will this create more successful community and student outcomes?
<p>2A.3 Create a template that can be used across districts to market the student mental health and wellness plan.</p>	<p>2A.4 Identify key people in leadership positions at local, city, county and state levels as well as “champions” (defined as an individual(s) viewed as influential within the group) in each stakeholder group.</p>
<p>2A.5 Identify what challenges may exist in each stakeholder group.</p>	<p>2A.6 Identify and establish a network of other existing collaborative efforts with an emphasis on consistency.</p>

Activity 2B: Design and implement a countywide strength-based social marketing campaign to promote universal awareness and linkages between social-emotional and academic outcomes.

<p>2B.1 Develop age-appropriate, multi-language messages that positively influence attitudes about mental health and wellness, increase appropriate help-seeking behaviors, and the preventability of mental illness.</p>	<p>2B.2 Develop a series of age-appropriate, multi-language and multi-ethnic public service announcements, and multi-media campaign contests to promote and increase community awareness.</p>
<p>2B.3 Identify target populations and communication mediums such as radio, TV, social networking websites, etc., that would best reach intended audiences.</p>	<p>2B.4 Identify a demonstration project to showcase effective school wellness practices:</p> <ul style="list-style-type: none"> ▪ determine PEI continuum ▪ identify school(s) for project ▪ identify outcome measures
<p>2B.5 Develop a mechanism for fundraising/donations to support the campaign.</p>	

Activity 2C: Develop a process to disseminate information across and within systems.

ASSETS AND RESOURCES

- superintendents, key district personnel, Special Education Local Plan Areas (SELPA), Association of California School Administrators (ACSA), California School Boards Association(CSBA), California Teachers Association (CTA), California Association of School Psychologists (CASP), Board of Supervisors, Service Employees International Union (SEIU), Child Protection Services (CPS) staff, Alcohol and Drug Program (ADP) staff, decision makers at county/city level
- students, parents/caregivers, principals and teacher-leaders (formal and informal), school/district site councils, social services, school psychologists, mental health, public health, medical profession, law- and policymakers, law enforcement agencies, community-based agencies, agencies serving youth, spiritual/faith-based organization, family resource centers, special education representatives, community advocacy groups
- television/radio, "Mental Health Matters", school newsletters, back to school night programs, school marquees, automated call systems, websites, community newspapers
- Cultural Competency unit of DBHS, Research and Evaluation unit of DBHS, SCOE, SMHW Collaborative partners, school districts, Latino Behavioral Health Coalition, Hmong Women's Heritage group, Asian Pacific Counseling Center, local institutions of higher learning
- other successful campaigns at a local or county level

STRATEGY 3: Design and implement promising practices promoting student mental health wellness and academic success.

KEY ACTIVITIES

<p>3.1 Support the concept of providing a mental health liaison for every school district in Sacramento County resulting in centralized coordination of student mental health and wellness services.</p> <ul style="list-style-type: none"> ▪ develop relationships between school and community for the delivery of services 	<p>3.2 Identify successful existing models for prevention and early intervention, by outcomes.</p> <ul style="list-style-type: none"> ▪ defining criteria and key components for determining successful models will be a challenge ▪ create a matrix of effective programs, personnel, training and research (use Rtl² as a model) ▪ utilize the matrix to determine and implement services ▪ identify and ensure that interdisciplinary teams include mental health representatives ▪ identify the current resources of every district in the county including successful mental health strategies used in school settings
<p>3.3 Identify individuals to serve as "system navigators" to assist students and families with accessing appropriate resources and services.</p>	<p>3.4 Establish and/or sustain family resource centers on school campuses.</p>
<p>3.5 Develop a system-wide screening process to identify students who are at-risk including those having chronic attendance problems.</p> <ul style="list-style-type: none"> ▪ Include a process for providing and conducting as appropriate, school-wide systematic social-emotional assessments 	<p>3.6 Create sample policies, memorandums of understanding (MOUs) and agreements to promote identified practices and programs.</p>
<p>3.7 Develop a process for sharing confidential information across systems including a uniform release form that could be used by all system partners.</p>	

