

Expanding Behavioral Health in Schools

Development of a
Collaborative Service
Delivery Model

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MADISON METROPOLITAN
SCHOOL DISTRICT



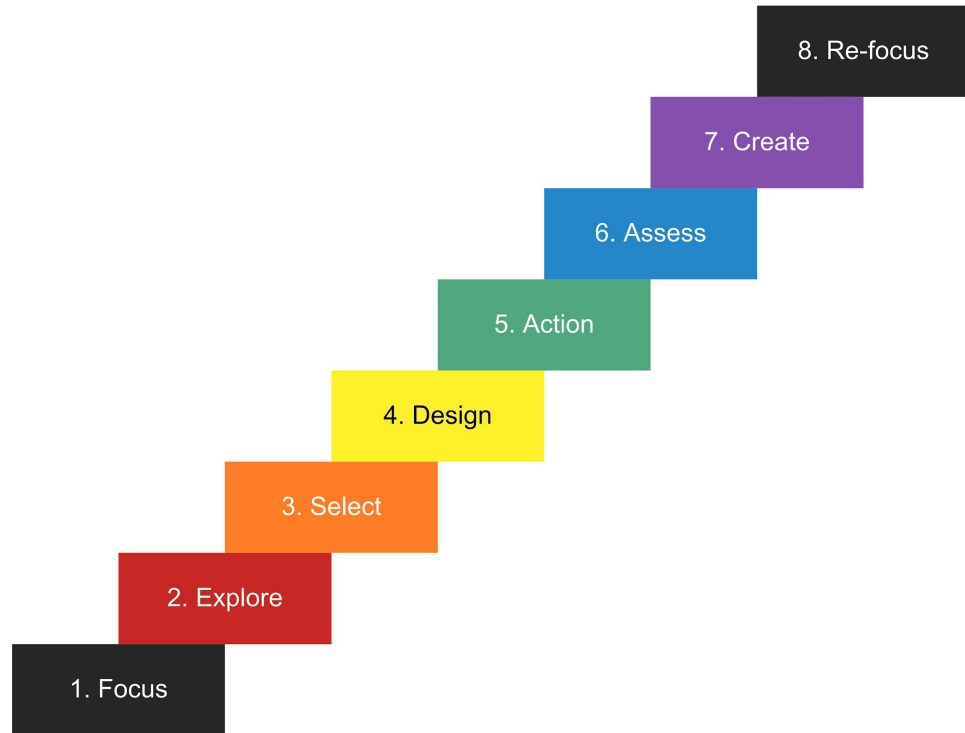
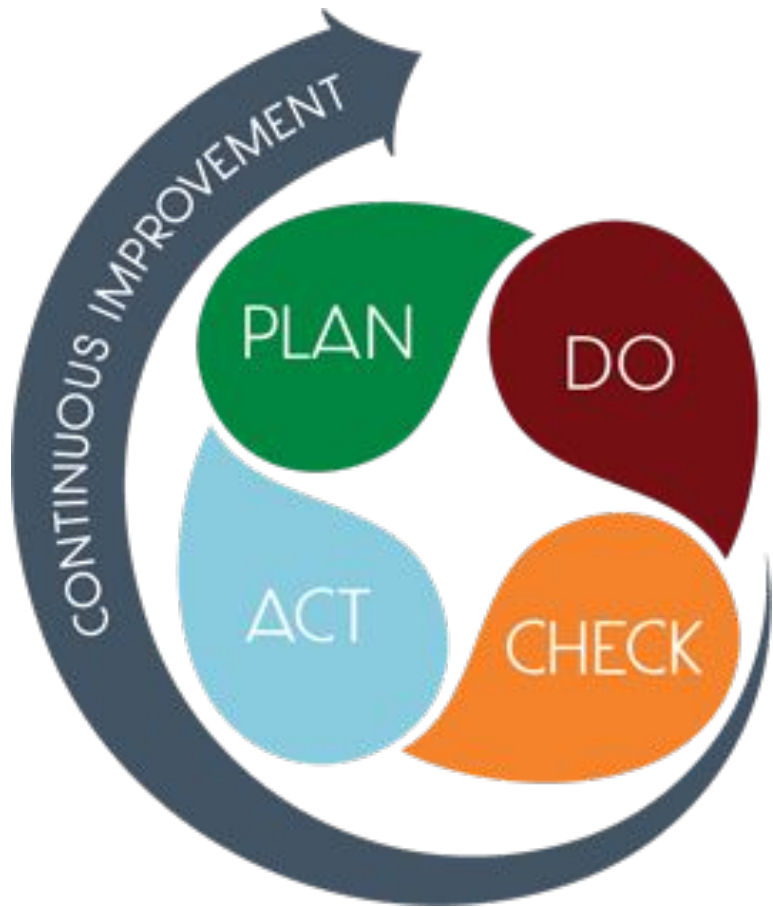
June 2018

