

MISSOULA COUNTY PUBLIC SCHOOLS (MCPS)
Mental Wellness, Safety and Security Advisory Committee

October 2, 2013

5:30 – 7:00 PM (light supper served at 5:00; Public Comment 6:00 – 6:15)
Board of Trustees room – South Avenue Administration Building

MENTAL WELLNESS, SAFETY AND SECURITY ADVISORY COMMITTEE
“CHARTER”

The Mental Wellness, Safety and Security Advisory Committee is asked to help inventory what's in place; identify “core elements” they collectively agree are important for mental health, safety and security; and deliver recommendations to the School Board that forward a consistent, District- wide approach to mental wellness, safety and security in our schools.”

SESSION OBJECTIVES

1. Finalize the Committee's message to the Board of Trustees.
2. Prepare for the November Board presentation.
3. Talk about where to go from here with the Superintendent.

AGENDA ITEMS

- Getting started:
 - Session objectives and agenda review
 - Who's here...?
 - Process review with the Superintendent including a short debriefing about the Public and Facilities Safety/Security Committees report to the Board and actions being taken by the District related to those recommendations
- Finalizing the Committee's message to the Board:
 - Reviewing the August Committee meeting summary
 - One more time – Affirming the guiding principles
 - Full implementation of the Montana Behavioral Initiative (MBI)
 - Formation of an ongoing Mental Wellness task force involving the District
 - Expansion/revision of the District's crisis plans
- Preparing for the appropriate Board Committees and the November full Board of Trustees meeting
- Where does this Committee go from here? How does it “morph” into a task force? Who will do what - when ?

MISSOULA COUNTY PUBLIC SCHOOLS (MCPS)
Mental Wellness, Safety and Security Advisory Committee

August 26, 2013

Session Summary

**MENTAL WELLNESS, SAFETY AND SECURITY ADVISORY COMMITTEE
“CHARTER”**

The Mental Wellness, Safety and Security Advisory Committee is asked to help inventory what's in place; identify “core elements” they collectively agree are important for mental health, safety and security; and deliver recommendations to the School Board that forward a consistent, District- wide approach to mental wellness, safety and security in our schools.”

COMPLETED AGENDA ITEMS

Process Review from the Superintendent - What's happening with the other Committees?

The Superintendent reported that the Public Safety and the Facility Safety and Security Committees have completed and combined their recommendations. Those recommendations will be presented to the Board of Trustees appropriate Committees and then to the full Board at their September Board meeting. (See District website)

Moving Through the Session Objectives

SESSION OBJECTIVE 1: Refocus Committee discussion by reviewing the June 3, 2013 Mental Wellness, Safety and Security Advisory Committee meeting summary.

Committee members in attendance reviewed their June 3 meeting summary and after some discussion, agreed that:

- They want to avoid getting stuck in the various and complicated issues related to the mental health/wellness system in the area – and consequently, not be able to move forward effectively.
- The Committee's charter and role is to concentrate on recommendations where the District has authorities and on priority items that the District can implement in the next 12 to 24 months.
- That discussion related to mental wellness and children needs to continue in some kind of formal well-represented structure and that the District should be an ongoing part of the conversation.
- Student input is critical in this process.

SESSION OBJECTIVE 2: Affirm mental wellness, safety and security guiding principles created through Committee conversation earlier in the process.

Committee members affirmed the following guiding principles:

- 1) We believe everyone involved in the life of a student has some responsibility related to the mental wellness, safety and security of that child.
- 2) We believe high quality integrated, evidenced-based mental health services should be available to all students regardless of their payment source.
- 3) We believe all students receiving mental health services should be progress monitored and that academic outcomes are a key indicator to student mental wellness.
- 4) We believe common language, practices and training for school and mental health providers will improve outcomes for our students.
- 5) We believe prevention through universal screening, clear expectations and consistent consequences should be deliberately planned, monitored and responsive to student needs and are equally important as reactive strategies (interventions and crisis response).
- 6) We believe parents are central to helping teams develop effective intervention plans and must be part of a well-integrated and fully functioning team.