ASSETS AND RESOURCES	
<ul style="list-style-type: none"> ▪ Substance Abuse & Mental Health Services Administration (SAMSHA) and California Institute for Mental Health (CiMH) websites ▪ Model Continuation High Schools ▪ Model Student Attendance Review Boards (SARB) ▪ Academy Award Counseling Teams ▪ Response to Intervention & Instruction (RtI²) ▪ Individualized Education Program (IEP) ▪ Mental Health Services Act (MHSA) ▪ guidance counselors ▪ homeless liaisons ▪ Institute of Heart Math ▪ Greater Good 	<ul style="list-style-type: none"> ▪ Mindful School ▪ school psychologists ▪ SCOE/DBHS ▪ Access Team ▪ Family Resource Center(s) ▪ Healthy Start ▪ Mental Health Liaisons for Special Education students ▪ Child Protective Services (CPS) ▪ Child Abuse Prevention Council ▪ Lilliput Children’s Services ▪ law enforcement ▪ Birth and Beyond ▪ screening survey

STRATEGY 4: Integrate mental health strategies into school culture and academics.

KEY ACTIVITIES	
4.1 Identify effective research-based mental health and wellness strategies and/or programs to promote student mental health and wellness.	4.2 Promote the inclusion of mental health and wellness in school site master plans.
4.3 Promote the inclusion of mental health and other key system representatives on district/site decision making teams such as site councils. <ul style="list-style-type: none"> ▪ incorporate a SMHW component into school site plans to ensure recognition and understanding of the diverse needs of staff and students 	4.4 Utilize Individual Learning Plans (ILP) for every student to include personal/social needs.
4.5 Promote continued administration of the California Healthy Kids Survey (CHKS) and administer the social-emotional modules.	

ASSETS AND RESOURCES	
<ul style="list-style-type: none"> ▪ Search Institute/40 Developmental Assets ▪ White House Counseling Center (WHCC) ▪ Substance Abuse & Mental Health Services Administration (SAMSHA) and California Institute for Mental Health (CiMH) websites ▪ SCOE/DBHS ▪ Mental Health Liaisons for Special Education students ▪ guidance counselors ▪ homeless liaisons ▪ school psychologists ▪ CASEL website 	<ul style="list-style-type: none"> ▪ UCLA Center for Mental Health in Schools ▪ University of Maryland, Mental Health in Schools ▪ University of South Florida, Florida Mental Health Institute ▪ University of Oregon ▪ University of Washington ▪ University of Minnesota ▪ California Healthy Kids Resource Center ▪ WestEd ▪ Institute of Heart Math ▪ Greater Good ▪ Mindful Schools ▪ No Bully – Stopping School Bullying – www.nobully.com

STRATEGY 5: Align and leverage funding for sustainability.

KEY ACTIVITIES

<p>5.1 Identify, assess and pursue only those funding opportunities that support the vision and mission of the SMHW Collaborative.</p> <ul style="list-style-type: none">▪ develop policies or proposing legislation for funding▪ consider fundraising opportunities▪ identify coalitions for fundraisers/partners	<p>5.2 Utilize existing and potential funding streams for increased sustainability, matching comparable sources of funding to support program goals and objectives.</p>
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<p>5.3 Encourage school districts and system partners to seek additional funding sources for unmet and high needs of SMHW.</p>	
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ASSETS AND RESOURCES

- corporate and foundation sponsorship
- endowments
- state and federal funding opportunities
- agency/district budgets
- district fiscal teams and grant writers
- "champions" of SMHI efforts in the districts
- youth fundraising and awareness activities
- School Services Association, Inc.

EDUCATION AND TRAINING

GOAL: Increase the knowledge and skills of school personnel, parents, service providers and community members to address mental health needs.

