Mental Health Safety & Security Committee
Resource Mapping
Missoula, MT
April 15, 2013
4:00-7:00 p.m.
Business Building

Present: Ginny Tribe, Alex Apostle, Mark Muir, Jeff Fee, Patty Hershfeldt, Carol Ewen, Karen Allen, Matt Taylor, Jim Parker, Mika Billy, Blair Davison, Maureen O'Malley, Marianne Moon, Geoff Birnbaum, Cynthia Erler, Tyra McDonald, Elizabeth McGrath, Michele Stearns, Kathleen Nerison, Tolleson Knee, Jerry Seidensticker, Erin Betts, Tito Flores, Kary Aytes, Janet Fiero, Gwen Florio, Camille Barraclough, Glen Welch, Brian Yowell, Landen Yowell, Vicki Dundas, Maureen Roy, Cameo Borntrager, Anisa Goforth.

MINUTES

At 4:09 pm, facilitator Ginny Tribe opened the meeting. This is the second meeting in a series. Carol Ewen thanked everyone for coming back and noted that we have invited some more participants.

Introduction of Stakeholders in attendance
Introductions were made: Carol Ewen, MCPS psychologist. Mark Muir, Chief of Police. Alex Apostle, MCPS superintendent. Jeff Fee, CEO St. Pat's/Providence. Matt Taylor, UM professor in psychology. Jim Parker, Western Montana Mental Health Center. Mika Billy, Missoula Forum for Children and Youth. Blair Davison, pediatric psychiatrist. Maureen O'Malley, MCPS social worker. Marianne Moon, MCPS. Geoff Birnbaum, Missoula Youth Homes. Cynthia Erler. Tyra McDonald, CS Porter resource teacher. Elizabeth McGrath, CS Porter paraeducator. Michele Stearns, Counselor at CS Porter. Kathleen Nerison, MCPS. Tolleson Knee. Jerry Seidensticker, Rattlesnake principal. Nursing supervisor at Missoula County Health Department. Erin Betts, Youth Court. Tito Flores. Kary Aytes, pediatric psychiatrist. Janet Fiero, citizen. Gwen Florio with the Missoulian. Camille Barraclough, MCPS MBI. Glen Welch, Youth Court. Brian Yowell. Landen Yowell, Hellgate HS student. Karen Allen, MCPS Executive Regional Director. Vicki Dundas. Maureen Roy. Cameo Borntrager, UM Psychology department. Anisa Goforth, UM Psychology department.

Carol noted that on the wall there are posters from district schools, emphasizing the goals of being respectful, responsible, and safe. We want our children in our community to be respectful, responsible, and safe when they are out in the community. With us today is Patty Hershfeldt, who is the Assistant Director of Training and Technical Assistance for the Safe and Supportive School Initiative in Maryland and works closely with Johns Hopkins University. She has done resource mapping with schools.

Patty: this in her opinion is incredibly exciting to have such broad representation of involvement with children. Take note of the work you are doing and the fact you are here; it is not happening everywhere. Kudos.

Patty addressed today's goals:
1-set up for success;
2-understanding 3 tiered logic, which really is a public health model, much broader (not specific to schools) framework to bring our work together;
3-review Montana data—22 responded to survey she sent out;

4- initial mapping and gap analysis—will begin today;
5-prioritize next steps—some solid action steps so the momentum stays.

Barriers to progress: Notecards were on the tables, and each person had 2 minutes to write what has blocked progress towards this goal in the past, using fewer than 10 words; no names, agencies, or identifying information. Dual purpose: to clear your mind—name it, claim it, tame it—and to collect concerns. We want to put those problems in the past. Success depends on forward focus.

Meet "Stu Dent": Norms for today 1-convey genuine regard and respect; 2-think outside of the box; 3-leave the past behind; 4-be mindful of differences in organizational culture—it will definitely impact your work together; 5- no 'yeah buts'—obstacles without proposed solutions; at least brainstorm around them; 6-assume best intentions!