SESSION OBJECTIVE 3: Continue to explore specific, concrete strategies that support mental wellness in the school environment including those that address bullying.

SESSION OBJECTIVE 5: Take a first cut at recommendations for the Board of Trustees...

The Committee identified the following as priority actions for the District related to mental wellness, safety and security:

1. Assure that the Montana Behavioral Initiative (MBI) is fully implemented at all grade levels/all buildings in the District because it represents a comprehensive approach/system to promote mental wellness and safety in a school environment and is based on best practices.
 - Recognizing that different school buildings are at various levels related to MBI, assure consistent application as buildings move toward full implementation.
 - Provide the necessary training for District personnel to support consistent application.
 - Include MBI implementation as part of leadership accountability and evaluation.

SESSION OBJECTIVE 3 cont.

2. Act as a catalyst, work to form and be an active member of an ongoing task force related to children and mental wellness in the Missoula area.
 - Encourage representation from all pertinent parties.
 - Be clear about the District's role in such a group and in the areas mental health/wellness systems.
 - Use the group to monitor, evaluate, and make recommendations about applicable and consistent District policies related to mental wellness and the school environment including District Crisis Plans.
 - As part of the task force, identify and move forward strategies to increase affordability and accessibility for families needing mental wellness/health services.
3. As part of the revision of the District's Crisis Plans, adequately include/address items related to mental wellness in the school environment.
 - Ask the mental health discussion group (see above) to review and give input related to the revision.
 - Assure that all District personnel are familiar with District Crisis Plans.

OBJECTIVE 4: Describe the role of the District in an effective mental wellness, safety and security community framework.

Committee members agreed that:

- While a member of the community system, the District's principle emphasis related to student mental wellness is in strategies that support academic success and safety in the school environment.
- The District should be part of an ongoing community discussion about mental wellness and children.

SESSION OBJECTIVE 5: Determine a timeframe within which Committee results might be delivered to the Board of Trustees.

The Committee agreed:

- To have the Committee facilitator summarize the agreements from this meeting and review/revise/affirm them at an October meeting.
- To deliver their message to the Board in November.

What's next?

- The Mental Wellness Safety and Security Advisory Committee will meet October 2 at 5:30 PM with a light supper available at 5:00. The Committee intends to deliver its product to the Board of Trustees in November.
- The District's attendance policy will be sent to Committee members.
- Carol will develop MBI "cliff notes" and explain them at the October meeting

MISSOULA COUNTY PUBLIC SCHOOLS (MCPS)
Mental Wellness, Safety and Security Advisory Committee
August 26, 2013 6:00 to 8:00 PM (public comment 6:30 – 6:45)
MCPS Board of Trustees Room – South Avenue Administration Building

MENTAL WELLNESS, SAFETY AND SECURITY ADVISORY COMMITTEE “CHARTER”
The Mental Wellness, Safety and Security Advisory Committee is asked to help inventory what’s in place; identify “core elements” they collectively agree are important for mental health, safety and security; and deliver recommendations to the School Board that forward a consistent, District- wide approach to mental wellness, safety and security in our schools.”

SESSION OBJECTIVES

1. Refocus Committee discussion by reviewing the June 3, 2013 Mental Wellness, Safety and Security Advisory Committee meeting summary.
2. Affirm mental wellness, safety and security guiding principles – providing “decision space” within which recommendations to the Board can be crafted.
3. Using a hypothetical “case study” approach, explore/draft specific, concrete strategies that support mental wellness in the school environment including those that address bullying.
4. Describe the role of the District in an effective mental wellness, safety and security community framework.
5. If possible, take a first cut at recommendations for the Board of Trustees and determine a timeframe within which they might be delivered. Mental wellness, safety and security advisory committee