STRATEGY 1: Develop a system of training implementation that is accessible in natural community settings and across systems.	
KEY ACTIVITIES	
<p>1.1 Develop a process for parents/caregivers, professionals, the entire school community, and youth involvement at all levels of identification and development of the system of training implementation.</p>	<p>1.2 Identify training audiences and make linkages between training groups. Audiences include, but are not limited to: community-based and cultural and ethnic-based organizations, client, family, youth and peer support advocacy groups, institutions of higher learning, schools, spiritual and faith-based organizations, parents and caregivers.</p>
<p>1.3 Identify and expand existing training structures in an effort to partner/collaborate with other training opportunities</p> <ul style="list-style-type: none"> ▪ recommend training practices that apply across systems that serve and support children and families ▪ negotiate shared training slots across districts and systems ▪ utilize existing school district in-service opportunities ▪ utilize California Technical Assistance Project (CTAP) online classes ▪ create a mechanism for sharing training opportunities across systems 	<p>1.4 Create trainings that can be accessed in natural settings and across systems</p> <ul style="list-style-type: none"> ▪ define levels of training – basic/foundation, advanced, continuing, specialist, etc. ▪ ensure trainings include appropriate balance of theoretical and practical applications ▪ investigate and explore alternative options (i.e., speed training, etc.) for delivery of trainings ▪ consider multi-dimensional learning styles to incorporate into trainings ▪ ensure training content and delivery are culturally and linguistically appropriate
<p>1.5 Develop an evaluation process for the training system that includes both long- and short-term outcomes</p> <ul style="list-style-type: none"> ▪ assess for cultural and regional competencies across the county that demonstrate sensitivity to cultural differences 	
ASSETS AND RESOURCES	
<ul style="list-style-type: none"> ▪ public, private and charter schools ▪ school districts ▪ Sacramento County Office of Education (SCOE) ▪ Sacramento County Division of Behavioral Health Services (DBHS) ▪ California Department of Education (CDE) ▪ California Association of School Psychologists (CASP) ▪ UCLA School Mental Health Project (SMHP) ▪ California Healthy Kids Resource Center 	<ul style="list-style-type: none"> ▪ law enforcement academies ▪ local CSU, UC and Los Rios college systems ▪ institutional schools ▪ primary health providers ▪ alcohol and other drug (AOD) certification schools ▪ mental health providers ▪ parents/caregivers ▪ youth

STRATEGY 2: Establish a process to educate and train school personnel, parents, service providers and community members.

KEY ACTIVITIES

<p>2.1 Identify current resources of every district in Sacramento County.</p>	<p>2.2 Develop a clearinghouse of effective behavioral, social and emotional interventions and resources that promote student achievement, attendance and success.</p>
<p>2.3 Provide multi-level training to school and district teams on how to utilize the clearinghouse.</p>	<p>2.4 Implement RtI² (Response to Intervention and Instruction) and/or PBS (Positive Behavior Support) as a strategy to integrate mental health and academics.</p>
<p>2.5 Educate school personnel, parents, caregivers, youth service providers and community members on the benefits and importance of social-emotional learning in relation to academic success.</p>	<p>2.6 Provide training for all school personnel including afterschool program staff most likely to first identify potential mental health needs. Training components should include at minimum:</p> <ul style="list-style-type: none"> ▪ risk assessment (e.g., Walker Screen Instrument) including chronic attendance problems ▪ resources for identification, referral and non-stigmatizing responses ▪ cultural sensitivity ▪ social-emotional baselines (this assessment should be as routine as academic baselines)
<p>2.7 Train school staff on how to interact, build and support relationships with youth and families in a culturally and linguistically appropriate manner.</p>	<p>2.8 Collaborate with local colleges/universities to develop and incorporate a SMHW professional development strand in pre-service and graduate level programs for educators and other helping professions.</p> <ul style="list-style-type: none"> ▪ provide current information about SMHW for university level faculty who teach courses in teacher preparation, social work, mental and public health programs
<p>2.9 Publish and disseminate the <i>California Comprehensive Student Support Book for Sacramento County</i> when it becomes available.</p>	

ASSETS AND RESOURCES

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| <ul style="list-style-type: none"> ▪ Sacramento County Office of Education (SCOE) ▪ Sacramento County Division of Behavioral Health Services (DBHS) ▪ California Department of Education ▪ California Association of School Psychologists (CASP) ▪ California Healthy Kids Resource Center ▪ California Institute for Mental Health (CiMH) ▪ Child Abuse Prevention Council ▪ Greater Good | <ul style="list-style-type: none"> ▪ Institute of Heart Math ▪ Lilliput Children’s Services ▪ Mindful Schools ▪ No Bully – Stopping School Bullying – www.nobully.com ▪ UCLA School Mental Health Project (SMHP) ▪ local CSU, UC and Los Rios college systems ▪ mental health providers ▪ school districts ▪ youth |
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STRATEGY 3: Develop a system to identify, collect and assess data for on-going implementation and refinement.

