

Group 3 – Mental Health Affinity Group

Dave Paulek and Kelly Wells, TAS

David: 1 and 3 struck me, I'm an 05 grantee with 1 week left.

Kelly: Have you systematically defined roles?

David: I think we've set that up. Biggest problem was finding providers – we contracted through the district and a private funder. We've had good luck working in the district – the provider drives 60 miles to the school, and have school-based services 4 days out of 5. We have school counselors, an involved principal, and the school nurse who will take the role I had. A social worker will act as the school provider liaison – she handles intake, billing. All of our funding is done through the school district, and we run it through insurance first. The only guarantee we make to the parents is that they won't pay anything. We're keeping it going after the grant ends. We have a school of 700 students, at the high point we were serving just under 10% with mental health services. We found that the costs were covered by insurance.

Kelly: Any problems in that area of question #3?

David: No, we were surprised. There was little resistance. Some confidentiality concerns, but it didn't warrant that much concern. There was little stigma, and we involved the local hospital telling them about our services. They've been a quasi-partner. We had buy-in from the beginning of the project. It's the first time we've had mental health services on a regular basis, but we had some before that was community-based. Now it's right in the school.

Kelly: The in house people are going to keep it going?

David: Yes, the school nurse will head up the program. The roles and functions were designed at the beginning. We've had some training of the entire staff of recognizing mental health issues and how to respond. We try to keep the teachers posted on anything they need to know so they can function with the student in the classroom. I think we needed to do more training. The best people to assess the needs were school counselors, the outside people weren't the best at screening and assessment.

Kelly: #2 – did you address this?

David: Intake forms are confidential, the parents and families are involved. Once they got involved we found a lot of times the child wasn't the problem. We have MOUs with law enforcement as well. You should only talk to the people involved, we make that clear to the parents and everyone else involved. The majority have been on board from the beginning, with a few resisters.

Kelly: If the providers drove 60 miles, if it was community based the parents would have to drive 60 miles. That's great.

Kelly: Have you been able to sustain your other programs?

David: Yes, we've had some great results. If anything we had more people than we need to. Our provider has 4-5 counselors they send and they're able to charge what they'd charge anyone else. We only have one provider though, so if anything changes with them we're back to square one. They do home visits as well, especially in the summer. There's continuity throughout the whole year. We also do measurement, and we have a couple of different measures. It looks like we made some progress. We measured feedback from the parent, counselor, and child. We check in with the parents too.