AGENDA ITEMS

- Getting Started...
 - Process review from the Superintendent – What’s happening with the other Committees? Expectations related to this Committee?
 - Objectives for tonight... agenda review; who’s here?
- At this point, where are we in the process in terms of “mental wellness, safety and security” in the school environment?
 - Reviewing the June 3 meeting summary
 - Revisiting... affirming mental wellness guiding principles for the District
 - Briefly – what’s in place that’s working? What’s not?
- Using a hypothetical “case study approach, identify/explore strategies to support mental wellness in schools:
 - Critical mental health “topic” areas in a school environment
 - What “best practices” exist related to mental wellness in schools?
 - Identifying/exploring “useful” concrete strategies and desired results
 - How do we make “mental wellness” strategies, etc., fit in the District Crisis Plan/building level crisis plans?
 - Do we have the “beginnings” of recommendations for the Board of Trustees?
- Describing a desirable District role in an effective mental wellness community system
- Laying out a timeframe in terms of recommendations to the Board:
 - Mental Wellness Committee meeting dates?
 - Possible Board of Trustees meeting date for recommendations?

Present: Ginny Tribe, Alex Apostle, Mark Muir, Carol Ewen, Jerry Seidensticker, Angela Opitz, Blair Davison, Brian Yowell, Landen Yowell, Karen Allen, Maureen O'Malley, Michael Beers

MINUTES

At 6:01 p.m. Facilitator Ginny Tribe announced we will wait 10 more minutes to see if more people come.

6:04 p.m. Ginny: when we met in June we talked about a lot of different things; we had a presentation from Marianne Moon and Maureen O'Malley about where the district has come from, and some discussion of a hypothetical case study, walking kids through a scenario. Ginny tried to sort out where we were, and some things rose to the surface. She does not want to say "here are some recommendations"; she is the process person.

Objectives for tonight: refocus, focus on guiding principles. Maybe rather than a hypothetical case study, we could have the superintendent talk about what happened in other committees, and talk about how effective it was to have 3-5 recommendations that could happen in 12-24 months. We can take a possible first cut at recommendations—at least have some things out there that we're talking about—and maybe have recommendations for the November Board meeting. We found with the other 2 committees that an important part of that is going to be taking the recommendations to the appropriate committee first. Alex: that might be Teaching and Learning (T&L) and PN&P (Personnel, Negotiations and Policy), a policy committee, which this would impact of course. This is going to take awhile. It's going to be a process that will focus on improving the system each and every day. It is not something we can work on for a certain number of months and then it will be over. That would not be doing justice to the process and the people involved. We would like to develop a community-university-district task force that would meet monthly to discuss how things are going in the community and the schools, and to monitor how this is working and how we can improve as we move forward.

Ginny said, thinking about her 7 kids and their experiences in schools here, it started out as "how do you identify the odd one out," instead of "mental wellness is what we want for everyone."

Alex noted that a lot of good work has been done within the school district and within the community; there are things that are really well established that we can move on through this task force. The history of the various entities is very strong.

Alex explained that the other two committees came up with recommendations that we would focus upon for the 2013-14 school year. We are going to take the recommendations to a committee very soon, then to the Board; we will review those recommendations and go from there. We have determined specific things that need to happen in 2013-14 related to facilities and public safety. Then there will be other recommendations, more costly, e.g. sprinkler systems, as a long term goal. When you review those recommendations, you will see they are very specific for 2013-14. One is training all staff in active resistance. It will be difficult, but very important. There are 3 or 4 very specific things that we want done in 2013-14. The long-term recommendations will go to the Facilities Strategic Planning Committee. There was a lot of overlap and some combination of the facility and public safety recommendations.

These are possible recommendations for the mental wellness committee:

Recommendation #1:

The Montana Behavioral Initiative (MBI) will be required in all the schools in the district. That means everyone would be trained. Carol: we are talking about a system for prevention, layered in tiers of intervention. It is an easy way, that a lot of our schools already implement, to think about mental health, and community organizations are organized around prevention and intervention. We think all the schools could be trained and at different stages of implementation by the end of 2013-14. Karen: we need to define implementation—what are the stages? Carol: evaluation of implementation and fidelity of implementation: a school evaluation tool gives you a score. If you are at 80 percent, your Tier One system