Today's Objective

- **Develop an understanding of an emerging Collaborative Service Delivery Model**
- **Reflect on what are the next steps for your context or program.**

AGENDA

1. Introduction
2. Overview of BHS
3. Model & Principles
4. Service Delivery
5. Implementation
6. Improvement





30K FT VIEW

THE WHY, VISION,
PURPOSE



1K FT VIEW

THE WHAT, STRATEGY,
PRIORITIES



GROUND

THE HOW, PLAN,
IMPLEMENTATION

CHILDREN'S MENTAL HEALTH COLLABORATIVE

Dane County, Wisconsin

COMPREHENSIVE SCHOOL MENTAL
HEALTH: LESSONS LEARNED

Mark Sander, PsyD, LP
Director of School Mental Health, Hennepin
County/Minneapolis Public Schools

Sue Abderholden, MPH, Executive Director, NAMI Minnesota

HENNEPIN COUNTY
MINNESOTA

[Click here for presentation](#)



Expanding School-Based Mental Health

in Wisconsin

<https://www.schoolmentalhealthwisconsin.org/school-based-mental-health/>



Wisconsin Partnership Program

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

SCHOOL OF Social Work

UNIVERSITY OF WISCONSIN-MADISON



Public Health

MADISON & DANE COUNTY

Group Health Cooperative

of South Central Wisconsin

MADISON METROPOLITAN SCHOOL DISTRICT



Children's Hospital of Wisconsin



SSMHealth®

UWHealth

MERITER



Catholic Charities Madison

Access

+

Coordination

+

Collaboration

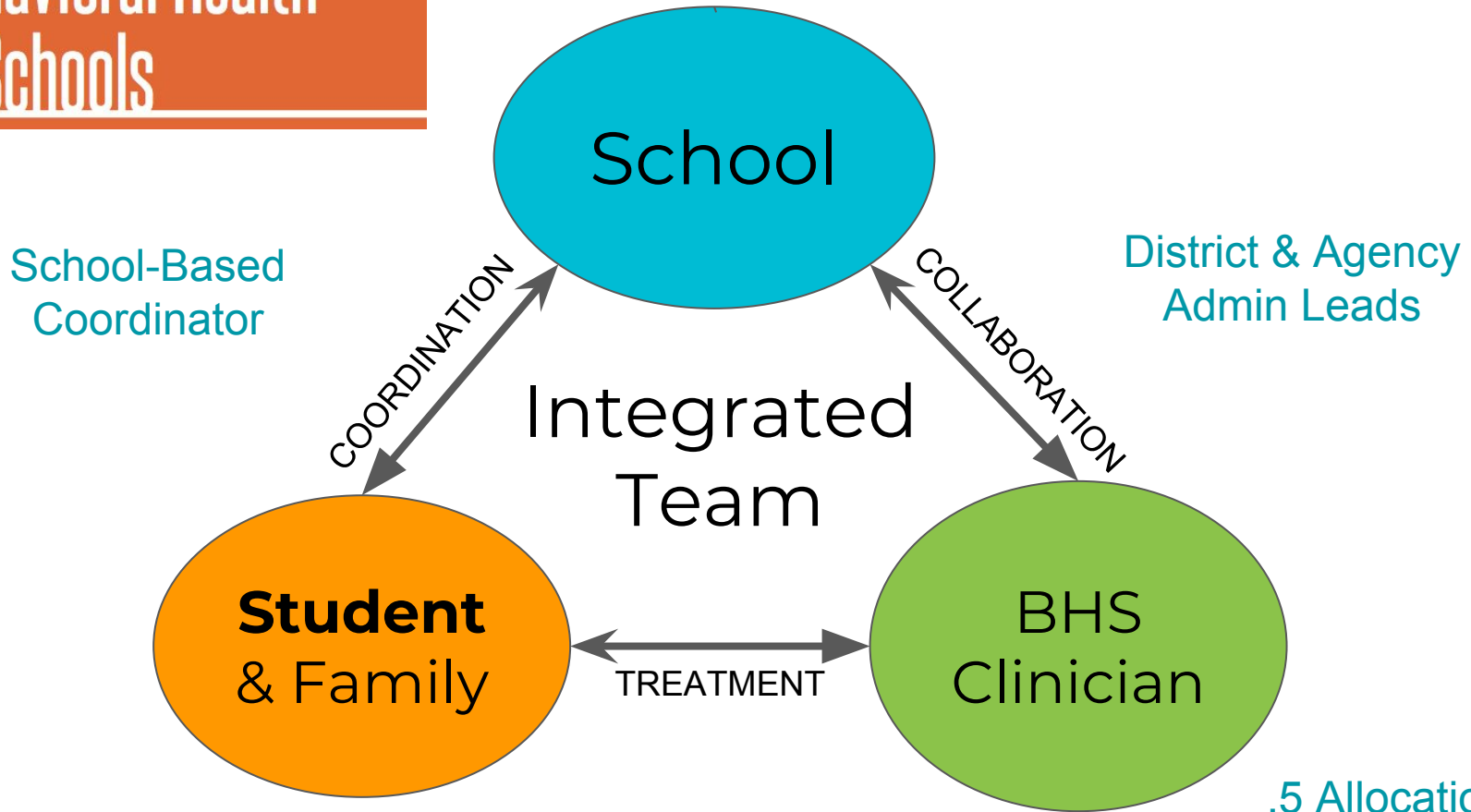
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Flexibility



Wellbeing &
Readiness to Learn

Behavioral Health in Schools

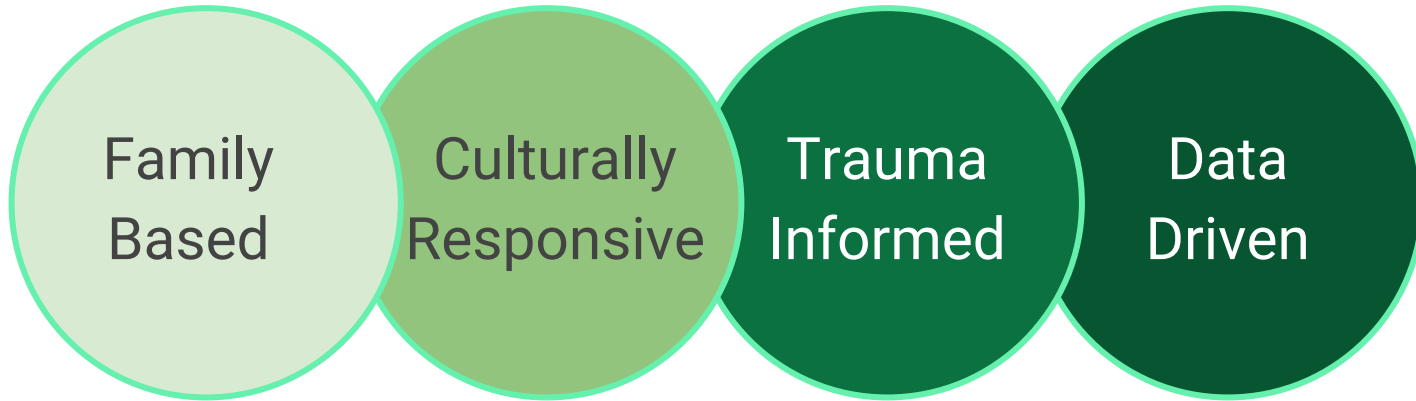


.5 Allocation

Madison BHS Model*

1. MH Clinician is **Integrated**
 - a. Close collaboration with coordinator and school staff.
 - b. Member of a student services team
 - c. Flexible alignment with “school culture”
 - d. Part of tiered system of supports
2. Guided by a community-based **partnership** (MOA)
3. Service delivery guided by 4 **guiding principles**:
family-based , trauma-informed, culturally responsive, data driven
4. Seeks **innovation & sustainability**