KEY ACTIVITIES

<p>3.1 Develop a cross-system workgroup that include research/ evaluation experts to establish a centralized data system, accessible across systems.</p> <ul style="list-style-type: none"> ▪ include all populations (e.g., homeless, foster youth) ▪ include a “feedback loop” component 	<p>3.2 Assess the needs of stakeholders identified in the goal statement (i.e., school personnel, parents/caregivers, children and youth, service providers and community members) via: surveys, focus groups and interviews</p>
<p>3.3 Seek corporate sponsors for initial start-up and/or continued funding of the data system.</p> <ul style="list-style-type: none"> ▪ explore collaborative efforts to leverage funding for sustainability of the data system 	

ASSETS AND RESOURCES

- Sacramento County Office of Education (SCOE)
- Sacramento County Division of Behavioral Health Services (DBHS)
- California Department of Education (CDE)
- California Association of School Psychologists (CASP)
- Sacramento County Task Force for the Education of Homeless Children
- Foster Youth Services
- school districts
- evaluation experts
- homeless liaisons
- state and federal funding sources
- agency/district budgets
- district fiscal teams
- corporate and foundation sponsorship
- endowments

COMPREHENSIVE CONTINUUM OF SCHOOL-BASED APPROACHES

GOAL: Identify key components of a comprehensive, continuum of school-based approaches to support student mental health, wellness and academic success in Sacramento County.

STRATEGY 1: Create supportive school climates that emphasize building positive relationships.	
KEY ACTIVITIES	
1.1 Obtain commitment of key leaders from all systems to become “champions” of SMHW.	1.2 Ensure involvement of the entire school and surrounding community to promote wellness (physical, social, emotional) and recognize signs of needed support.
1.3 Establish and support positive, open and strength-based communication between families, students and schools. <ul style="list-style-type: none"> ▪ ensure school personnel interact, build, support and sustain relationships with youth and families such as establishing practices to welcome parents/caregivers and students on campus ▪ utilize strategies such as weekly folder systems, interactive calendars requiring student and parent/caregiver involvement, and school website postings to communicate social-emotional issues ▪ include communication strategies that reach non-reading parents and those having limited access to computers ▪ reframe school/home conferencing strategies to: <ul style="list-style-type: none"> ✓ incorporate SMHW during teacher-parent/caregiver conferences ✓ conduct parent and student meetings to review the California Healthy Kids Survey (CHKS) ✓ conduct one-on-one teacher-student meetings and increase support for teachers to hold such meetings by utilizing volunteers, aides and counselors 	1.4 Incorporate and promote strategies and approaches related to: <ul style="list-style-type: none"> ▪ bullying prevention ▪ cultural competence ▪ social skills development ▪ stigma reduction ▪ suicide prevention
1.5 Provide major supports during key academic and life transition periods of students for example, pre-K to kindergarten, elementary to middle school, and middle to high school; changing schools/districts as a result of relocation, divorce, homelessness, etc. <ul style="list-style-type: none"> ▪ incorporate strategies that address both known and unexpected life events 	1.6 Collaborate with community-based organizations, spiritual/faith-based organizations and other system partners as appropriate to provide: <ul style="list-style-type: none"> ▪ mentoring ▪ programs supporting family involvement ▪ programs that promote and enhance family ties
1.7 Support and promote cross-agency programs and services located within the district and on local school campuses.	

ASSETS AND RESOURCES	
<ul style="list-style-type: none"> ▪ existing school leadership practicing positive relationship building work such as teacher/parent home visits, the Elk Grove USD model, etc. ▪ mental health staff and/or teachers on school campuses or county based ▪ school psychologists ▪ parent volunteer groups ▪ district advisory groups ▪ homeless liaisons ▪ family resource centers ▪ school readiness programs 	<ul style="list-style-type: none"> ▪ California Healthy Kids Survey (CHKS) ▪ Engaging Families Training provided by WestEd ▪ Every Child by Name – Folsom Cordova USD ▪ Greater Good ▪ Institute of Heart Math ▪ Mindful Schools ▪ No Bully – Stopping School Bullying – www.nobully.com ▪ Positive Behavioral Interventions and Supports (PBS) ▪ SARB programs ▪ “Watchdog” Program - Elk Grove USD ▪ Youth Development Network (YDN) ▪ E:merge Coalition ▪ SMHW committee

