



**STEPS, ACTIVITIES AND A RESULT-FOCUSED PROCESS**

# Task Force on Behavioral Health Care

Pilot site version. Draft for in-house review.



# TASK FORCE ON BEHAVIORAL HEALTH CARE

## **Connecting the 10 dots.**

Explore our ten interrelated Task Forces. We're upgrading the communities our children and parents live, learn and work in.

### SERVICES FOR SURVIVING

- **behavioral health care**
- medical/dental care
- food
- housing
- transportation

### SERVICES FOR THRIVING

- early childhood programs
- parent supports
- youth mentoring
- family-centered schools
- job training

The Resilience Leaders Task Forces are data-driven and result-focused.

## **WELCOME**

Congratulations on completing the Resilience Leaders course, with an understanding of the four phases of continuous quality improvement (CQI): assessing, planning, acting and evaluating. CQI will guide all your local community projects and innovations.

The following ten Task Force steps may be taken simultaneously after Step 1 has been completed to set Task Force ground rules for working together.

The following steps and activities are provided to guide your work. If needed, they may be changed to achieve your initiatives' goals. If you have any questions, ideas or concerns or proposed additions or deletions, please contact the Resilience Leader program director.

Note: Note: This Task Force should work in alignment with the Family-Centered Schools Task Force as they are working on bringing behavioral health care to school settings.

# TASK FORCE STEPS

## **Step Step 1: Ensure that your Resilience Leaders Task Force has a clear vision, goals, shared understanding of data use and other components of the collective impact process.**

Activities include:

- 1a. Creating vision statement
- 1b. Creating measurable goals
- 1c. Describing how data will be collected, analyzed, protected and shared
- 1d. Describing how all innovations and activities will be measured
- 1e. Describing how you can acquire institutional support for your activities, innovations, and task force work
- 1f. Designing a process for group facilitation, managing conflict, documenting your work, and reporting out results.

## **Step 2: Assess the degree to which parents and youth have access to behavioral health care (using the Resilient Community Experience Survey or other tools).**

Activities include:

- 2a. Conducting Resilient Community Experience Survey with parents and youth
- 2b. Conducting an assessment of current public and private sector parent supports (focused on surveying providers)
- 2c. Identifying other sources of data to inform the gaps in services

2d. Analyzing the data and prioritizing communities with the highest need

2d. Consulting with a person with experience in surveying to ensure the surveying process can identify where the highest needs of behavioral healthcare are for parents and youth (potential partners could include the NM Public Health Department and local universities)

2f. Ensuring that all Task Force members have a shared understanding of the concepts of behavioral health care and related services

## **Step 3: Identify who in your county is already working on increasing behavioral health care for families in the schools and community.**

Activities include:

- 3a. Assessing what the city is currently funding and planning
- 3b. Assessing what the county is currently funding and planning
- 3c. Assessing what the school board is currently funding and planning
- 3d. Assessing community-run campaigns/coalitions
- 3e. Assessing state agencies and associations who may be promoting policies and programs
- 3f. Mapping your findings to illustrate gaps in service
- 3g. Assessing existing programs for alignment and overlap

3h. Focusing on solutions, assessing private sector products and services (Artificial Intelligence Mentors, Video Conferencing with Life Coaches and Therapists)

**Step 4: Identify how many of your public schools have school-based behavioral health care providers.**

Activities include:

4a. Assessing level of school-based behavioral health care staffing at each school and their capacity to screen for ACEs with students

4b. Assessing level of school-based behavioral health care staffing at each school and their capacity to screen for ACEs with students' family members

4c. Assessing level of school-based behavioral health care staffing at each school and their capacity to treat trauma and behavioral health care challenges of students

4d. Assessing level of school-based behavioral health care staffing at each school and their capacity to treat trauma and behavioral health care challenges of students' families members

4e. Assessing the amount of services for non-English speakers or special audiences

4f. Assessing the waiting time for seeing a counselor

4g. Collecting names and email addresses of all known behavioral healthcare providers currently associated with the schools