The hallmark of collaboration is a formal agreement among participants to establish an autonomous structure to accomplish goals that would be difficult to achieve by any of the participants alone. It requires shared governance: power, authority, decision-making, accountability (this was a recurring theme in responses to survey). Weaving together of resources to pursue a shared vision (will mental health people be working with educators or independently?); well-defined working relationships; connect and mobilize resources in a planful and beneficial way.
Why partnerships are needed: one in 5 youth have a mental health (MH) "condition." About 70% of those get no treatment. School is the "de facto" MH provider; the juvenile justice (JJ) system is the next level of system default. Suicide is the 4th leading cause of death among young adults.
SMH (School Mental Health) and MBI (Montana Behavioral Initiative) have a common purpose: schools supporting/promoting mental health of ALL students; prevention, early access, interventions commensurate with level of need (vs. label) are complex to answer; school personnel feel confident and competent in identifying and intervening with accuracy and effectiveness.

Developing a common language activity: tossing around terms. Tossing around terms: Participants were given 5 minutes to discuss: what do you think of when you see the word discipline, office discipline referral, etc.? A student at risk in an elementary building looks very different from a student in the juvenile justice system—it is a different level. Patty asked if any tables want to share: one common theme was comparing what it used to mean even as short as 5 years ago compared to what it means now. Time changes the definition. Another: there were issues whether the word is being used as an adjective or something else: discipline as self control or as taking punitive action: a clear difference in how we look at the word and the first thought that comes to mind. Your profession informs how you look at it. Patty said she always finds the office discipline referral fascinating. Comments: due process—because we are in a positive mindset of reframing these words-discipline to self control; office discipline as due process to figure out some resolution to conflict. In the new definition office discipline is more aligned with being a tracking tool, whereas in the old days it was being sent to the office. Patty: it is a piece of data that leads us in a direction, due process. As you come together, you represent multiple professions and lenses, so it is not a bad idea to spend some time with vocabulary when you meet. There may be some language that one organization doesn't use regularly. School mental health and education pieces often don't work because of the language. If you were to take the activity back to your work, are there other words you would include?
A visual about the benefits of combining mental health and academic outcomes—three arrows in a circle—illustrated how these factors impact one another. Attendance, behavioral competencies, behavioral problems, educational motivation—all of these are education behaviors—attitudes toward school and school connectedness. These behaviors impact academic outcomes: this is primarily what

the community looks at, what makes the newspaper. We need to be incorporating and integrating the health & mental health factors as well. Educational behaviors are those we can be addressing at Tier 1. These are behaviors teachers can impact. The health and mental health factors are more involved skills—the mental health professionals may do more here.

What does quality SMH (School Mental Health) look like?
Interconnected systems framework: a different twist on the triangle.
Tier 1: universal/prevention for all. The school improvement team gives priority to social and emotional health. Mental health skill development for students, staff, families and communities: a lot of survey responses were that families need to be brought in more consistently. Social-emotional learning curricula for all; safe and caring learning environments. Discussion about structured recess, using recess to teach skills like coping with frustration; amazing that there is a fantastic integration.
Tier 2: early intervention for some. All kids in MCPS get access to good solid Tier 1. If classroom is chaotic, who is accountable for that? If a student is in a less than safe and risk-free place to learn, does it make sense to give the student more support? When you determine that a student needs more support, you don't take away Tier 1.
Tier 3: intensive interventions for a few, individualized support—it could be with math or with behavior or with anything. They need the stacked or tiered approach in a level way. A bit of a paradigm shift for the MBI world. Mental health people have had it in place for a while. Continuum of support for all. An example of one student: e.g. a good basketball player, great social skills, pretty good reader, with ADHD so he needs support around executive function skills; because of those skills being not so solid, he has some test anxiety. For math and science he needs all kinds of support: a one-on-one tutor. If you hear people say he's a red zone kid—that doesn't exist. This individual has multiple strengths and some areas of needing support. We need to be linked in to where the student's strengths are.

