

Mental Health Affinity Group – Discussion breakouts-April 26, 2010

First Breakout Session – Group 3

Identify activities and practices that you have found most effective in your schools and things you want to sustain

Rochester

- They need to do lots of pre training of school staff
- They have to be training mental health workers to be working at inner city schools

Would want to sustain –ways for mh partners to bill by 3rd party payment; will be easier to roll out training going forward

Need for clinical consultation for principals-kids who are having meltdowns end up in principal's office; need reassurance and an opportunity to debrief

Broward

- Intensive mental health case management team – aligned with increasing graduation rate task force zones and are a resource to the schools
- Developed rapport with schools and served as liaison with meetings with behavioral health partners
- Basis (Behavior and Academic support information system); virtual counselor system to act as an early warning system and to use a weighting system re risks to create a flag or referral to counselor. It also streamlines process for referring and they are building the functionality into the system; can share info with each other; guidance counselor can get a list of interventions; have included community members and others in the development of this; are just going to start to pilot it; They are developing this software; they can share the specs with everyone and screenshots

Want to sustain BASIS (once it is created it should be sustainable); intensive mh managers—some interest in this

Austin

- Developed fast track for referrals (sometimes students who need mh services have to wait a long time to see a psychiatrist) between district and local mh authority

- At 4 year old center have done SEL training of staff, parents (Devereaux training –FlipIt training; counselor is incorporating play therapy along with Devereaux and Incredible Years

Want to sustain referral process (is a systems improvement)

Work they have done with 4 year olds is being picked up by the district

High \$\$ thing they are covering is psychiatric therapy for students each year and they would like to sustain this, but not sure how to do it

Question: has anyone seen the creation of a central office position to coordinate and continue to facilitate the referrals; some SSHS have created a 501C3—get with the TAS--

Alabama

- Accessibility to students in terms of going into schools
- Have developed referral process that works well
- Still need staff in school to recognize need for referral

Are working on ways to sustain direct services with psychiatrists, etc; are implementing MST and there are issues with this in terms of sustainability

Want to sustain the relationship and the ability for mh to have access for students in district

Referral process should be able to be sustained.

Second breakout Discussion -

Identify the key “functions” you need in your SMH program

Rochester

- Clinical consultation role that would allow for this on individual cases and classroom observation and participation in meetings on site; each school has a process to discuss students concerns; being provided by their contracted service provider (does allow for some of it); 3rd party reimbursement doesn't current cover it; they would like to do it more comprehensively for more schools. They are getting some of this through school-based health clinics (developmental pediatrician)
- Opportunity for direct services and one on one
- Universal strategies-PATHS; Primary mental health project (k-2); Coping Power (tiered approach); consultant pieces; combination of SSHS staff and teachers; they are in different stages with schools (now they have an outside group that acts as a coach and

or mentor; goal is to use the outside group to maintain coaching role; teachers need to learn how to crosswalk these EBI's with other EBI's.) Looking at impact of trauma (piloting trauma informed culture at schools);

Broward

- Early assessment imp –guidance counselors and social workers; social workers have gone to training Typical or Troubled and are now training teachers; isn't currently universal
- Linking students with early services-school based mh services (BASIS would do that)
- Providing schools and community with data re universal interventions
- Have CHAMPS behavior management

Austin

- PBIS (integrated at all 3 levels)
- Referral system that all campuses use
- Need-improved communication from staff to mh providers and the reverse so that if there are systems glitches they can be resolved
- CIS and other contract partners and school—how can they be more sensitive to family needs—how does campus personnel deal with families who have needs;
- Their grant is providing linkage services and bridge between community partners and as needs or issues arise SSHS staff can take that back to continue to identify issues
- New funding coming down the pike for school-based mental health