is pretty firmly in place. Next would be benchmarks of quality. It is really simple to do these implementation evaluations. Ginny: Karen is asking what would be fully in place? Angela: you could set a goal of being at Tier One, maybe. Karen: say that we are going to do it thoroughly. With the assessment system you are talking about we would set up markers. Carol: we got grant money for an MBI consultant who would go and do those evaluations, for sustainability. Alex: we will run mental wellness through MBI in all of our schools, is that what we are saying? Karen: we will support mental wellness through the development of a system using the MBI as a model. Ginny asked Maureen what she thinks. Maureen replied that we may need to say “mandate.” She thinks there are people in every school who have had some MBI training and are willing and able to do it, but they are not always in an environment where it is well received or it is not at the top of the priority list. If we are going to get away from site-based thinking, then Dr. Apostle and the Board will need to say it is a mandate. Alex: it is a non-negotiable. But every school is at a different place. We will take that into account, and we will develop benchmarks for each school, year by year, so we get where we want to be. MBI will be the vehicle and we will expect all schools to develop to using MBI. Maureen suggested we identify the people in each building who have training and background and buy-in, rather than working administratively. Alex agreed. Ginny: you can’t mandate where you are, but you can mandate that you will get there. Maureen: there is a lot to be said for consistency, and that is lacking now. Angela brought up bridging with providers that come into the schools. Carol replied that it is in the contract now. Alex: we have strong resources in the community. Based on past success, we can really move the needle by making sure that all schools are taking mental wellness seriously; by having a model; and by having a task force meet consistently to review the system and get updates on where the schools are in terms of implementing, and then the task force reporting to the Board regarding progress. Then it will never be on the back burner: there will be expectations for the schools and for the task force. And if things come up during the year, the task force and the administration and the Board can make adjustments. Karen: there is another piece of safety and security in the schools: how students feel. A grandmother reported to Karen about a student who went to one high school from another. High School A sees bullying every day. High School B doesn’t see it. We get into this thing about bullying and bullying strategies, but it is the culture around them. We need to have the student voice. We have the My Voice survey. It is what people do every day in school—Carol: and students are a huge part of that, whether bullying happens or not. Karen concluded that a student needs to feel safe walking down the hall. Ginny asked whether it can be sustained in the district, and whether it can be culturalized in the schools. Will it be sustainable from school to school, so that everyone has the same language, and so there is the same feel as students go from school to school? How are people held accountable? In MBI people are accountable. Carol: also in the new contract where we are identifying what data you want: academics are part of the data you see. In our steering committee, we are asking mental health centers working in our schools how the kids are improving. It is great to pull it into a bigger committee. Someone looking at it from an overarching point might ask: we are spending all this money, are we getting results? And if not, do we need better coordination with probation officers or other things? Alex: we can have schools come to the committee and report where they are having difficulty, then base services on what they need—e.g. providing more training for staff, asking if bullying is an issue or if there are other issues we need to be aware of. The task force could move resources accordingly to make sure that schools get what they need. There are things that happen in all of our schools. Through these reports, we can help them. We also raise the profile of mental wellness when schools come to report how MBI is working or not working. Ginny would like to put the task force at the bottom of the recommendations—that the committee doesn’t just continue but that the task force is an active partner with the district. We have a parent here with a legal mind, a psychiatrist who works with children, and the chief of police. She asked how these three people think that the MBI would work with this. Brian Yowell, as a public defender, said keeping kids off his case list is a good thing. MBI is a structure, a guideline, a training program, that has a lot of different levels. All the schools have some level, and we are trying to bolster the schools across the board to have a certain level of compliance with that program—that sounded great. He assumes it was put together by a committee that thought of a lot of the facets that need to be applied. Is it all the teachers? He is concerned

about practical person to person connections—e.g. a teacher putting together a student with another who has similar interests. Boots on the ground, face to face people: that flow is what he is concerned about, beyond one person or a handful. Ginny: so that it is culturized institutionally.