4:15: Survey Results were shared: Carol has the whole spread sheet with all the data on it.
About the critical factors:
1-vision and shared agenda;
2-infrastructure and systems of accountability
3-feasible funding and sustainable
4-community partnership
5-family involvement
6-cultural competence
7-training and staff development
8-Best practices
9-coordination of resources
10-data collection and evaluation.
Some of the responses. These are ten critical factors to advancing school mental health: the first 2 are about state involvement. The 3rd one: feasible and sustainable funding models. Of the people who responded, 15 percent felt that what is in place is above average; 55 percent noted it as an area of concern. One of the end results of community partnership and gap analysis is that you can identify some crossover that can be used more effectively to reach more kids and maximize the resources you bring. School personnel and mental health stakeholders demonstrate that mental health programs are necessary and integral to student success. Youth and families are engaged in all aspects of school mental health policy and program development: it seems a lot of you feel that this is priority. Discussion of the needs of students from diverse cultural backgrounds. Pre- and in-service training programs prepare professionals in school on children's mental health issues: there is a strong opinion that the school people don't have the connection to understand this. The teacher prep people tend to get one

class in classroom management, and nothing on social-emotional; they are just not trained in it. It's not that they are not willing to learn it. State and community stakeholders support practitioners in utilizing and monitoring best practice models. This is a first look; she encouraged them to revisit it. The next 2 are the ones we are looking at right away: coordination of local resources and state in order to fully integrate mental health and wellness; an area of need. Using and collecting performance data that document impact on core psychological…

Tonight: we are targeting best practices and coordination of resources. Carol has a printout of anonymous responses. The program makes the most prominent words larger. Accountability and shared vision and mental health were the most prominent. What additional questions, comments do you have? Responses: hope, engagement, parental involvement.
Key features: data: shared decision rules; used for decision making with all stakeholders at the table—school, mental health, other child serving systems; family.

We need consensus: if you have an intervention you know will do something to support students, what criteria does it need? Programs, interventions, strategies that are dictated. Establish what are the gates, the criteria a student needs to meet to open an intervention.
One example: an elementary school example: Establish decision rules for access: 5 minutes. Suppose she has a fantastic intervention that will fix all woes for a student, but she brought only 5 doses. Figure out which of the students you will spend the resources on, and come to a consensus. Table 1: Carlos and Toby top 2, farther down was harder. Some don't need an intense dosage that fixes all, but maybe a dosage that fixes part. The next table said they took those below grade level for reading and serious behavioral problems: they found Blake, Toby, Carlos, Maria, and Sam had both factors. The next table chose Tia. The next table selected Tia and Carlos. The next table picked Carlos and ___. The last table selected Toby and Carlos. Patty said there is not usually that much agreement. The conversations she heard are the value in the exercise. While you are doing it, you are establishing data decision rules for access. The point is that this is different from how we often do business: we are establishing first who the intervention is for, as opposed to "I have a kid who needs something and we'll put him in this intervention because we have it." Resources are finite, and sometimes we have to make hard decisions. You can go looking for the data points. For Carlos we see 3 suspensions and the attendance. In Maryland if your attendance drops below a certain percentage, there are sanctions you have to do as a school. One participant noted that sometimes we look at disparate pieces of information, and look at attendance totally separately; but it is helpful to consider them all together. Patty: check in/check out and Tier 2 interventions: they are using the data rules for students to enter this intervention. And when things work well for students, every parent will want their kids in it. The community integration piece is illustrated here: these are the data points schools use – but she heard the comments of a lot of people who are not educators: these may not be the same data points you would use. This is great example of how your data points are different, because your outcomes and how they are measured are different.
Activity: student list: Are there other sources of data available? What else should we know about the students? Do any staff in the building have a relationship with the student? Consider what students are requiring the most adult resources. What are some possible political implications of choosing the students you chose? The perception of providing mental health in a school that is high-achieving is difficult in Maryland. High achievement is based on AP classes and scores. Carlos will need a lot of adult doses. Tia needs a quick fix. We are thinking about which students need help, not in terms of student deficit but in level of support necessary to accomplish the goal. Political implications: principals are evaluated on attendance as one criterion in Maryland, so they would put attendance high; the same with graduation rate also. Those are the political implications of decision making. Something to consider as you move forward as a community of support.

