

CONSIDERATIONS FOR IMPLEMENTATION AND SUSTAINABILITY OF MENTAL HEALTH SERVICES

Where Are We? Choose your current status toward building and/or sustaining your MH programs

5 = Consistently Used 4 = Currently in Place 3 = Planning Now 2 = Need to Develop 1 = Not Yet Considered

I. Personnel and community awareness and MH training

School staff, parents, youth, and community are provided with...

1. Ongoing training to recognize -					
a. risk and protective factors impacting children/youth	5	4	3	2	1
b. actions that support the needs of children/youth	5	4	3	2	1
c. referral process for accessing MH services	5	4	3	2	1
2. System established for school and community involvement to -					
a. serve on student assistance teams or child study teams	5	4	3	2	1
b. participate in planning for student support and services.	5	4	3	2	1
3. Strategies for increasing awareness of mental health, using data -					
a. needs identified	5	4	3	2	1
b. services available	5	4	3	2	1
c. outcomes realized	5	4	3	2	1
4. Strategies to reduce MH stigma and increase access	5	4	3	2	1

II. Formalized referral process is established, and will continue to be used

1. Clear understanding among referral agents (staff, parents, community, etc.) regarding coordination for making referrals	5	4	3	2	1
2. Referral forms provided to all referral agents (staff, partners, & other child-serving agencies, parents/youth, etc)	5	4	3	2	1
3. Protocol for referral is understood by school personnel, community agencies, and parents/families	5	4	3	2	1
4. System of triage/process for determining where referrals go (primary, secondary, and tertiary levels).	5	4	3	2	1

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III. 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 3 levels of intervention: Universal, Targeted, and Indicated	5	4	3	2	1
2. Framework is in place to serve the full MH continuum of care	5	4	3	2	1
3. School personnel/administrators have a clear and approved process for connecting to community MH resources and providers.	5	4	3	2	1
4. Plan in place to address gaps/barriers/overlap within all systems	5	4	3	2	1
5. Consider other providers to invite to plan sustainability	5	4	3	2	1
6. Evaluate effectiveness of referral/triage to increase service access	5	4	3	2	1

IV. Infrastructure, Capacity, Financing, and Resource Allocation and Management

1. Resource management team comprised of school & partner agencies meet regularly to review and address resource needs	5	4	3	2	1
2. Mapping of services within the MH continuum updated regularly	5	4	3	2	1
3. Cross agency staff development complete and needs regularly reviewed	5	4	3	2	1
4. Data regularly reviewed & plan for addressing needed adjustments	5	4	3	2	1
5. Yearly review of financing resources & coordination of funding streams	5	4	3	2	1

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V. MOA and Other Strategies for Coordination of Work

1. Procedures in place to ensure confidentiality, a release for sharing information as appropriate (complying with HIPPA, FERPA, etc.)	5	4	3	2	1
2. School personnel/administrators have a clear and approved process for connecting to community MH resources and providers.	5	4	3	2	1
3. Ongoing coordination of services among agencies within the 3 levels of intervention: Universal, Targeted, & Indicated	5	4	3	2	1
4. A plan is developed for reviewing and addressing barriers among agencies and community to include –					
a. School staff	5	4	3	2	1
b. Families	5	4	3	2	1
c. Youth	5	4	3	2	1
d. Prosecution	5	4	3	2	1
e. Law enforcement	5	4	3	2	1
f. MH and Social service agencies	5	4	3	2	1
5. Data collection systems continue to be utilized and shared	5	4	3	2	1
6. Decision-making process is in place for considering outcome data	5	4	3	2	1
7. Plan for continuity and follow-up	5	4	3	2	1

