

SAFE SCHOOLS / HEALTHY STUDENTS PROJECT DIRECTORS CONSORTIA
SELF-ASSESSMENT OF FULL IMPLEMENTATION AND SUSTAINABILITY OF MENTAL HEALTH SERVICES

*Consider the following - circling current status for the schools and community you serve
(e.g. has been done or is followed as procedure; is documented by process data as being used; has a clear plan for being sustained)*

	Currently in Place	Consistently Used	Plans Complete to Sustain
<u>Personnel and community awareness and training:</u>			
1. School staff, parents, youth, and community are trained (will continue to be trained) to recognize and respond to -- child/youth indicators of mental health needs; actions that support the needs of children/youth; the referral process for accessing MH services.	Yes No DK Yes No DK Yes No DK	Yes No DK Yes No DK Yes No DK	Yes No DK Yes No DK Yes No DK
2. System established for school and community involvement in making referrals and identifying needs for MH - by serving on student assistance teams and/or interagency meetings to plan for student and family support and services	Yes No DK	Yes No DK	Yes No DK
3. Strategies that increase awareness in school & community about			
a. child/youth MH indicators	Yes No DK	Yes No DK	Yes No DK
b. available and accessible MH services	Yes No DK	Yes No DK	Yes No DK
c. outcomes of MH services	Yes No DK	Yes No DK	Yes No DK
4. Strategies to reduce stigma and increase access to MH	Yes No DK	Yes No DK	Yes No DK
<u>Formalized referral process is established, and will continue to be used</u>			
1. Clear understanding among referral agents (staff, community, parents, etc.) of the process for making referrals	Yes No DK	Yes No DK	Yes No DK
2. Referral forms used by all potential referral agents - school personnel, partners and other child-serving agencies, and parents/youth	Yes No DK	Yes No DK	Yes No DK

	Currently in Place	Consistently Used	Plans Complete to Sustain
3. Protocol for referral is understood by school personnel, community agencies, and parents/families	Yes No DK	Yes No DK	Yes No DK
4. System of triage or process for determining where referrals go (universal, targeted, or indicated provider/service).	Yes No DK	Yes No DK	Yes No DK

System sustained for functional teams to do referral and triage (coordination among the providers for children and families)

1. Collect and share information about the functions and services each of the various MH staff provide within the three levels (universal, targeted, and indicated levels of intervention)	Yes No DK	Yes No DK	Yes No DK
2. Framework is in place to serve the full MH continuum of care	Yes No DK	Yes No DK	Yes No DK
3. School personnel have a clear process, approved by school administrators, for connecting students to community mental health resources and providers.	Yes No DK	Yes No DK	Yes No DK
4. Plan in place to address any gaps, barriers, and overlap within all systems	Yes No DK	Yes No DK	Yes No DK
5. Include all potential agencies/providers that could support sustainability planning efforts	Yes No DK	Yes No DK	Yes No DK
6. The effectiveness of referral and triage to increase access to services is evaluated.	Yes No DK	Yes No DK	Yes No DK

Infrastructure, Capacity, Financing, and Resource Allocation and Management

1. Resource management team comprised of school and partner agencies meets regularly to review and address resource needs	Yes No DK	Yes No DK	Yes No DK
2. Mapping of services within the MH continuum is updated regularly	Yes No DK	Yes No DK	Yes No DK

	Currently in Place	Consistently Used	Plans Complete to Sustain
3. Staff development (including cross-agency) is completed, and needs are regularly reviewed	Yes No DK	Yes No DK	Yes No DK
4. Data is regularly reviewed, and plan completed for addressing needed adjustments	Yes No DK	Yes No DK	Yes No DK
5. Annual review completed of financing resources and coordination of funding streams	Yes No DK	Yes No DK	Yes No DK

MOA and Other Strategies for Coordination of Work

1. Procedures in place to ensure confidentiality, and release for sharing information as appropriate (complying with HIPPA, FERPA, etc.)	Yes No DK	Yes No DK	Yes No DK
2. School personnel have a clear process, approved by school administrators, for connecting to community mental health resources and providers.	Yes No DK	Yes No DK	Yes No DK
3. Ongoing coordination of services among agencies at each of the 3 levels is addressed (universal, targeted, indicated)	Yes No DK	Yes No DK	Yes No DK
4. A plan is developed for reviewing and addressing barriers among agencies and community to include –			
a. School staff	Yes No DK	Yes No DK	Yes No DK
b. Families	Yes No DK	Yes No DK	Yes No DK
c. Youth	Yes No DK	Yes No DK	Yes No DK
d. Prosecution and courts	Yes No DK	Yes No DK	Yes No DK
e. Law enforcement	Yes No DK	Yes No DK	Yes No DK
f. MH and Social service agencies	Yes No DK	Yes No DK	Yes No DK

	Currently in Place			Consistently Used			Plans Complete to Sustain		
5. Data collection systems continue to be utilized and shared	Yes	No	DK	Yes	No	DK	Yes	No	DK
6. Decision-making process is in place for considering outcome data	Yes	No	DK	Yes	No	DK	Yes	No	DK
7. Plan for continuity and follow-up	Yes	No	DK	Yes	No	DK	Yes	No	DK

CONSIDER FOR EACH LEVEL – Universal, Targeted, and Indicated

What current services/programs are provided, to what populations, and in what locations?

What personnel provide each of the services?

What funding is currently utilized?

What functions are served?

How are referrals and services tracked?

How is the quality of implementation and other data collected?

How are the outcomes measured?

Where and with whom will the above functions continue?

What level of training and skill/expertise is required for those functions to be served?

What resources are needed?

What financing options will be explored?