5 minute break.

Key features: data: shared decision rules; used for decision making with all stakeholders at the table—school, mental health, other child serving systems, family.
Systems: what are you doing to support the adults, to ensure they have access to training, feedback, anything they need so they can put the practices in place efficiently, effectively, and in a way it will work?
Talk about teaming structures in place: the team that works with MBI and data from that; a secondary team that works with students identified in check in/check out intervention, a team that looks at staffing the intervention: looking at how well the intervention is working before we bring up the student's name. These teams exist in schools because the teams don't talk in a student-specific way, like names. They could and should include community mental health people to help support making sure the intervention is working. Some of our school people need to understand and be working with the mental health community members: what about juvenile justice and law enforcement being involved in a team for a student who has legal involvement? A new way of teaming in the school.

Moving on to practices: mental health and school staff work in an integrated way to support students across tiers. Whatever we do has assessment and screening, measurement in order to determine which evidence based practices to use, progress monitoring. We need to be selecting practices we know work.

Resource mapping overview and activity
Resource mapping: the purpose. A way to inventory what is in Missoula County for kids, and to connect everyone in terms of knowledge of what's out there for kids. Assume you have a data base of what's available: make sure teachers have access to that. In Maryland, faith-based community members were coming to these: the awareness that they are there can be incredibly impactful in terms of bringing the community together.
Resource mapping: identifying community resources, assess duplication, and build comprehensive sustainable resources. 1-identify the geographic community; 2-identify all currently participating organizations; 3-discuss the description of required target population; 4-identify services/programs available; 5-inventory each agency/organization's expenditures; 6-identify funds expended but not fully matched.
Consumer guide for resource mapping: a framework is a productive way to analyze needs and gaps. Categories: classroom: teachers who need support in classroom management have a mentor. This is what everybody gets. Targeted groups and then those in need of Tier 3 support: what is available? You'll go through the process of completing the framework and then can look and visually see where the gaps are: e.g. transitions high school to beyond for those kids with significant need. Triangle: what do you do for all kids: primary prevention; secondary prevention; tertiary prevention: both for academics and for behavior.
Another graphic: one district's resource map around educational alternatives within the school system: e.g. learning labs at elementary.
For today: categories are on there, but we suspect there will be more to include. Health, education, social services, work to career, enrichment, juvenile justice. Start listing what you have in place for the universal Tier 1 for social services. Question about age group: The targeted audience is K-12, actually preK-12. One participant remarked that we have done resource mapping about 5 years ago—It took a tremendous amount of work; we identified agencies providing crisis stabilization, independent living, transition; this person wondered if rather than starting from scratch if it would be a good starting place to use that information. Patty: fantastic resource: you have the data: what we want for the purpose of

this is to integrate the 3 tier logic, arrange those in terms of prevention, Tier 2, and treatment of severe interventions. Ginny: It would be interesting to see how many here were involved in that or were represented. Several. It seems in addition to using this, it might be good to freshen that model up from when you did it before. Patty: the goal is for everyone to have their resources mapped in a similar way. Carol: the difference is to get away from creating a big comprehensive list that's overwhelming: look at what the available things are for prevention, early intervention, intensive intervention, and see where the crossover in training is. Geoff: when you look at the things across the top, how do you integrate that with early onset? Wouldn't it be more useful to know what the problem is? What is the target and the onset problem—wouldn't they have 3 different columns? Yes. Carol: like juvenile justice: what do we have ongoing that is preventive? SROs (School Resource Officers). Geoff: does everyone know what brings kids into juvenile justice? Patty: we would want the juvenile justice people completing that column. We want the expertise of the people who work in that field, who know what services are in their field. Patty added that before you mark a gap on any of the squares, look at the tremendous resource Cynthia mentioned. The goal is to take that and make it a comprehensive overview for kids in Missoula County. Ginny asked Geoff for clarification: Minor in Possession (MIP) is an example—they go to Justice Court, not to Juvenile Justice. Looking at it from a school perspective, they don't know, and they get frustrated when they call. Ginny: some things are real concrete like MIP or suspension, and others are not so concrete. Patty talked about supports vs. reactions. It's about identifying what is within your domain and what kind of support it provides. Ginny: the mapping already done is from 6 years ago, and there are organizations now that were not there. Geoff: it would be very helpful for him and more focused if school people would map what they're concerned about. For those things that they are not concerned about, we don't need to map resources. Patty: you see a need that is really important for your organization that needs to be included. Alex: reflecting on this work here, he told Cynthia it is comprehensive and very well done. This is some very good work; it could move us down the road faster than we thought. There are more recent inventories as well. It will help us move down the road. Patty: this is pioneering, really impressive. All that contribution is critical. Ginny: Don't look back, we're looking forward. This is different type of work. We knew from the beginning. The preliminary stuff, that thing about the basketball player, what you have done to help us think about the mapping related to an individual child. You are helping us get organized, make sure that what was been done in the past is still good. Step 2: e.g. juvenile justice: teacher needs to gather additional information: who are the target populations, the funding piece; where are the potential collaborators?