STRATEGY 2: Promote parent/caregiver engagement.	
KEY ACTIVITIES	
<p>2.1 Identify diverse parent/caregiver liaison team(s)</p> <ul style="list-style-type: none"> ▪ include custodial, non-custodial parents and extended family members ▪ identify and address barriers/challenges of working with non-custodial parents 	<p>2.2 Increase communication and outreach to parents/caregivers through sources such as, parent partners, email alerts, text messages and telephone trees.</p> <ul style="list-style-type: none"> ▪ identify and utilize parent leaders and classroom parent system in all outreach activities (i.e. parent-to-parent contact) ▪ market and outreach through family resource centers
<p>2.3 Recruit parents and volunteers from the community to support and mentor students.</p> <ul style="list-style-type: none"> ▪ highly encourage increased parent participation and contribution (# of hours) on school campus or at school events; consider the needs and availability of working parents 	<p>2.4 Educate teachers and staff on how best to utilize parents/caregivers on and off-campus.</p> <ul style="list-style-type: none"> ▪ include strategies to motivate and sustain parent/caregiver involvement beyond elementary school

ASSETS AND RESOURCES	
<ul style="list-style-type: none"> ▪ parent advisory councils ▪ family resource centers ▪ principals/leadership teams ▪ child advocacy groups ▪ court system ▪ dependency attorneys ▪ existing parent involvement information ▪ traditional school events broadened to include parent/caregiver engagement 	<ul style="list-style-type: none"> ▪ schools with active parent groups ▪ homeless liaisons ▪ family math, science, P.E. playtime events ▪ electronic communication systems ▪ Healthy Start ▪ First 5/School Readiness Initiatives ▪ Family Play Nights ▪ Football Nights ▪ Craft Fairs

STRATEGY 3: Establish linkages to student mental health and wellness services.

<p>3.1 Develop a process for school communities to access student mental health and wellness support and resources.</p> <ul style="list-style-type: none"> ▪ identify liaisons in schools who are knowledgeable about student mental health and wellness services and create cadres ▪ train existing PPS (pupil personnel services) staff to access services ▪ consider the use of family resource centers as system navigators ▪ encourage mental health representatives to serve on school attendance review boards (SARBs) 	<p>3.2 Inform school and surrounding communities on how to access support and resources within the school and within the district.</p> <ul style="list-style-type: none"> ▪ locate mental health professionals on school campuses as a way to emphasize relationships and decrease stigma associated with mental health
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ASSETS AND RESOURCES

<ul style="list-style-type: none"> ▪ school campuses within the district ▪ school health centers ▪ county behavioral health services ▪ special education ▪ school language clubs ▪ family resource centers ▪ community-based service providers and agencies ▪ foster youth service liaisons ▪ homeless liaison 	<ul style="list-style-type: none"> ▪ community groups and organizations ▪ community resource guide ▪ 211 Hotline ▪ The Beehive ▪ Child Abuse Prevention Council ▪ First 5 ▪ Healthy Start ▪ Lilliput Children's Services
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STRATEGY 4: Implement mental health educational programs.

KEY ACTIVITIES

<p>4.1 Implement, promote and support mental health educational programs that:</p> <ul style="list-style-type: none"> ▪ incorporate SMHW into students' academic curriculum ▪ provide curriculum strategies and instructional practices to address social-emotional intelligence, building healthy relationships, and teach/model self-regulation skills ▪ include a comprehensive bullying prevention component ▪ include education and awareness to reduce the stigma generally associated with mental health issues ▪ provide age-appropriate suicide prevention education and training ▪ include strategies to assist school personnel in recognizing underlying factors for student "misbehavior" (that may be related to mental health) and provide needed supports ▪ provide positive peer support strategies addressing life skills, pro-social skills, opportunities for leadership, mentoring and homework help ▪ include opportunities for the engagement and involvement of parents/caregivers 	<p>4.2 Provide staff development and ongoing support to implement mental health educational programs.</p>
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ASSETS AND RESOURCES
<ul style="list-style-type: none"> ▪ UCLA School Mental Health Project (SMHP) ▪ California Healthy Kids Resource Center ▪ National Association of School Psychologists – www.nasponline.org ▪ U.S. Department of Health & Human Service website – www.stopbullyingnow.hrsa.gov ▪ No Bully – Stopping School Bullying – www.nobully.com ▪ Network of Children’s Mental Health Providers ▪ Office of Juvenile Justice and Delinquency Prevention website – www.ojp.usdoj.gov ▪ Response to Intervention & Instruction (Rti²) ▪ Institute of Heart Math ▪ The Greater Good ▪ Mindful Schools ▪ Positive Behavioral Interventions and Supports ▪ peer driven programs – conflict resolution, peer counseling, peer tutors ▪ peer groups and peer leaders ▪ cultural, ethnic and social groups ▪ school readiness programs