**Step 5: Identify how many of your private behavioral health care agencies accept sliding fee-scale (no one turned away for lack of funds) and/or accept Medicaid.**

Activities include:

5a. Assessing use of technology that allows clients to rate behavioral healthcare services (websites, rating systems like Trip Advisor)

5b. Assessing waiting time for seeing a counselor

5c. Assessing access to agencies with public transportation

5d. Assessing use of technology to address client access needs (TeleMed model)

5e. Collecting names and email addresses of all known behavioral healthcare agencies

**Step 6: Create an email list of key elected officials and stakeholders that allows you to promote school-based and community-based behavioral health care, build relationships and increase dialogue.**

Activities include:

6a. Identifying mayor, councilors, and city manager

6b. Identifying county commissioners and county manager

6c. Identifying school board members and superintendent

6d. Identifying state lawmakers

6e. Identifying hospital staff working in behavioral health care

6d. Identifying school superintendents, principals, teachers, and staff

6e. Identifying existing non-profit agencies and coalitions focused on school-based health, bullying, suicide prevention, and mental health

6f. Identifying state program managers working in behavioral health, public health and child welfare

6g. Engaging in dialog with identified officials on performance measures related to current funded behavioral healthcare programs. Performance measures could focus on accessibility, affordability, cultural relevance, and quality

6h. Collecting names and email addresses of all identified stakeholders (and identify all stakeholder agency websites)

**Step 7: Create a sense of community awareness of the causes, costs, and prevention of ACEs and family trauma.**

Activities include:

7a. Producing forums for school staff and communities

7b. Producing forums for parents and family members

7c. Producing forums for business community members

7d. Producing forums for legislators

7e. Sharing updates on task force activities and articles posted on social media and emails

**Step 8: Provide the Resilience Leaders course to agency leaders who are providing behav-**

**ioral health care and seek to innovate and address gaps in services and quality issues.**

Activities include:

8a. Identifying trainers for Resilience Leaders course

8b. Recruiting participants for the course

8c. Serving as coaches or mentors for course participants

8d. Supporting all graduates of the course in their innovation development (these are local projects focused on increasing the quality of services and quantity of services to meet the needs of children, youth and parents)

8e. Identifying local professionals to provide technical assistance to agencies needing help improving quality

8f. Showcasing the best practice models that are presented in the course

8g. Getting on the same page with course participants and graduates, ensuring a shared understanding of ACEs, CQI concepts, and using data to inform action

**Step 9: Use technology to support all Resilience Leaders innovations, and communicating with the other Resilience Leaders Task Forces (and other county work that aligns with Resilience Leaders).**

Activities include:

9a. Providing opportunities to network via Zoom, Skype, Facetime

9b. Providing opportunities for professional development with web-based learning experiences

9c. Sharing and housing promotional and educational materials in a product management system (such as Google Forms, Basecamp/Project management system)

9d. Highlighting innovation in social media and creating youtube channels to showcase solutions

9e. Researching the “Uber-ization” of behavioral health care (Artificial Intelligence Coaches, Video conferencing with life coaches and therapists)

**Step 10: Collect data in order to create a yearly process for evaluating measurable and meaningful progress toward goals.**

Activities include:

10a. Publishing a yearly report on all activities and innovations (the report should answer the following question: precisely how far did we move the needle on improving the quality of services and quantity of services to meet the needs of children, youth and parents?)

10b. Creating events to showcase progress made, successes and challenges

10c. Communicating with other Resilience Leaders programs within your locality to transfer learning

10d Communicating with other Resilience Leaders programs outside your locality to transfer learning

10e. Creating a retreat for Task Force Members to reflect on progress and rethink next year’s activities, focus and innovations

10f. Identifying new recruits for task force to avoid stagnation and increase innovation

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All rights reserved. For permission to copy, please contact us at [info@safetyandsuccess.org](mailto:info@safetyandsuccess.org) (We are eager to distribute these guidelines as widely as possible to support family-friendly community-building and the prevention of ACEs.)*