Another next step: minutiae. If something going on in a school building is a Tier 2 intervention. Starting big, and getting narrower. Carol: lots of times we have not had something to hang our interventions on. The 3 tiered system is a way to be able to tie our services into the prevention-intervention help model. Karen: tell me what you need and I'll get it for you: but in the school all you know is that the kid is having a hard time. Geoff: this is so much broader. Karen: you are saying that a kid falling apart may have other components. Geoff: if you say this kid falls apart, then it's the response for the rest of us to offer options. Juvenile justice may or may not show up. About school folks: they don't know who to call, they call and find out they have nothing to do with it. Patty: has a kid who falls apart but does not have skills to figure out what it is. That's when you ask the problem solving team to come and help sort through. That's where the integration happens. It's not he goes down the hall; rather bring the hall to us and we will figure it out. Geoff: Glenn has 30 contracts for prevention/intervention services that may fit what you are saying. If we are building a map, those would be the roads. Mark: one page in the atlas. This is a book full of maps. Where you are going to go depends on where you flip it open, what map you look at. Ginny: what do we do about kids who are lighting fires in the bathroom? The fire department said they have a class we can teach on why fire is interesting, what happens, etc. This is an example of someone we would not even think about—but they brought it up as a concrete example.

Gap Analysis

Alex: Geoff mentioned something very important that will help in gap analysis—asking the community and staff where they think the gaps are and what they need for a highly articulated comprehensive mental health program. Some of the things going on now are wonderful, and it's very clear how to access information and support. Patty: kids in need, flip that: what are some things awesome and fun, and get kids interested. What are we going to do to reconnect kids to the relevance of their education? Use it in a positive way. Participant: we know we are focusing on youth and on mental health, which is very broad. Have we organized around things that are resource based—e.g. kids having tantrums in the classroom, hiding under the desk, hitting? Or for older kids, drinking, taking drugs, is there some information based on research about what makes the most difference for kids? If the only 2 parameters are youth and mental health, are we going to go that broad, or are we narrowing our domains, and are they research-based at all? Patty: have the domains been established thus far, and if so, are they the domains we should be focusing on? Carol thinks we talked about implementing evidence based practices. Are we taking data and seeing if it is effective? If it is not, we need to problem solve so it becomes effective. First identify what we have, then look at what is evidence-based, then look at what we take data on. Patty: a consumer guide for resource mapping plus: do your data indicate a need for an intervention? Do you need an awareness on heat stroke? If so and you can answer yes to these questions: do you have confidence that the data collected are accurate? First question: do you need it? Does the intervention you are looking at have a purpose? Student outcomes are the purpose—and how are those measured? Her understanding is the domains are not established and will always be changing.