STRATEGY 5: Establish a process for the early identification of students with mental health concerns.

KEY ACTIVITIES

<p>5.1 Identify existing resources and best practices such as Rti², BEST Behavior Training, Healthy Start Home Visitation program, universal study teams to develop a framework for assessment and support</p>	<p>5.2 Utilize universal screenings that are in alignment with state guidelines and in partnership with families and caregivers. Screening should include, but not be limited to:</p> <ul style="list-style-type: none"> ▪ suicide risk assessment ▪ risk of school failure, incarceration ▪ social-emotional behaviors
<p>5.3 Establish locations for services in natural settings such as, district counseling centers, school health centers and family resource centers</p>	<p>5.4 Provide linkage to resources such as:</p> <ul style="list-style-type: none"> ▪ school attendance support ▪ homeless assistance ▪ support for students/families with physical disabilities ▪ migrant education services ▪ foster youth services
<p>5.5 Collaborate with appropriate system partners to provide early intervention services in natural settings including, but not limited to:</p> <ul style="list-style-type: none"> ▪ non-punitive interventions such as anger management for students and parents/caregivers ▪ non-punitive intervention for bullies and their families 	

ASSETS AND RESOURCES	
<ul style="list-style-type: none"> ▪ Student Success Teams (SST) ▪ PCIT-Parent/Child Interactive Therapy ▪ EMHI – Early Mental Health Initiative for K-6 ▪ Birth and Beyond ▪ Healthy Start ▪ SELPAs – Special Education Local Plan Area ▪ Alta Regional Center ▪ Newcomer Centers 	<ul style="list-style-type: none"> ▪ Walker Survey Instrument ▪ Sacramento Refugee Forum ▪ UC Davis Medical Center, Sutter, Mercy and Kaiser Hospitals ▪ school district child welfare attendance and pupil personnel services ▪ law enforcement ▪ local church councils and lay groups ▪ faith-based and spiritual organizations

STRATEGY 6: Provide targeted outreach and education.

KEY ACTIVITIES

6.1

Design educational materials and outreach strategies specifically intended for families that are culturally diverse, and youth from communities that have a high incidence of mental health risk or suicide risk. Priority populations include: African-American and Caucasian males, Asian-American females, LGBTQ youth, Native American youth, Hispanic males and females, elementary students, homeless and at-risk children and youth.

6.2

Identify existing information and resources to develop materials that address stigma reduction, cultural competence, stressors and prevention. Education and outreach should include strategies that support family involvement.

ASSETS AND RESOURCES

- high school and college Black Student Unions
- MEChA (Movimiento Estudiantil Chicano de Aztlán) Organizations
- LGBTQ (lesbian, gay, bi-sexual, transgender, queer and questioning) organizations and resource centers
- UC Davis Center for Reducing Health Disparities
- Youth Focus, Inc. – a United Way agency
- state employee associations (Asian-Pacific, etc.)
- faith- and spiritual-based organizations
- community-based organizations
- homeless liaisons
- mentoring program providers

Technical Assistance

Technical assistance (TA) to support the implementation of comprehensive student mental health programs and services and sustain school-based efforts is an essential component of the SMHW Plan. To develop an ongoing system of technical support that is easily accessible, culturally appropriate and cost effective, the TA component may include, but is not limited to the following key ideas and elements.