Carol asked Angela how it works at her school. Angela replied that it is their 3rd year implementing it; 80 percent are behind it. It started off with a little resistance. But now in year 3 they are really able to see the impact on kids—it has been a culture shift. It is not just the teachers but the kids getting around it, the language they use. Blair asked about parents. Angela: parents also—in the first year they really incorporated the parents; they asked about expectations at open house. The parents are behind it as well. As you add different layers, now in Tier 2, it is the dialogue with parents. Communication through the handbook is not enough—that’s where it will help having the task force come and talk about what works with parents. Seidensticker agreed. For communication with parents, you can always do better; but he thinks they have done a pretty good job of it. Parents tell him frequently they like this part or that. Ginny asked what kind of things parents might object to or be suspicious of. Angela: based on past experiences, especially at the elementary level—they are not sure why their kid is involved; they ask ‘are you singling my child out?’ They emphasize that it is a whole school program. Yowell asked for an overview.

Angela: at the first meeting Carol laid out the triangle overview. The first level is where everyone is using common language and is clear about the expectations: be safe, be respectful, be responsible; and they are really clear about how that works in the bathroom and other places. Carol: the huge shift, all research-based, is that you are creating a positive culture: if you say to one kid ‘I like how you’re walking,’ then the kid who is running adjusts. Ginny: the language the adults use is important. Carol: it is encouraging pro-social behavior and teaching it. It is better to teach and reinforce than to punish. Ginny: there is a set of expectations I am supposed to practice in the bathroom, in the cafeteria, in the classroom. Angela: take away the do nots, encourage positive language. Karen: the arrow going up through the tiers: the kids who need the most help have all three tiers—that is one of the biggest shifts. Everyone is everyone’s kid. Ginny asked Blair what about the child viewed as in the 5 percent; what happens in the community system? Blair explained that she sees a portion of children who maybe are on the radar with the schools somehow, but the parents won’t allow them to communicate with the schools. So she has no way to communicate with the schools due to legal issues about sharing information and releases. She thinks this is a great initiative and that it sends a powerful message in the community to say this is what MCPS will be doing, but her reality is how does she get to participate with that when the child comes in from the outside, and is not identified in the school and brought in. For kids who are in CSCT those are not generally the families whose parents are not letting her communicate. The other question is about funding: who gets these services, and how do they get these services? She has kids who would be well served by certain programs that are school based, but the insurance won’t pay for the school based program. She imagines parents not wanting her to communicate with School A and School B. Ginny: you are supportive of MBI—yes, what’s not to support?—Ginny continued: but there are children who may or may not be identified by the schools that you cannot communicate with the schools about. Blair: correct. She is interested in making sure community providers are involved; she is happy to be here, and would be happy to continue, as her colleague would; so then it is something she can talk about cogently with the families, suggesting they could get them going in this. Carol: the problem with any school is getting more parent involvement, and we are always working to improve that. The more we communicate together and share resources, and can be more efficient, maybe we will catch more kids. Blair: it relates to truancy also, which was discussed before the meeting. She hopes there is a truancy component in the MBI—it is a big issue. As a pediatrician, she thinks kids have to go to school; there are a variety of options, but really children need to be in school. And when they are not, due to school anxiety or school avoidance, you have to have a robust way to intervene there. Alex: with this community task force, we are talking about what could be an important component of Graduation Matters Missoula: if we don’t hear from kids for 2 weeks, could we have a system where the entire community comes into play? What are we doing about it? Do we have people ready to move forward to investigate what is happening and how we can help? Yowell has had calls quickly from school checking up on kids who are absent. Alex has however had parents who say no one has checked in 3 weeks. We are working on developing consistency

where if a student is absent, every school is checking in. Carol: high school kids can be tricky. You have to make it harder to skip than to go to school. If attendance is your issue, there are ways that you go after it. Ginny: setting goals is important. She also thinks about one of her kids—school would call every day and ask ‘is he going to get here today?’ Alex: our attendance is over 90 percent. Ginny: Blair is talking about the 7-8 percent who are not. Blair: there will always be kids who have difficulties, but if we all have a sense that this is the initiative, having a common language about what is going on would make a difference. Why do people have great ideas about small towns? Because you are not anonymous and everyone knows the rules. Alex: that’s where we want to be. Ginny: we need the collaborative language so the police officer and the pediatrician speak the same language. Alex said that having a system in place is important. Carol: We want the school calling the parent and asking ‘what are we going to do’ rather than ‘what are you going to do about it.’ Our whole culture in our school is if we have a kid with school avoidance we get a homebound tutor. If we would spend that money on interventions to keep them in school, we could make progress.