Establish goals and prioritize

Ginny put the notes from the first meeting on the table: she thinks a really interesting thing about this meeting and the first one—remember why the district started this in the first place? The horrible thing that happened in Connecticut. The questions we have are probably getting in deeper than the initial questions. We asked what does the district need to do to determine if they have gaps, what model should we use to assess kids' needs; what are evidence-based practices; what is the process for asking kids and families what would be useful for them? How can we empower teachers? In each school is there a teacher kids can go to, with whom they are comfortable? How can schools be structured; how can kids be eyes and ears without being tattletales; how can families and kids navigate; how can we contribute to getting system organized; the first step in that is how do we get the system organized? It will probably be moving all the time. First part is let's map what we've got. Geoff: at the first meeting very end, he asked what he is asking again: mapping the community is enormously complex. He came to ask what do you need from us as a community resource to make you safer in your schools? Mapping works. But we ask then: is it evidence based; does it work? Ginny: chicken and egg: which do you do first? She suggests that we give it a try to do the mapping. Patty said she came with the thought that we will start with just getting it down then start making decisions about what's down there. Mental wellness is about being able to learn from a social-emotional point. Alex: how people feel, express themselves. Being able to deal with ambiguity will be key. This is not a 2, 3, or 4 meeting effort. It is something that will be continuous and on the front burner. Very important issue for community and our staff. We will ask the staff, parents, community what they see as important. But he is interested in how people feel in relation. A parent compared this to a map: more of an atlas, with different pages: he looked at the atlas already done, and it looks like a huge wall of organizations. When dealing with every person as an individual, he wants a flow chart: if this, then that. We don't need just the names of the organizations but what they do and whether they take Medicaid or school funds. How do we steer them through that? This is the start. But the next step is creating a flowchart through the process to get maximum and quickest results. Another participant: what are the goals?—At the last meeting it was difficult for people to talk about homicidality and suicidality. Thinking in a different way: have we

identified what the problem was for a set of individuals? How do we identify kids? Not by operating off a data set; you can miss kids that way. Patty: if she has a student who needs help, it's important for her in an awareness level to know what resources are available. We're putting together an atlas of resources. What are the barriers? Carol: the goal is to bring hosts in and look at all the resources. All of you touch the schools. But how much do you know about the school?—for example, about the behavioral initiative, and how you may have a therapy that would fit with it. What are our resources and approaches and how can we work together? Mental wellness was suggested as a term, overall wellness—going well beyond initial safety. Blair: she is struck by the enormity of the challenge. It's great the challenge was presented. Siloes are a huge part of the problem we want to have the challenge address. One current, very progressive, thoughtful, visionary way of implementing wellness for a district, or for a county, is with preventive, 2nd tier and 3rd tier interventions. But there is another component we need to work on simultaneously: the reality is that a crisis situation could happen at any time, and the school district needs to have a way to respond, so people know that the district has something in place, that the district did not just allow it to happen. Is there some way in this comprehensive, longitudinal development of the problem, to address what is the crisis system? Why is it so hard to start talking about something when you are thinking about it so often? Ginny noted that when the public safety people looked at what we have, they said isn't it great we have a system in place?—But we need to look at what we do in the first 4 minutes. And what you are saying is we have lots in place, but when the one really bad thing happens, there is a gap. We have to look at both the everyday, dealing with kids all the time, and secondly, when the bad thing happens, what do we have in place? Alex: and how do we train our staff to recognize the need for training. And who to get in touch with, who to go to. Alex: training all of our staff is a huge endeavor, but necessary in terms of a comprehensive look in terms of wellness. Have we trained the entire staff in terms of response? And has it been done on a yearly basis? It would be an important factor if we are developing a comprehensive and relevant plan. Culture change: there is a longitudinal change; but also things that need to be undertaken before that. How can we use the ethos of the cultural system in place for the tiered system to help us inform the crisis management plan? Carol: crisis response. Patty: mental health first aid: you train everyone in the community in mental wellness first aid so staff can recognize and refer. An educational campaign so everyone is aware of early indicators. Meet the needs of staff and communities. Alex: it seems to him if we are going to really make this happen, it needs to become embedded in our culture, the way we think about school safety. Everyone in the system appreciates how important the wellness is in relation to the big picture. Marianne: you don't change a culture overnight. We made a lot of effort to do suicide prevention. Carol: in probably 6 or 7 of our schools we screen all kids for internalizing and externalizing. There are probably things we are doing that you need to know we are doing. Another comment: to know where we are going, we have to know where we have been. We need to do a needs assessment and narrow it down. Schools already respond. This would be educating the community. Ginny: the gap is that people don't understand and maybe we haven't evaluated it to see if it is what we want. Can we culturize within the culture of the schools, can it be institutionalized? A parent talked about legal issues: a touchy area. It's difficult to have a sign and ask does your kid have the signs? It is very touchy, difficult, we have come a long way in this discussion. We discovered it is useful to have some understanding of what exists and what do they offer. We have progressed the conversation in a difficult area. Alex: in-district experts, if we coax you to bring us up to speed on what has happened and what we need to do; understanding great things, positive things that have happened, moving in that direction in terms of gap analysis. For the future, we will ask people who have worked in the area to talk about what has happened and what are the plusses and minuses. Ginny: Carol talked about tiers at the last meeting. What is in place, what is working, what is not? She thinks some of the people in the room treat the acute cases. How can we have a better understanding of what's going on? E.g. in Browning when kids don't show up, they drive out and pick them up: because transportation is an issue. Carol: how to focus

