



# State of Missouri 2009 Governor's Award for Quality and Productivity Executive Summary

**Team Name:**

Missouri Bright Futures

**Nominator:**

**Nominating Department:** Department of Health and Senior Services

Inter-agency nominations must include names of all agencies/departments/organizations

**Category:** Innovation

**Executive Summary:** [Executive summary page must be 12 points, Times New Roman font, and left justified. Attach the executive summary to the front of the nomination]

**The Missouri Bright Futures Vision:** Every child deserves to be healthy, experience joy, have self-esteem, have caring family and friends, and believe that he or she can succeed in life.

Mental health concerns in children are becoming increasingly common and widespread. Approximately 20 percent of children and adolescents suffer from mental health problems that result in mild functional impairments, and an estimated 10 percent have moderate to severe impairments. A fraction of these children, (less than 50 percent) receive adequate (or any) services. To address this public health crisis, the Departments of Health and Senior Services and Mental Health invited local leaders from mental health, schools, and public health to common tables in regional settings. The goal of the meetings was a new paradigm. The current approach to care for children with mental health challenges focused on treating illness. This approach cannot meet today's challenges and is costly in both dollars and suffering.

The Missouri Bright Futures Project sought to engage communities to implement a public health model to prevent mental illness and plan for the healthy physical, social and emotional development of their children. The Missouri Bright Futures goals are to promote mental health in children, adolescents and their families; provide prevention, early recognition and intervention strategies in health and education settings and encourage partnerships and collaboration between professionals, families and communities.

Eight-hundred committed Missouri citizens met in regional seminars three times over a two-year period to discuss mental health promotion for our children and to learn from each other. Communities began to communicate with each other, share resources and identify "others" who needed to be at the table.

At the state level, additional partners were identified and a state planning team was developed. Currently, the state planning team is working intensively with three communities in a training academy. These three communities will be our first Show Me Bright Futures communities. These three communities will then become mentors to the next communities.

Missouri has a new paradigm: A Public Health Approach to Mental Health. We are focusing on promotion of mental health, prevention and early recognition of psychosocial problems and mental disorders.



State of Missouri  
2009 Governor's Award for Quality and Productivity

NOMINATION FORM

I. GENERAL INFORMATION

Department: Department of Health and Senior Services

1. Project or team name.

Missouri Bright Futures Project (now the Show-Me Bright Futures)

2. List the name of all team members, job titles, state agency department, and/or community organization.

Patsy Carter, Clinical Director, Department of Mental Health

John Heskett, Former Director of Comprehensive Children's Services, Department of Mental Health

Evelyn Wilson, Public Health Nursing Supervisor, St. Louis City Health Department (former

Maternal Child Health Program Manager, Department of Health and Senior Services)

Paula Nickelson, Special Needs Population Liaison (formerly Prevention Services Coordinator/and

Title V MCH Director) Department of Health and Senior Services

Marjorie Cole, State School Nurse Consultant, Department of Health and Senior Services

Cindy Leuthen, Maternal Child Health Program Manager, Department of Health and Senior Services

Sheri Williams, District Nurse Consultant, Department of Health and Senior Services

Kirk Schreiber, Executive Director, Children's Trust Fund

Ellen Kagen, Director of Communities Can, Georgetown University, Washington D.C.

Karen Weston, Director, Center for the Advancement of Mental Health Practices in Schools,

University of Missouri-Columbia

Stan Johnson, Associate Commissioner, Department of Elementary and Secondary Education

Richard Phillips, Executive Director, Missouri Student Success Network

Linda Washburn, Assistant Director, Missouri Student Success Network

Janet Shepard, Director, Practical Parenting Partnerships

Kim Ratcliffe, Associate Director, Missouri School Boards' Association

Carolyn Stemmons, Assistant Director, Missouri Head Start- State Collaboration Office

Diane Weber, Project Director, Heartland Center at St Louis University

Bruce Horwitz, Project Director of the Show Me Bright Futures Training Academy, Missouri

Institute of Mental Health, University of Missouri

3. Nomination category.

(Check only one)

INNOVATION

CUSTOMER SERVICE

PROCESS IMPROVEMENT

TECHNOLOGY IN GOVERNMENT

EFFICIENCY

4. Describe why you selected this nomination category.

INNOVATION

The concept of bringing together multiple children and family service agencies, including schools, to engage in collaborative practice with a shared vision for health and mental health promotion for children, their families, and the communities in which they live is a shift from the traditional way of practice in Missouri.