Ginny asked Mark Muir if he supports this recommendation. Muir: absolutely. The district started getting involved with MBI when he was an SRO (School Resource Officer) in the 90s. He has the impression it has grown exponentially over the years. It is getting the kids from an early age to respect, understand, and appreciate that good behavior is just expected. This is part of the reason he has always been involved with issues surrounding early childhood education. He is disappointed that Early Head Start and some other programs that really reduce his and Brian’s workload have lost funding. Every dollar we spend on those programs saves \$10-20 down the road. It makes sense to invest at early age. MBI has a lot to offer. Muir likes what Maureen is saying about establishing some sort of a mandate, whether it is as simple as ‘this year you will undergo an assessment and must have x% improvement in performance by the end of the year.’ Not setting a minimum threshold, but a percentage of improvement so it makes it even for everyone. Truancy is a big issue for kids. We see it expand out—one of the reasons we have been so supportive of the Flagship Program is that it addresses that period after school, the latchkey time; it is becoming more prevalent than it has ever been. Young minds unsupervised are an opportunity for disaster waiting to happen.

Blair spoke about the technology and the speed at which things can happen. She said we as adults need to use our experience of being adolescents in knowing what we enjoyed doing to organize better ways of getting more productive developmental things.

Muir: we have lost some funding for our internet crimes against children task force. That time after school is rife with activity on the internet. That is when so much of the predatory stuff is going on; parents are not home and kids have unsupervised access to the internet.

Angela noted that she does private practice as well as school counseling. It is helpful to know the model and suggest to parents that they go talk to a certain person or ask about check in/check out. Do the private practitioners know the school counselors? Do the teachers know whom to refer the kids to? No. There is a big gap.

Blair: Jeff Fee was excited about the huge need for education in the changes in health care. We could look at Kindergarten Roundup: you have to be immunized to come to school. You can get the county health department involved. The health care exchanges are extremely complicated and confusing, and it would be an opportunity to help with those. We have to all be on the same page, both private and public sector. Ginny: The task force would be one way to have the collaborative discussion.

Karen: in an earlier meeting today, it was discussed that a lot of federal money is coming toward feeding people after school. Looking at the time between 3 and 6 p.m.: if the community could wrap itself around how to all work together, instead of a patchwork quilt as we have—if we make use of the federal government putting money into food and they are insisting there be activities around that, it would be an opportunity to address that issue.

Carol commented that Flagship helps—but we can only have that in the Title schools. So at Rattlesnake the Camp Fire Camp runs an after school program; it is independent, not school-sponsored. Ginny: we have said that MBI is a great thing, and that there might be some ways to expand it in terms of everyone

having the cultural language and buy in, and that meeting and talking to one another on a regular basis starts to cement this in place.

Michael Beers: if there is a cliffs notes version of MBI to know more about it, great—it sounds like a great program. When it comes to mental health and interventions, he questions what emphasis there is in peer support. Are we involving people in both the curriculum and intervention? Coming from an independent living background, he said if all you are doing is talking to medical professionals, the assumption you make in your head is there is something wrong with me. As far as truancy: it is a big issue. He knows the 10 day policy changed. Is there one?

Alex replied that our policy is that we do everything possible to keep kids in school and to give them the opportunity to make up work so they can pass their classes. Prior to that, kids who didn't like a class would be absent 10 days and then be dropped—we are not allowing that to happen. If they exhibit problems in a certain class, parents, counselors, and teachers are involved. We are there to support our students and get them back into school or get them in a position where they can pass the class. It is not an absolute. We have moved away from that. Michael talked about when he was in school—it was one of those consequences. Whether there is a cutoff date or something the students know, whether it is reality or perception, once you say there is no more 10 day policy, the student does not hear any more.