on preventing, not getting so many into the higher tiers. We are coming together and saying we want as few kids in jail or residential treatment placement as we can; we can't do it by focusing on crisis response. Patty: It is more helpful if teachers know what is available and recognize how to get that onward. If you want sharing to happen, everyone needs to know what the other guy has to offer. She had not known Glenn had x dollars for prevention; she would not have been directed to mental wellness over mental health without everyone here. School social worker: they don't have time or inclination even with a map in front of them; they are looking for who is the person in the building. She has to coach teaching colleagues through who to contact. It is not practical in today's climate to expect them to do that. Cultural change: dealing with 20-30 kids, or 150 in high school. A parent spoke who has kids in kindergarten, 4th grade and middle school. He sees the progression as they go through. From friends with kids in high school, he hears what we may think is extreme, and it may be more common than we think in terms of behavior, the words they use. School social worker: we are looking for someone to take care of it, because they need to focus on the other kids. Parent: too much to take on at once. We need to focus. Geoff: confused and frustrated about this: if we made this into a flow chart, no one would ever look at it again. We are concerned about a tragedy in our schools. He appreciates all the work. It's great we are doing prevention and intervention. But what are we going to do about a tragedy? Currently so many programs are full. We have done a tremendous amount of prevention. We need to do something about it. In 40 years he has not figured out a chart; he is fine with doing it, but he knows more from parents what they want from us as a provider than he knows what the schools want. He comes to tell the schools what he needs, but he does not want to know the whole organizational chart of the school. Carol: the end goal for her is not a list to teachers. It is a map, where we can blend funding and training, work as a woven fabric so we know what you need and you know what the school needs. What they get in a group home is very different from what they get in a home. She does not want a list to hand to teachers. Alex: that is not our intent. It is not what you can do or I can do, but what we can do together to make a difference. Like Maureen said, teachers and everyone have a lot on their plate. We need to figure out a collaborative way of dealing with the issues. He is not aware of a plan out there that has all the information together. He hopes we do not get frustrated. He hopes we figure it out together and do the very best. There is no end to this; we will be constantly refining and clarifying and communicating; a process of continually improving. There is no end to it. Ginny: provocative questions; frustration pushes us. Karen offered a metaphor: she spent a lot of time at Lewis & Clark with teachers trying to begin the concept of IEFA (Indian Education for All), and trying to have conversations with native people bringing native culture into schools. Ultimately it is about relationship building, getting to know each other's history. Some child psychologists do this one way, and some do it another way. This discussion reminds her of that. She thinks the cultural piece is not about changing a landscape of culture, but about learning to talk to each other in a way she thought we thought was a lot easier than it is. Ginny: knowing how to talk to people who might be able to help. Having a map that goes on the shelf because we don't talk about it is not helpful. Billy: how systems work: these are great conversations to have, but we are getting mixed up. A list of phone numbers of people to call is an essential starting place; probably 3 or 4 groups are underrepresented here and need to be part of it. There seems to be some disconnect of understanding of the current system even among those in the room. Who has a stake in the game, who are the experts and how do we access them. And get it on paper. Yes it can be frustrating. But it is a step in the system, identifying the needs and who can help with them. Participant: earlier Karen talked about what to do with a kid. He spoke about a conversation with someone, who was saying that they have kids who are suicidal, depressed, and acting out in class: can you develop a program to help with needs? We are all here because we care deeply about kids in our schools and want to spend our time to do whatever we can to help. He still wants to know what we can do, how we can help. Help us get a clearer idea what we can help and assist you with. Don't doubt that. He is still trying to understand the kinds of problems you want us in the mental health business to

