**SCHOOL**

 1. Training for all school personnel that produce competencies in mental health disability

 sensitivity, special education processes and beneficial interventions.

 2. Safe Place in school for child to regroup while in crisis assisted by trained clinical staff and/or trusted

 mentors.

 3. Use of best practice interventions as alternatives to punitive and ineffective measures (e.g., Positive

 Behavior Supports; crisis plans; WRAP plans).

 4. Use of skills-based group work (social skills; conflict resolution; coping; and life skills) for children

 and youth at school.

 5. Specialized clinical staff and programs in all schools for all ages.

 6. Support for mainstream and special education teachers via specialized and well-trained teacher

 assistants, school aides, shadow aides and mentors to help

 7. Early Childhood assessment and treatment with specialized aides competent in specific disabilities.

 8. Family Partners available to every school and parent competent in SPED and IEP processes.

**HOME & FAMILY**

 1. Information and education for all family members on mental health, school and other topics

 to promote understanding and compassion and to develop coping and system access skills.

 2. In-home crisis care (assessment, intervention, back-up and follow-through plans) provided by trained, certified mobile teams of professionals and paraprofessionals). Crisis Respite beds available, if needed.

 3. Respite/Mentors available statewide.

 4. Family Partners available statewide to support, advocate for and train parents in SPED, mental health, Wraparound, Medicaid and other necessary processes.

 5. Free available transportation to services

**COMMUNITY/SOCIAL/CHURCH**

 1. Youth-guided programs for skills development, socialization, tutoring and leadership

 opportunities that are affordable and available after-school with properly trained staff.

 2. Free and available transportation to community activities for families and youth.

 3. Specialized child-care workers and programs with well-trained staff.

 4. Outreach and training for church staff to promote inclusion of youth in church activities.

**RECREATION**

 1. Skills-based, structured and therapeutic recreational programs with “No Reject/No Eject

 policy for children and youth with access to educational and recreation equipment all during

 year, especially school holidays and summer, with trained and supervised staff.

 2. Opportunities to practice social skills learned in mainstream activities supported by shadow aides.

**WORK**

 1. Job-coaches, vocational counselors and mentors trained to work with youth prior to and on the

 job.

 2. Specialized pre-training and practice for youth in social skills, teamwork, work place realities with

 support team to help.

 3. Begin job readiness and social skills practice early in school, by age 10, if possible, but no later than

 middle school.

 4. Job developers and/or others educate employers on youth with SED in order to increase transition age employment opportunities.

 5. Use Person Centered and WRAP planning techniques to guide job related activities.

 6. Available transportation to job sites.

**SPECIAL TOPICS**

 1. Staffing Issues: More and better informed child psychiatrists; social workers; school

 psychologists; school nurses; school-based therapists, case managers and aides; pediatricians;

 and Family Partners/WRAP Facilitators.

 2. Coordination:

 A. Specific and coordinated points of entry into system with concomitant early mental health

 screening, assessment and diagnosis and improved protocol on coordination between systems.

 B. Improved coordination at all transition points:

 1. Restrictive to community-care and vice-versa

 2. Transition to adult life

 3. Funding:

 A. Medicaid funding for Respite; Family Partners; Youth Mentors; administrative and planning time;

 to families to do their own case coordination; for health and disease management; and overall

 increase in fees and higher caps.

 B. More flex dollars

 C. Funding for “family placement” beds for Group homes.

 D. Integrate funding across systems and target populations.

 4. Substance Abuse:

 A. Need substance abuse prevention and education for youth in after-school programs and other

 venues statewide.

 B. Need step-down and follow-up to substance abuse and dual diagnosis primary care for youth via

 AA-type group support and treatment in the community statewide.

 5. Adoptive/Foster Care: Limit number of placements; use tracking system; improve communication

 between professionals; streamline TPR; increase # of independent living group homes

6. Outreach & Public Awareness: Need more outreach and public awareness activities for parents,

 professionals and general community about needs and services for children and youth with SED

 and/or co-occurring disorders.