



School Centered Mental Health:

Collective Impact for the Greater Good



Lutheran Social Services
of Wisconsin and Upper Michigan, Inc.

Who We Are

Amanda Krzykowski

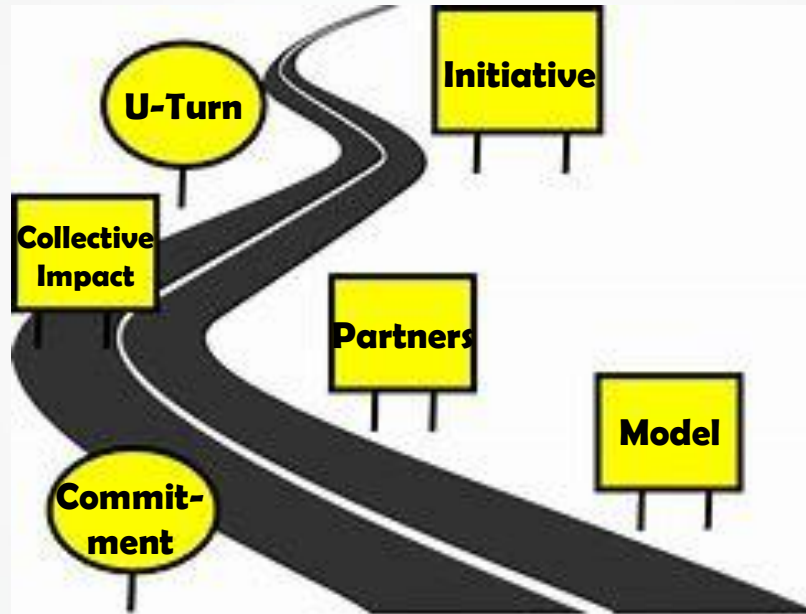
Kim Polki

Sharon Hudy

**Act compassionately.
Serve humbly.
Lead courageously.**



Collective Impact: How Did We Get Here?



Today's Objectives

I. The Framework:

An overview of Collective Impact and how LSS is using this framework to breakdown silos and facilitate policy change.

II. The Model:

An overview of LSS' new comprehensive SCMh model and the utilization of schools as the hub for community-based services.

III. The Call to Action:

How to join the movement. There are no competitors when it comes to best practice and doing the right things for children and the families who love them.



I. The Framework

Serve Humbly



Collective Impact 101

- The collective impact approach requires a structure in which multiple organizations or entities abandon their own agenda in favor of a common agenda and issue.
- Collective impact requires a lead or backbone organization.



Collective Impact 101

| | |
|--|--|
| Common Agenda | All participants share a vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions. |
| Shared Measurement | All participating organizations agree on the ways success will be measured and reported, with a short list of common indicators identified and used for learning & improvement. |
| Mutually Reinforcing Activities | A diverse set of stakeholders, typically across sectors, coordinate a set of differentiated activities through a mutually reinforcing plan of action. |
| Continuous Communication | All players engage in frequent & structured open communication to build trust, assure mutual objectives, and create common motivation. |
| Backbone Support | An independent, funded staff dedicated to the initiative provides ongoing support by guiding the initiative's vision & strategy, supporting aligned activities, establishing shared measurement practices, building public will, advancing policy, & mobilizing resources. |



II. The Model

Lead Compassionately



Why LSS?

- **Commitment to innovation**
 - **Commitment to learn from the process**
 - **Commitment to the risk**
- ✓ What are we doing well?
 - ✓ What are we *not* doing well?
 - ✓ What more can we do?



COMMITMENT
is a
choice.

www.barbellandbellis.com



Why LSS?

The Big Picture:

- Service platform spans 95% of the state
- 37,000 youth and families served annually
- Long time history of rallying stakeholders around change
- “Safe Schools-Healthy Students” grant experience



Why LSS?

2017 SBMH Program Outcomes:

- 50% Improvement in depression
- 60% Improvement in anxiety
- 70% Improvement in feelings of inferiority
- 100% Improvements in emotional withdrawal



Compelled to Do More



School Centered Mental Health (SCMH)

How is it different?



Traditional SBMH vs. SCMh

Traditional School Based Mental Health (SBMH)

At school therapies for students; may include consultation with teachers.