4 Guiding Principles



Family
Based

Culturally
Responsive

Trauma
Informed

Data
Driven

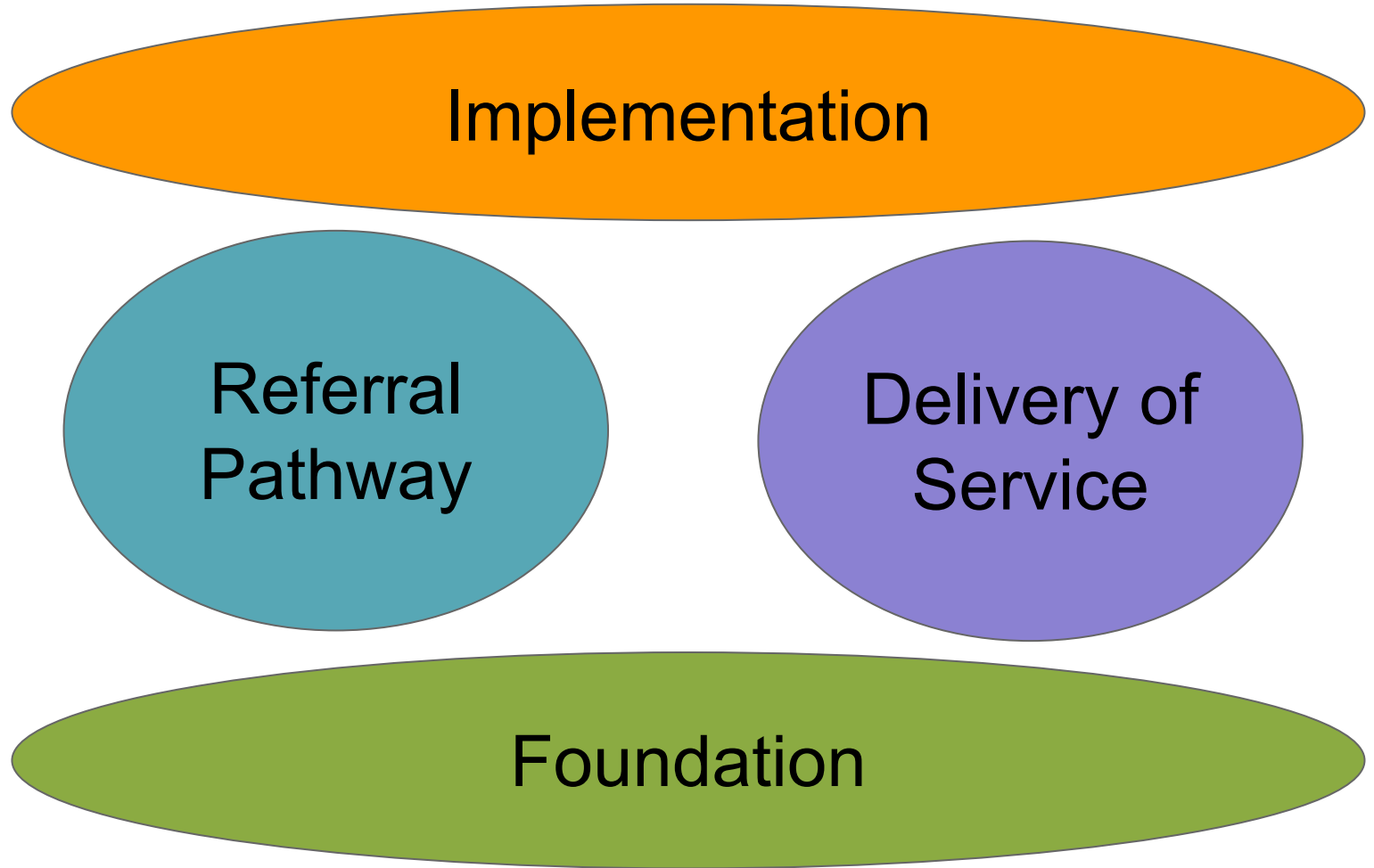
- Engagement
- Involvement
- Empowering
- Strengths

