

Breakout Group 1: Session 1

QUESTION: IDENTIFY ACTIVITIES/PRACTICES THAT YOU HAVE FOUND MOST EFFECTIVE IN YOUR SCHOOLS

Crisis intervention, prevention, screening/assessment, group, individual and family counseling

Target groups: centered around a particular behavior, such as, grief and loss, social skills, anger management

Psycho-educational/MH awareness: provide families with literature and information, 1-to-1 conversations with families/students, decrease stigma, seeking MH assistance is okay, and provide information about available resources;

Teacher training (mental health awareness, classroom management, when to refer);

Intensive services for the students; collaboration with SMH staff/parents; services are followed through at home working with the parents, holistic approach (home, school and community); parents' need to be part of the treatment

Crisis intervention – full time therapist at ES/MS, school administrators request a crisis 1 X, not ongoing therapy, with grant we have the support to provide the privacy they need, parental consent not needed for immediate crisis, counselor assesses the crisis, student needs, and then refer and follow up. Middletown, NY, didn't have the program before, only had a school psychologist, SW-Special Ed based SW, the SSHS has added the extra services of the FT SW at HS/MS's. Collecting outcomes on successful students; collaboration between guidance counselors/MH counselors, team work is great; meet with the parents to follow through at school and at home to teach the skills that they need outside of the school, the SMH counselor sets up an appointment for the best time to meet with the parents, flexible to be part of the treatment for the parent to meet the needs of both, and we find translators.

Wrap-around – student/family focused, strengths based, family driven – PBIS program, trained all the SW on the process, in IL we have local area networks Land Wrap/School-Based Wrap, are training every SW to do Wrap-around, and cross training with other agencies.

Which ones would be most important to sustain?

All of them!

Breakout Group 1: Session 2

QUESTION: IDENTIFY THE KEY “FUNCTIONS” YOU NEED IN YOUR SMH PROGRAM

Stan Gilbert/Klamath Falls OR 2008 - Best people to provide the functions are the private agency, MH sustainability piece will be through community providers, not the district; billing is being utilized for high intensive services; putting staff on site in schools is what SSHS is paying for; trying to build a System of Care infrastructure that will live beyond the grant, very important role of the grant is to provide those MH services that didn't exist prior to the funding.

Discussed ways to think about funding for “regular” services/not just crisis intervention beyond funding?

1. Think of who needs to be sustained in order to get services provided? Then talk about the different avenues that could be used to sustain them beyond SSHS funding. Need to know the functions that these people fulfill, before settling on funding stream.

John Szakmary/Middletown NY – How would having a clinic in the school work with regard to school MH provided in clinics? N. Kelly referred John to Utica NY, Anne Lansing;

School Based Health Clinics webinar for funding, May 6th; Beth to put it on the MH Affinity Group website; Suggested develop partnership with local hospitals, doctor offices, health clinics, etc. to develop a SBHC on site at school.

Crisis intervention, screening, referral – provided by the Community Provider on site at school –

Some SMH services will live beyond the grant: Education for school staff, providing a MH presence on site at school, MH provider can provide consultation with teachers/school staff/families, some on-sight services could be provided by school through a contract with providers who can provide intensive services, and services are reimbursable.

Struggle to maintain/sustain: Non-profit agency – how do we continue providing in the school, there is no Medicaid/Medicare reimbursement for services, grant provides now?

Medicaid services at schools? MH Clinic at school district – NY used state funding to establish SBHC's, school health – physical and MH.

Review of State Department of Education's Medicaid Claiming Guide, if no SMH code for reimbursement, then work with state level administrators to educate about the outcomes on SMH in the SSHS initiatives and advocate for development of a school MH reimbursement for typical counseling services provided by guidance and bachelor level staff. Has been accomplished in several states, e.g. Arkansas, SC.

WHICH ONES WOULD BE MOST IMPORTANT TO SUSTAIN?

All of them!