

MH Affinity Group, October 19, 2009

Breakout Group 1

Facilitator: Beth Freeman

TAS: Nancy Kelly

Breakout Group 1- Candace/Rockdale County GA, Lizzie/New Braunfels TX, Mercedes Reidsville GA, Teresa/Montgomery AL

MH Delivery - Topics for Discussion

Create an environment to increase School MH

Access to parents and students

Lizzie – utilizing existing team, have more students than we can manage, case managers receive referrals, get consents and pass referral on to appropriate community provider. Have had referrals from parents and students, try to stay true to our process. Not set up to be a crisis team, have assisted in crisis situations.

Teresa – Confidentiality form developed, school staff communicate with service provider, contract with local MH authority with staff being housed in school building, revised forms at different times, legal counsel for final consent forms,

Service utilization in school

Lizzie – did presentations to campus groups, made people aware of services, good support from administration, follow up, due diligence, timeliness in responding, communication, evaluator helped them with information sharing.

Service utilization in community

Lizzie – school/community team meets once per week to discuss students and caseloads, staffing meeting

Confidentiality

Consents

Share information between school staff, MH, JJ, etc.

Creating a confidential space for SMH sessions

Breakout Group 2

MH Social/Emotional/Behavioral Services – Topics for Discussion

Various SMH needs (view next slide)

Universal – prevention/awareness

Lizzie – have done some preventative work on the small scale side; training with parents and teachers; parent training is an invite to the school, a presentation on a specific topic, sessions given by community service providers; staff training is more around what to look for (signs and symptoms), as well as, how to work with the child with needs in the classroom; LST and Olweus Bullying Prevention; seeing a flow between the three levels, especially with the Olweus Program.

Teresa – began serving children and training staff on MH issues, trainings on specific topics, four different hour long trainings, recording the trainings and posting them on their website so that parents and staff can watch them (ADHD, school refusal, etc) also did a training needs assessment on line and found that we need to do presentations on suicide and cutting.

Indicated – early intervention

Lizzie – jumped into the indicated level with our form, we are needing to go back and look at what we need to do to work in the universal level,

Mercedes – set up a family support network for Hispanic families to build up awareness; the group has been building up slowly, meeting once per month, meeting at the high school, group targets elementary, middle and high school parents

Targeted – specific interventions

Lizzie – worked on top two levels first with referral process and case managers

Mercedes – targeted population, screenings, home visits, working with families, looking for ways to work with parents, things they can add to their program,

MH Diagnosis

Lizzie – did training on Aspergers, doing more at early childhood level, screenings at the PreK program, awareness early on, parents being part of the screening process, developing/looking for an early childhood screening tool that they can use.

SMH

MH provider in community

Breakout Group 3

Referral Process – Topics for Discussion

Protocol for referrals

Teresa – initially got everyone we thought that would be involved in the process together for a meeting; head of guidance counselors, student services, PD, LMHA, etc. just talked about all of the components that we would need to be a part of process; drafted a referral form; continued to meet and share email back and forth to develop referral process and referral; made a decision about who the referrals should come through; decided that it would be the social workers; we then went out and began educating the people in the schools about the referral process and the services available; had to make some revisions to the process and form, as issues were encountered.

Lizzie – very similar process; getting everybody together, how is this going to work best; set up time frames of process in order to get feedback from people.

Mercedes – each of the schools have found their own way with regard to protocol, most of the services were set up to go through school counselors, teachers and principals also refer; the difference in process is who the referrals go through, more open at the high school level;

Teachers, guidance, parent, student

Lizzie – stigma; going back and finding out that we needed more information up front on the referral form, added to referral form – have you spoken to the student about your concern and have you talked to the parent about the concern;

Mercedes – at the beginning of the school year put out a depression and anxiety screening tool at high school; little over 600 students; had a return rate of almost 600 and then do a post; created her own based on Georgia Southern University; supervised the delivery of tool, it raised awareness and her caseload has increased greatly; will share tool with group

Obtaining appropriate MH paperwork

Parental Permission for SMH

Consents for treatment

Information Sharing