

PD Consortia Meeting 1-8-09

Mental Health Sustainability session poster notes

Insights on sustainability of MH after completion of self-assessment

Frustration –

Understanding MH terminology and strategies, does not always work to get assistance from MH partners to understand this jargon and the frameworks;
Need a primer – “MH for Dummies”

Need to Develop expertise on the planning teams

For Self-Assessment –

the sites are often “in progress”;
rather than “yes” or “no” options for responses, provide this on a Lickert scale with a continuum (e.g. to include the levels of completing, actually using, and plan to sustain);
This was helpful to provide good thinking about sustainability process.

Referral Process, Training, etc. = Sustain in MH

What do I need to focus on now?

Use categories on School Mental Health with SS/HS Functions chart

Need scale to prioritize importance to site – What is important?
Where are we?

TABLE 3 (how do I maintain what I have?)

The discussion focuses on targeting resources/funding to support sustainability -

Medicaid (Medicaid reimbursement funds the Youth Counseling Center (Tennessee);
MH collaboration (Idaho);
Play therapy with local university (Tennessee);
Counseling interns with local MH partners - training, supervision provided (California);
Learning Support Specialist - Title IV funding (Tennessee);
System of Care grant (Ohio);
EPIC – MH providers with University (Tennessee)
PBIS – Title I, Title IVB – Special Ed and NCLB (Georgia)
School-Based Clinicians provided by local MH agency (Maine)
Awareness - All
Data – same data collection/assessment forms among agencies (California)

TABLE 1

School Based Clinicians

MOU's

County school-based mental health counselors

TABLE 2

State variables for MH and Medicaid funding

Look at core needs