II. BACKGROUND

1. When did the team begin?

In 2004, staff in the Departments of Health and Senior Services (DHSS) and Mental Health began conversations regarding the results of 2003 focus group interviews conducted with stakeholders by the Center for Advancement of Mental Health Practices in Schools at the University of Missouri-Columbia and a survey of school nurses. The focus groups were conducted as one part of an ongoing initiative to create a shared agenda for children's mental health in Missouri. While the stated intent of the survey was to identify recommendations for next steps in developing a comprehensive System of Care for Children's Mental Health in Missouri, barriers to a shared agenda in Missouri emerged in each of the groups. Six problem areas were identified: 1) Communication and Collaboration; 2) the Stigma of Mental Illness; 3) Training in the area of Mental Health; 4) Family Respect and Support; 5) Support for Children Inside and Outside the School Setting; and 6) Support for Schools. In addition, a 2002 survey of 524 public school districts in Missouri for continuing education revealed that school nurses rated children's mental health issues as the number one priority in professional development.

**2. When did the team implement this project?**

Beginning in 2005, DHSS staff in the Maternal Child Health and School Health programs partnered with staff in the Department of Mental Health to bring together local school, public health, and community mental health leaders in regional settings for seminars. The purpose of the seminars was to facilitate a collaborative process for understanding the basic concepts of: 1) mental health promotion for children and adolescents; 2) reducing stigma about mental illness; and 3) understanding the communities' ability to foster mental health resiliency. The goal was to promote mental health in children, adolescents, and their families. The key objectives were to: 1) provide prevention, early recognition and intervention strategies in health and educational settings; and 2) encourage partnerships and collaboration among professionals, families, and communities. The concepts of population-based public health, systems change, and social marketing were incorporated into the seminars. Three sets of regional meetings were sponsored. Attendance ranged from 600 to 800 participants. Along the way, additional partners at the local and state level were identified and a State Planning Team began meeting.

The regional seminars purposefully integrated the three disciplines, (public health, education and mental health) by assigning seats. It was gratifying to see some communities embrace their new-found partners and begin plans for collaboration at the local level.

In an effort to address sustainability, the state level planning committee decided to select three communities of "early adopters" to the public health approach to mental health to serve as catalysts for statewide transformation. These three communities receive customized technical assistance and strategic planning to address the unique needs in their communities around mental health promotion for their communities. The community teams were identified in late 2008 and are now receiving technical support.

**3. How long has the project been implemented?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 0 - 3 Months   | <input type="checkbox"/> 4 – 6 Months          | <input type="checkbox"/> 7 - 9 Months                |
| <input type="checkbox"/> 10 – 12 Months | <input checked="" type="checkbox"/> 12 or more | <input checked="" type="checkbox"/> On-going Project |

**III. RESULTS/ACCOMPLISHMENT**

**1. What did the team accomplish?** *(Use specific data and examples to identify accomplishments and whom benefited: i.e. agency, division, department, citizens, individuals, etc. Information must be included for nomination to be considered for GAQP.)*

- 1- Disseminated to 800 community level providers (school nurses, school counselors, school social workers, local public health agency staff and local mental health staff), Bright Futures in Practice: Mental Health Guide and Toolkits and the Bright Futures, What to Expect and When to Seek Help Developmental Tools, Bright Futures Tools on Social and Emotional Development and the

- MCH Knowledge Paths and MCH Library Resources related to “Schools and Public Health Competencies, Responses to Disasters for Public Health, Mental Health and School Personnel.”
- 2- Planned and executed three sets of six seminars (18 sessions) in a two year period for persons working in schools, public health and community mental health level providers with hands on training to use the bright futures tools.
  - 3- Fostered at the state and local level a shared commitment to mental health promotion for all children.
  - 4- Developed a state level Missouri Bright Futures Advisory Committee and Leadership Team.
  - 5- Shared resources to implement and sustain the initiative.
  - 6- Secured funding from the Missouri Foundation for Health to support the development of a training Academy in order to work with individual communities.
  - 7- *Promoting Mental Health in Missouri's Children: A Guide for Schools, Families and Communities* was written by the Missouri Coordinated School Health Coalition in collaboration with members of the Missouri Bright Futures team.
  - 8- Professional Development Sessions on mental health promotion and early intervention are offered at all state level conferences for school nurses, school counselors, school social workers and teachers.
  - 9- Six regional seminars for school staff regarding suicide and the roles schools can play in early identification and referral into a system of care.
  - 10- The concept of mental health promotion, prevention of mental illness, and early intervention when mental illness occurs is becoming the norm.