LSS' School Centered Mental Health (SCMH) Model

At school and in-home therapies for students, families and the community.
Includes consultation with teachers.



SCMH

Comprehensive Therapy Team

- Therapy
- Family Coaching
- Behavioral Interventions
- Physical Health
- Training and Education
- Assessment and Evaluation
- Partnering School

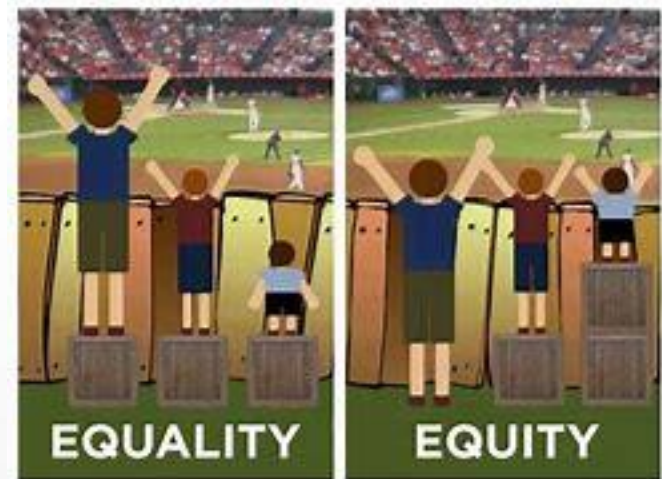


SCMH

Focus on Health Equity

What is Health Equity?

- Health disparities that are caused by systemic differences or have been socially produced and are preventable with reasonable changes.
- Everyone is **not** treated the same; give each individual what they **need** to succeed.



SCMH

Social Determinants of Health

Economic Stability

Employment, food insecurity, housing stability, poverty, income & debt

Education

Early childhood education & development, literacy, high school graduation, enrollment in higher education, & vocational training.

Social & Community Context

Civic participation, discrimination, incarceration, social cohesion, support systems & community engagement.

Health & Health Care

Access to health care, access to primary care, health literacy, health coverage & provider availability.

Neighborhood & Built Environment

Access to food that support healthy eating patterns, crime & violence, environmental conditions, quality of housing, transportation & safe communities.



Back to the Framework:

Collective Impact



Collective Impact

| | |
|--|--|
| Common Agenda | All participants share a vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions. |
| Shared Measurement | All participating organizations agree on the ways success will be measured and reported, with a short list of common indicators identified and used for learning & improvement. |
| Mutually Reinforcing Activities | A diverse set of stakeholders, typically across sectors, coordinate a set of differentiated activities through a mutually reinforcing plan of action. |
| Continuous Communication | All players engage in frequent & structured open communication to build trust, assure mutual objectives, and create common motivation. |
| Backbone Support | An independent, funded staff dedicated to the initiative provides ongoing support by guiding the initiative's vision & strategy, supporting aligned activities, establishing shared measurement practices, building public will, advancing policy, & mobilizing resources. |



I. Common Agenda

Common Agenda

All participants share a vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions.



SCMH Common Agenda

Policy change & sustainability for all providers.



II. Shared Measurement

Shared Measurement

All participating organizations agree on the ways success will be measured and reported, with a short list of common indicators identified and used for learning & improvement.



SCMH Shared Measurements

**Identified assessment tools, shared data
& research partners.**

III. Mutually Reinforcing Activities

| | |
|---|---|
| Mutually Reinforcing Activities | A diverse set of stakeholders, typically across sectors, coordinate a set of differentiated activities through a mutually reinforcing plan of action. |
| SCMH Mutually Reinforcing Activities | Promote health equity and combat SDoH via comprehensive services provided by a coordinated interdisciplinary team. |



IV. Continuous Communication

| | |
|--------------------------------------|--|
| Continuous Communication | All players engage in frequent & structured open communication to build trust, assure mutual objectives, and create common motivation. |
| SCMH Continuous Communication | Partners of Change Committee |



V. Backbone Support

Backbone Support

An independent, funded staff dedicated to the initiative provides ongoing support by guiding the initiative's vision & strategy, supporting aligned activities, establishing shared measurement practices, building public will, advancing policy, & mobilizing resources.



SCMH Backbone Support

LSS as the backbone organization.