Systems Change, Integration and Oversight

- technical assistance on systems change and integration
- building capacity at sites and cross-training
- technical assistance for “train the trainer” model
- a body that owns the process and coordinates activities
- a project planner
- school-based mental health/education liaison(s)

Website Design and Support

- SMHW website, including a toolkit, resources and library
- website design to include a searchable database, provide web-based training and be multi-lingual
- electronic blog, forums and billboards
- universal electronic referral form

Product Development

- a print and web-based user-friendly guide that describes and defines student mental health and wellness
- create a common language defining process (“glossary”)
- training for the implementation and use of a universal screening instrument

Best Practices and Recognition

- technical assistance for implementing successful programs system wide
- recognition for successful projects
- research best practices and successful models

Diverse Community Driven Technical Assistance

- technical assistance for utilizing multimedia to reduce barriers and for all learning styles
- technical assistance on cultural & generational norms
- parent/family caretaker – school partnerships
- cultural/linguistic education for the population we serve conducted by who we serve
- seek input from diverse communities regarding implementation

Social Marketing to Diverse Populations

- social marketing consultant
- technical assistance to develop an effective marketing plan across cultures

Evaluation

- experienced technical support for design, evaluation and tracking of outcomes (data system)
- ongoing evaluation support

Sustainability

- fund a development specialist
- business development, funding and grant writing

General principles to keep in mind when developing the technical assistance component include:

- TA design should ensure implementation and impact both systems (education and mental health)
- Consider diverse approaches to learning; SMHW plan should include concrete examples
- Learn from clients/consumers we serve
- Emphasize the need for a project planner – one point person to coordinate the “roll out” of SMHW plan
- Liaison(s) who are well versed in both systems (education and mental health)
- Consider that not everyone accesses (or has access to) websites – essential to develop multiple forms of communication
- Build skills in training

Potential Indicators of Progress

As a result of implementing a comprehensive continuum of school-based approaches to support student mental health, wellness and academic success in Sacramento County, changes will occur in individual students, parents, teachers and other school staff and additionally at a broader systems and community level.

STUDENT CHANGES

Academic Success Increases

- Academic test scores increase
- Report card results improve
- Grade point average increases
- High-risk populations achieve greater academic success
- Desire to be at school increases
- High school graduation rates increase (Drop-out rates decrease)
- School attendance rates increase

Behavioral Health Outcomes Improve

- Healthy Kids key indicators improve, e.g., bullying
- Involvement with juvenile justice and child welfare systems decreases
- Child abuse reports/incidence decrease
- Referrals to mental health system decrease
- Physical health outcomes improve
- Students report feeling understood at home and school
- Youth suicides decrease
- Student behavior improves
- Visits to the principal’s office decrease
- Suspensions decrease
- Expulsion rates decrease

SYSTEMS CHANGE

School Social Norms Shift to Support Wellness; Collaboration & Communication Improves

- All staff development includes training related to mental health
- Teacher awareness of mental health issues increases
- Teachers feel better prepared to handle student mental health issues
- Teachers feel more connected to students and families

- Teachers understand the connection between student mental health and academic success (no “glazed” over look for teachers)
- School staff work to build better relationships with youth
- Schools are more welcoming – each child greeted daily, signs in different languages
- Attitudes shift to become more “embracing”
- “Wellness” used in a positive way
- School staff, parents and students openly communicate about mental health – stigma decreases
- Mental health is fully integrated into discussions at all levels
- Social/emotional discussions are regular part of discussion at principal meetings
- Principals no longer talk about being social workers, but educational leaders
- Mental health is discussed as easily as physical health; emphasis is on wellness vs. deficit
- Regular discussions related to mental health wellness by school site councils
- School site plans include section on social-emotional wellness
- Assessments include the “whole child,” not just academic performance
- Partnerships among collaborators improve
- Family/community involvement in schools and in planning increases
- Data/indicators are collected and communicated in a “report card” to demonstrate progress

Access to Prevention and Early Intervention Resources and Services Increases

- Students in need have increased access to resources
- Barriers to accessing services decrease
- Behavioral interventions occur earlier
- Prevention and early intervention services increase
- People find help/navigate easier; “crisis” calls decrease
- Number of elementary counselors in schools increase
- Each school district has gatekeepers for linkage and support
- Organized peer-to peer support increases and becomes part of school culture