2. **Which of the following describes the benefits of the accomplishment?** (Check all that apply and provide an explanation)

- |   |   |
|---|---|
| <input type="checkbox"/> cost reduction   | <input type="checkbox"/> time savings   |
| <input type="checkbox"/> improved process | <input checked="" type="checkbox"/> other: describe- This project has been part of the “tipping point” for Missouri’s mental health system to begin consideration of a new paradigm for approaching the prevention of mental illness and delivery of services within our state. |

### III. RESULTS/ACCOMPLISHMENT (continued)

3. **Explain how the accomplishments of the team are beyond regular duties and responsibilities** (150 words or less).

This initiative forced disciplines within public health, schools and mental health to learn one another’s work culture, language, and then finally, shared values. Each discipline was accustomed to working in isolation, oftentimes, with the same child or family. Little thought was given to early intervention or prevention.

### IV. MEASUREMENT/EVALUATION

1. **Explain how the team measured and evaluated this project** (Describe in detail the process and results).

Over 75% of the participants in the seminars answered the pre and post competency evaluation. The overall change in mean ability (all of which were significant at the .0001 level) is ranked below from the greatest to the least. (Complete evaluation reports are available upon request.)

Explain why Bright Futures in Mental Health guide is a resource that supports a public health approach to mental health.

Describe how public health principles apply to promoting resiliency in children, families, and communities.

Identify new opportunities to work with others in my community to promote resiliency in children, families and communities.

Identify gaps in connecting schools, public health and mental health to support children's social and emotional development.

Describe the prevalence and impact of mental health conditions as an urgent public health concern.

Regarding organizational impact of the seminars, respondents indicated they anticipated the training was most likely to impact the way they perform employment related tasks.

Local communities are continuing to meet to address children's mental health issues with newly found partners.

The Bright Futures in Practice: Mental Health Guide and Tool Kit have been incorporated into school health curriculums.

The Coordinated School Health Council developed a Mental Health White Paper.

**2. Are the benefits derived from this project: (Check only one.)**

**Recurring**

**One-time**

**3. Please explain in 300 to 500 words.**

The door has been opened. Mental Health promotion is now seen by schools in Missouri as an integral part of getting the conditions right for learning. Public health and mental health agencies see their role in assisting schools with mental health promotion. Early Head Start recognizes the value of supporting the social and emotional development of all children and early identification of children at risk.

**V. RECOGNITION/AWARDS**

**1. Has this project ever been nominated for the Governor's Award for Quality and Productivity?**

**If yes, when?**

No

**2. If yes, for which category was it nominated?**

N/A


**3. Has this project received any other awards or recognition in the past? If yes, describe.**

This concept, A Public Health Approach to Mental Health, is being recognized as a model on the national level. Staff from the Departments of Health and Senior Services and Mental Health have made presentations at national conferences and participated in Webinars to discuss the Missouri Bright Futures Project.

**VI. NOMINATOR'S INFORMATION**

**NOMINATING DEPARTMENT**


**Department of Health and Senior Services/Division of Community and Public Health/Section for Healthy Families and Youth/Genetics and Healthy Childhood**

<b>Name</b>	<b>Signature</b>	<b>Telephone Number</b>	<b>E-Mail Address</b>
Sharmini Rogers		751-6266	Sharmini.Rogers@dhss.mo.gov

**VII. DEPARTMENT COORDINATOR INFORMATION**

**DEPARTMENT**

Department of Health and Senior Services/Office of Human Resources

<b>Name</b> Susan Troxel	<b>Signature</b> 	<b>Telephone Number</b> 751-6059	<b>E-Mail Address</b> Susan.Troxel@dhss.mo.gov
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**VIII. DEPARTMENT DIRECTOR APPROVAL**

<b>DEPARTMENT DIRECTOR'S NAME</b> Margaret T. Donnelly	<b>DEPARTMENT DIRECTOR'S SIGNATURE*</b> 
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*Nomination must be signed ONLY by the Department Director to be eligible for consideration.*  
*Nominations not signed by the Department Director will be returned.*