

## 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