target and help with—are there categories of behavior, particular challenges, specific needs? He is pondering what are the specific things you want us to help with. This discussion will eventually have that focus. Ginny: we have had 5 ½ hours of discussion on something the whole world is trying to solve. Blair: grew up in Baltimore. She thinks what is so hopeful about Missoula County is that we are uniquely positioned as a community to demonstrate what can be done in terms of fostering community commitment to wellness that goes across an educational and developmental span. MCPS touches the vast majority of kids in the county. It puts us in a position to demonstrate something that can be done. She can have a sense of what the majority of kids are being exposed to in terms of curricula and interventions, etc. In other communities there may be a myriad of systems. The end product can be something we can be proud of and make a difference in the number of children who may need her services for reasons other than genetic. And it is far better if they can reach her when it is chronic rather than acute. Carol: how do we address the school tragedy that happened? There is the safety response, but the mental health piece is how we prevent it as a community. We are doing that as best as we can. Prevention is key. A participant agreed that not having an end is a good idea. We have to start somewhere. She is relatively new to the community. She finds as a university person and as a trainer, she is training people in narrowing down a problem and doing evidence-based practices on it. We are developing this map as a product to help us as we don't understand what each other do. When you assess you will find things, and we need to do something with it. This is a starting point at looking at things. Combining the 2 currents: getting the lay of the land with one another would be helpful in determining what to do a needs assessment about. A lot of us have ideas about what is needed and where the barriers are. In some ways it is deliverable to each other. Ginny: perhaps the needs assessment is too formal of a word: she suggested lay of the land: what you see. We have some parents and family members here tonight. She thinks that discussion, interface, going further on touchy difficult things, is helpful. Those of you involved in wellness professionally, are you willing to have that conversation with lay people, you would come back? Michele: we are operating from necessary urgency: there are 7 weeks or less of school, time to get kids matched to services, e.g. law enforcement camp. We ought to make a concerted effort to get every kid involved in something structured in the summer; even if they have other plans, to ask them what their plans are. That is a question that came up at the last meeting: Would whatever we come up with include opportunities for students to succeed even if they are not part of the school pleasing group? Kathleen: thinks we have mapped some directions that are important. She would not want us to forget the mental health of the staff involved. We talked about safety and crisis response. We need for teachers to feel they have some control over the fears they have about their students. She would not want to lose that focus, as well as the child focus and concern. Ginny: how do we have community and district wide support for mental wellness, but also that we have something in place for where crisis can occur. Connection with the safety and security.

Wrap up and next steps:
Ginny said she learned a great deal; she thinks she was terribly provocative with us, challenging us. Patty: closing remarks: nothing is accomplished without a process. There needs to be some trust in the process. Carol: maybe we need to go back and figure out a process people can all agree on. Alex: does this time work for everyone? He is very grateful. He appreciates people dedicating themselves to this process. Each one of you is critical to the ultimate success of this effort. There was some discussion that it is a bit difficult to start at 4; more participants were in favor of moving to 5 to 7:30. Alex reiterated that they should know that they are very much appreciated and that their dedication will make the difference. We will see some very good things happen for our kids. For the next meeting, we will find out what has happened in the past and some of the positive things that are going on. Ginny added that there should be agreement that whoever is there, that we will work on both parts of the plan.

The meeting ended at 7:04 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.

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Elizabeth Serviss, Minutes Recorder

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Alex P. Apostle, Superintendent