- Effective
- Capacity
- Context
- Systemic

- Screen
- Practices
- Impact
- Partnerships

- Plan
- Outcomes
- Monitor
- Improvement

Service Delivery Model



Service Delivery Model

Implementation

- ❑ Clear set of activities
- ❑ Follow stages
- ❑ Focus on implementation drivers

Delivery of Service

- ❑ All activities (Eval, Tx, Care Management) consistent with the four guiding principles: family-based / trauma-informed / culturally responsive / data driven

Referral Pathway

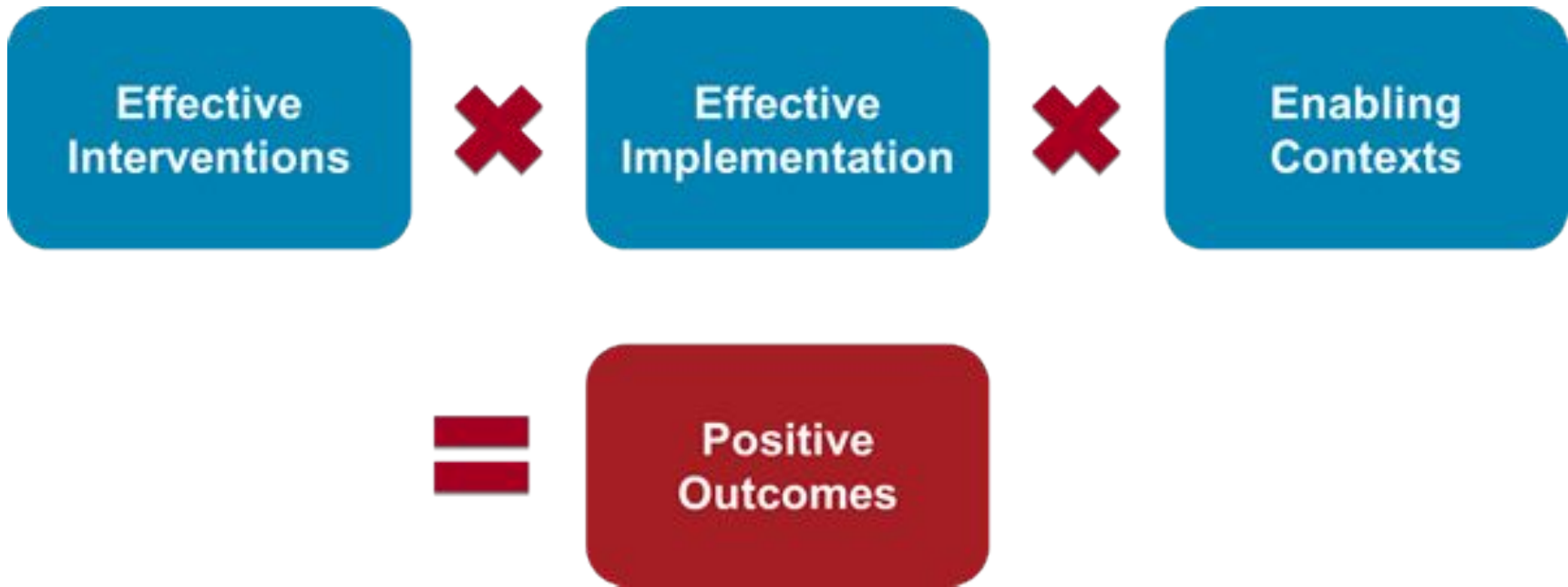
- ❑ Criteria
- ❑ Parameters
- ❑ Selection
- ❑ Orientation

Foundation

- ❑ MOA/partnership
- ❑ Coordination
- ❑ Teaming/Roles
- ❑ Four principles

Implementation

“... a specified set of activities designed to put into practice an activity or program of known dimensions. ... processes are purposeful and are described in sufficient detail such that independent observers can detect the presence and strength.”