Communicating that there are still consequences is important. For truancy, determining when the school calls—it is a social work model. We need to be asking why. Getting student feedback and asking why aren't you going to school—is it anxiety, is it other interests—is very important. Alex: The attendance policy deals with everything you mentioned. He can send it to Michael or to the group. It is much better than saying you've missed 10 days and you're out of here. We don't want that. We changed that. It is more supportive. It is more supportive of staff also. He knows some teachers would say if the students haven't been here, they are out. But as an educator, teacher, counselor, or administrator, it is our responsibility when students are not coming to school, to find out why not. And we are dedicating resources to try to solve the issue. The number one reason that in this country we lose 1.3 million students per year is that they feel that no one cares whether they are in school or not. The second reason is that the school is not relevant to them. That's 1.3 million students per year for the last 15 years. Ginny commented to Michael that we've had a school board member at almost all the meetings; we really appreciate you being here. Carol agreed to do a little cliffs notes on the MBI and to send that out. Angela said Michael could come and watch at Rattlesnake. Carol agreed—you will see that MBI and CSCT are involved. Michael works with students with visible and invisible disabilities. Alex commented that that's why the task force is so important, to talk about potential gaps in the system and do something about it. Blair noted that there was common ground on the other two committees, and they made strong recommendations. Could this committee make a request of the Board to take the MBI or to consider that as a priority initiative and then to say an ongoing task force would be joint with that? This will evolve. So instead of making multiple suggestions, making those two suggestions may be sufficient. She knows it does not address some of the things talked about at earlier meetings, but it filters it to the essential. It is a starting place.

Ginny: so say we are requesting that MBI become the policy that is the expected behavior of all the schools to move through the iterative process, and that it becomes the culture of the district. And in all the other places where the district is a part of the process with the community, that the task force would come together to monitor and evaluate the process that comes from how we had hoped children were assessed, and how they are moving forward. Also that they would make recommendations and change policies perhaps and explore the business of how we make sure that people know how to pay for services. Jeff Fee brought up the question at the first meeting of how we can make it affordable and accessible. Third, the district crisis plan and the individual building crisis plans need to have mental wellness and reaction things built into the district crisis plan. That would be another thing the task force would look at. These are not recommendations but telling the Board here is where we think we are. Maureen explained that the district plan is the building plan, and it does have the response and reaction already written into it. She added that she thinks the most important concept of the three identified in terms of sustainability, acculturation, and assessment, that the sustainability is the most important. These things have occurred

here before, sometimes more than once. Mark has been here as long as she has: we have or have had these things, but the issue is having the vehicles to keep them. Flagship was once in every school. We have several places to have lists of practitioners. There is a committee in town funded by the legislature to look at how we keep people from going to the state hospital, starting at age 3. They have done some fabulous work, but how many people know that? Coffee for Counselors at Providence has gone away. Resources shift; priorities shift. Whatever we do now, we need to talk about with an eye on the future. Sustainability is challenging; there is never enough money, never enough enthusiasm. Are we going to sit around a table, or find ways to really begin some interventions and be patient enough to see them through? To change the culture we have to start at Early Head Start or in the ob-gyn's office. We have to start talking about what it means to be a healthy community and be patient enough to get there.

Ginny: a wonderful reminder that good people are good-intentioned and have been doing good things for a long time, but not everyone knows about it and not everyone is connecting. A starting place for the task force is that we start to talk about where we start. Early childhood starts with pregnancy and goes through age 5. At kindergarten sign-up, we can talk about what kind of things we need to ask about besides shots. Maureen: the start is not so difficult. It is a clear statement that everyone buys into: this is what we want our community to look like; we know that some will end up in jail or court or the hospital; and we recognize it, but we will be patient enough to keep working at it.

Karen: It is important to ask what's right for our kids. And none of us are really having that conversation. Is it appropriate for kids to be listening to the music, watching the program? We are not having that conversation. We can do all these things, but if we are not willing to challenge where our culture has gotten us, which is not totally fine for kids, a healthy community will have to get involved in that.