Making Systems Change



LSS Change Statement

LSS will lead; making
School Centered Mental Health
sustainable.

**Act compassionately.
Serve humbly.
Lead courageously.**



Common Language Matters

Not Everyone Is a “Partner”



Who's Who and Who's Doing What?

Relationship Building

- High Level Strategic Partners
- Funders
- Collaborators
- Partners of Change



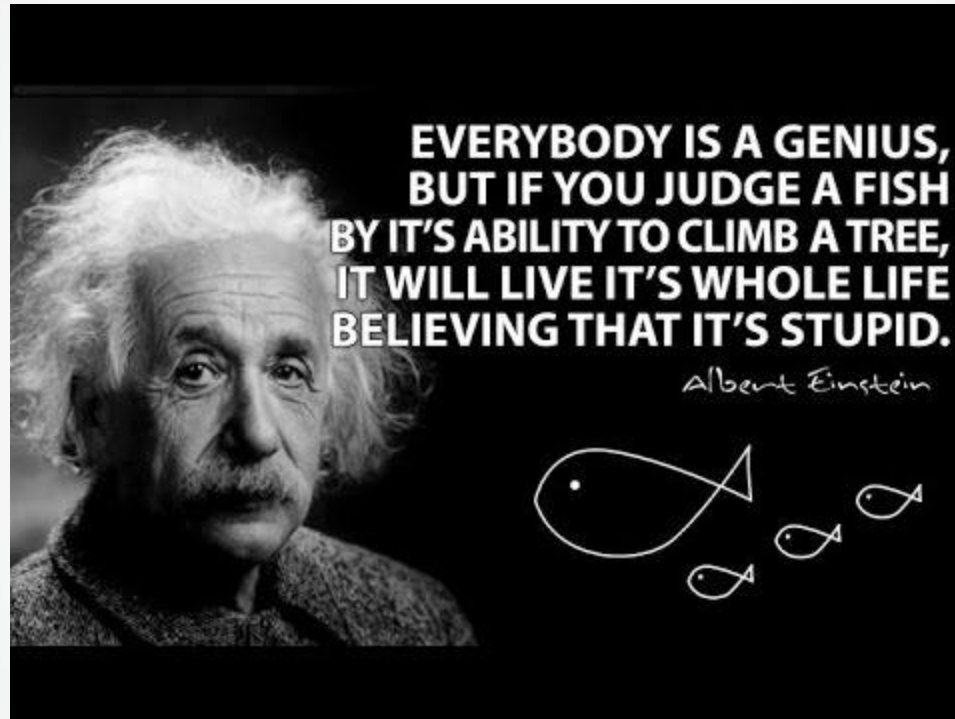
Relationship Building

| | |
|--------------------------------------|---|
| High Level Strategic Partners | Established. Well Heeled. Financially Invested. Connected |
| Funders | Passionate about our cause. Well Heeled. History of Giving to LSS or charities like LSS |
| Collaborators | Co-Creators and Implementers of the SBMH program |
| Partners of Change | Active, established, connected leaders involved in government, healthcare and advocacy that can help to make the case and advocate for systems change |

Who's Who?



Relationship Building



Who's Doing What?



Relationship Building

**GREAT LEADERS DON'T
SET OUT TO BE A
LEADER...THEY SET OUT
TO MAKE A DIFFERENCE.
ITS NEVER ABOUT THE
ROLE-ALWAYS ABOUT
THE GOAL.**

LisaHaisha.com

Who's Leading Again?



III. The Call to Action

Act Courageously



Join the Movement

OR Start Your Own

There are no competitors when it comes to best practice and doing the right thing for children and the families who love them.



Presentation Review



Today's Objectives

I. The Framework:

An overview of Collective Impact and how LSS is using this framework to breakdown silos and facilitate policy change.

II. The Model:

An overview of LSS' new comprehensive SCMh model and the utilization of schools as the hub for community-based services.

III. The Call to Action:

How to join the movement. There are no competitors when it comes to best practice and doing the right things for children and the families who love them.



Questions?

Amanda.Krzykowski@lsswis.org

Kim.Polki@lsswis.org

Sharon.Hudy@lsswis.org

www.lsswis.org





School Centered Mental Health:

Collective Impact for the Greater Good



Lutheran Social Services
of Wisconsin and Upper Michigan, Inc.