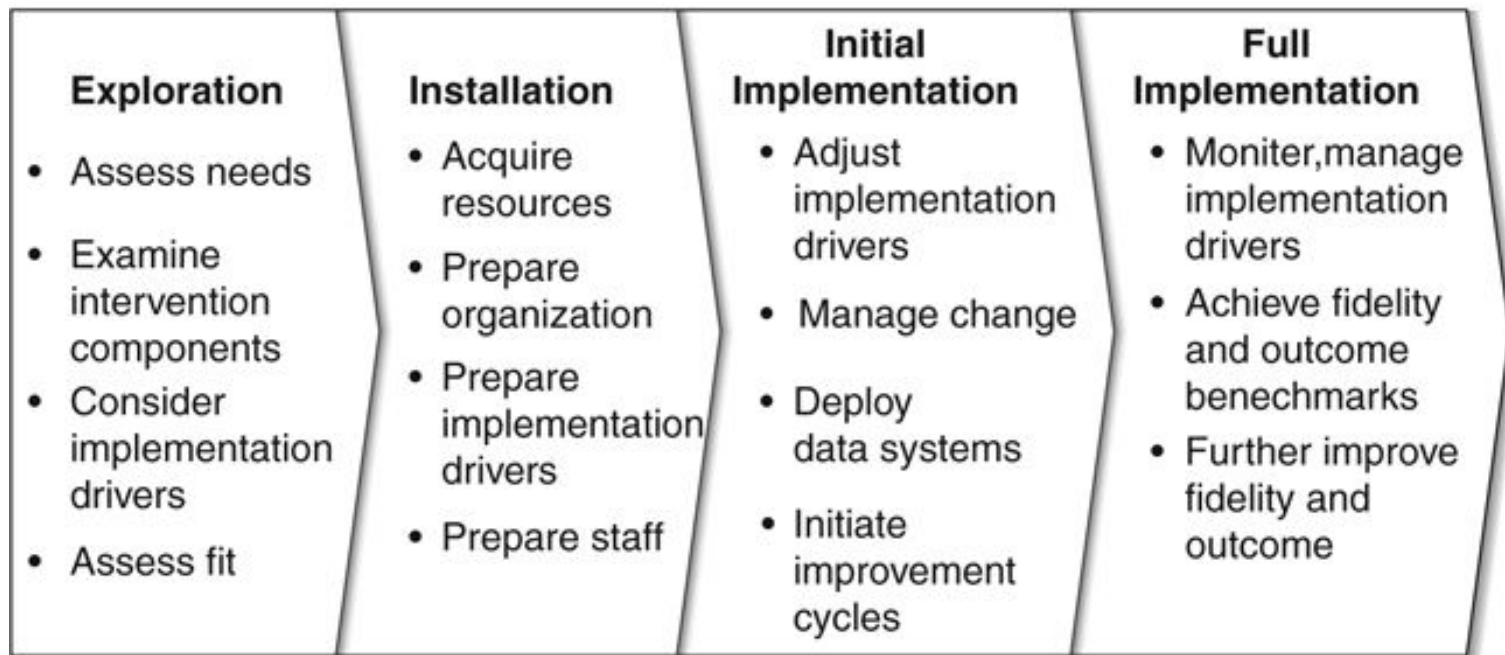


<https://implementation.fpg.unc.edu/>
Search for “NIRN Implementation”