Carol Ewen echoed what Maureen said—you can start these things and they can fall through the cracks. Critical elements are the patience and where we invest the money. For every dollar you spend on prevention, it saves \$10. Where we spend our resources has to change—practice follows service. We have to look as a community at where we invest our money. Ginny: this is the conversation the task force would have. Michael: back to what Dr. Apostle said about students who don't attend: they feel that people don't care. Caring is not a phone call or saying hello in the hallway. If kids say one of the only reasons they show up is Title or Flagship and it gets cut, they don't care how many people hello them in the hallway. Without ADA, automatic doors and no-step entries, imagine Costco: physical accessibility is set up for a certain portion of the population, but consider how enjoyable that has made the experience for everyone. Look at the school that way: if we can get the 5 percent through and have them have an enjoyable experience, the rest of them will also. If you invest there, the trickle up will be more effective. That feeds into sustainability.

Alex: having been in different places in his career, he has something to compare Missoula to. We all want to be better, and we will be. But in comparison to other places, in terms of resources and schools, we are very fortunate. Our community is highly supportive of everything—school levies and other measures as well. If you walk through our schools, they are pretty safe. We could be better. The task force will provide quality communication, coordination and collaboration, and involve our community in our schools. The systems are there. We have to coordinate them better than ever before. He thinks we will move forward rapidly. The sooner we can move forward and say to the schools, some are on the fringes, some are really into MBI, but wherever you are, MBI will be a very important vehicle. How that reacts to the entire community. Having the schools come and report to task force about trials and tribulations will help us move forward in terms of mental wellness. Yowell asked how we will pitch it to the Board. Ginny replied that we will talk about it in October.

Alex: It does not require Board action to emphasize the importance of MBI in the schools. We have talked to principals; the Board will definitely be involved, and we will make a presentation to the Board in terms of this issue. But we are saying to our schools that they have to move forward.

Ginny: concrete—solid things. What we have done is one inner and one outer statement that we would like to say to the board of trustees: that internally that the MBI becomes the culture of the district. And within that culture we are hoping to add to mental health in terms of environment, to prevent some things, and grow. Adults grow as well as the kids. Then we have this external thing where you would like the

Board to know and have the district participants attend a task force that is set up to involve the pieces and parts; there are very specific things that the task force would be doing, including evaluating. Second, how do we make sure when services are needed that they are accessible to everyone—both in affordability and in navigating the system—which involves social workers whether within or outside the district. Then also to review the district crisis plans: they are in place but not always consistent building to building. We would like to take a look at that, and people outside the district might be able to offer suggestions about what the crisis plan would look like in 2015. Those are fairly concrete things.

Yowell: the last school event—it reminded him that there was one person who made the difference; she had received some sort of intervention training. What an amazing thing that was. Ginny: Brian is talking about the last event—and someone was worried that the Connecticut thing would fade out of people's minds, but someone said that something else would happen. Ginny: that goes to that individual's training. She talked him down, talked the gun out of his hands, and said to the police that he would be okay. Maureen wanted to be on record as recognizing a difference between having the tool and having it implemented. The consistency is recommended in the tool.

Ginny asked if the committee members are okay if she writes it up and sends it out to them. She asked if they are willing to meet sometime later in September. Early October was suggested, but not the first week. Second week: Tuesday, Wednesday, and Thursday are great days. Agreement from the committee to meet the 2nd week of October—Wednesday. We would meet to finalize this, and to look at the cliffs notes Carol will produce and send out about MBI. Alex suggested that the task force be comprised of different individuals from those on the committee and maybe some of the same. Carol suggested an hour as the length of the next meeting; Ginny noted that public safety was 40 minutes. We scheduled this meeting for 6 because people couldn't get here before that. Would 5 work? The committee agreed upon 5:30 as compromise. Wednesday, October 9, we will finalize things to say to the Board, do some crafting around the task force, and then on to the November Board meeting. We will also discuss who will be on the task force. Agreement from all. Think how you might speak in the most concrete way about what we are trying to do.

The meeting concluded at 7:29 p.m.

As recording secretary for this meeting, I certify these minutes to be a true and correct copy of what was taken at the meeting.

Elizabeth Serviss, Minutes Recorder

Alex P. Apostle, Superintendent