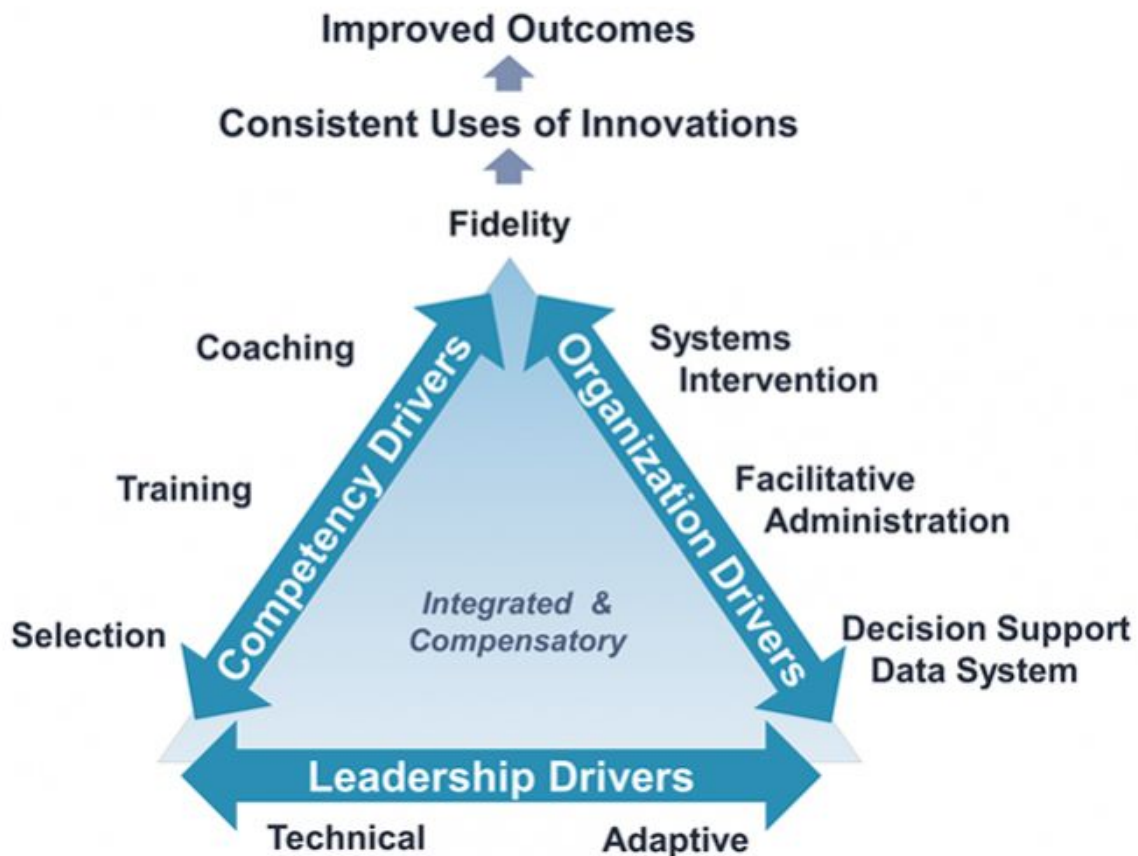
Implementation Stages

2–4 Years

Turn
and
TALK



Implementation Drivers



“Enabling contexts ... refers to the system in which organizations provide services to people. ... The goal is to assure that the structures, roles, and functions within a system are more enabling than hindering in their impact on the services provided and the degree to which socially significant outcomes can be achieved.”

Collaborative Processes

- ▶ Teaming
 - ▷ School-based Team
 - ▷ Cross-School Coordinator Teams
 - ▷ District-level Lead Team
 - ▷ Partnership Core Team
- ▶ Clear vision: 30k, 1k, Ground
 - ▷ District as fiscal agent
 - ▷ Driver of program design? Both/And
- ▶ Community-wide Impact (CMHC)

Service Delivery

Continuous Improvement

- ▶ Nurture the ‘leadership driver’ for implementation
 - ▷ Easy: BHS as fragmented tier 3 program
 - ▷ Hard: BHS as part of integrated/tiered system
- ▶ Matching allocation to need: flexing .5 model
- ▶ Progress monitoring: flexible/dynamic process for closing or transitioning to tier 2
- ▶ Minding the gap between four principles and implementation



- 1) Share your impressions and reactions of what you have heard.
- 2) What questions or wonderings come up for you?

WHATS

YOUR

**NEXT
STEP?**

