

Mental Health World Café

29 participants from the field of mental health

Questions and Table Discussion Notes

1. What challenges/opportunities regarding systems integration do you see from the mental health perspective?

Challenges

- Economics – decrease of funding in early intervention
- Traditional mindset limiting allocation of funding
- Consistent programming among various service focus, e.g. substance abuse, mental health, child welfare
- “Un-doing” of carve-outs – service and client populations
- Disconnect between mental health and education
- When working in schools, treating child without family
- How to identify students in need of MH services, with family buy-in, consumer challenges?
- Developing screening tools for us in schools, medical issues vs. mental health
- Geographic integration across a remote area
- HIPAA vs. FERPA, communication and information sharing
- Providers who are trained in evidence-based practice programs/techniques
- How to set standards across providers when you have a decentralized system paid for by a third party?
- Community buy-in and stigma reduction, understanding mental wellness
- The dreaded “turf” wars and agency survival
- Quality assurance of services being provided in other alternative settings
- In working with multiple school districts, difficulty for service providers to meet varying district needs, e.g. district scope vs. mental health services scope
- Sustaining coordinated care, clinical consultation, prevention, non-traditional services beyond support of grant unless obtain additional grant for prevention services

Opportunities for Change

- Economics – increase pressures for partnership and collaboration
- SSSH grant encourages consistent service because of the partnership required
- Pressures to do more for less, increase efficiencies
- Our kids in the community, not a “systems” child
- The ability to be in the school where the students are
- Evidence-based practices
- Professional development/training – cross system role specific, universities and teacher prep. Curriculum
- Collaborative partners consent vetted through all legal departments that allows for sharing of information across systems
- Opportunities for teachers to develop behavioral health curricula, e.g. Second Step, as part of the classroom curriculum
- Increased accountability for service providers, increasing the effectiveness of services to clientele
- The partnership of various systems leads to more comprehensive problem solving and community issues
- For 1st time people come together regularly/monthly, e.g. police, attorneys, judge, etc., and continue to keep the dialogue going on working together
- Contracted services enriches access to services
- Integration/interaction with child welfare, probation, health, mental health, law enforcement, juvenile justice
- Systems can assess/address together issues that challenge all systems
- Promotes integrated planning and treatment with MH and SA – question: how to sustain?
- Fee-for-service could be supportive of sustaining clinical care

2. Put yourself in the shoes of your intended target population, what can your mental health system do to support integration with other agencies?

- ✓ Need to engage the parents, perceived lack of interest of parent
- ✓ Transportation resources for children and families
- ✓ Building relationships with families
- ✓ Empower the parent/child to navigate the system to get their needs addressed, the family drives the train, bring families and providers together
- ✓ Tell their story only one time, one door to enter the service systems, de-silo the systems, create a fluid system
- ✓ Know my culture and listen/hear my story, listen to my priorities, goals
- ✓ What would a parent see as success for their child? Ask and find out
- ✓ How does our education system respond to the family's perception and definition of success?
- ✓ Explore my values (parent/child)
- ✓ Ask the parent who else they may need at the table to provide services
- ✓ Identify my clinical needs
- ✓ Build capacity to meet the children's needs
- ✓ Educate and surround with learning supports (you are not going to "teach" yourself out of a job)
- ✓ Population change due to manufacturing changes and shifts in job market
- ✓ 85% free/reduced lunch, increase in Latino, English as a second language
- ✓ Townships/government agencies needing to communicate and outreach to the parents and children
- ✓ Develop services that are accessible for children and the parents
- ✓ Develop seamless approaches, robust screening/counseling on-site, identify needs and refer children to meet their needs, go through one door
- ✓ Find a shared vision (include and explore Maslow's hierarchy of needs)
- ✓ Integrate mental health, education and medical services, allow more time with outside agencies, tighten up relationships with outside agencies and develop multi-disciplinary approach with agencies
- ✓ Link to other existing partners that include law enforcement, human service organizations, superintendents, etc.
- ✓ Determine mental health needs/services by school population, identify in school/MH teams, make referrals as needed to in/out-patient services
- ✓ Cultural diversity and cultural competence
- ✓ Coordinate Care – prevention and intervention, unduplicated services, various partners provide a service and free up clinical staff to provide treatment
- ✓ Information sharing, develop system to share, use technology between systems to share information
- ✓ What is the impact of fragmented system and all of the various initiatives on the experience of the children and families in care planning? Whereas each initiative has the mission of one child - one plan, when their experience is – one child, 3 plans. Where is my plan? I qualify for all 3 initiatives.
- ✓ Hiring abilities – need competitive salaries to meet capacity of need, recognize need for and recruit bi-lingual staff and counselors
- ✓ Home visits and addressing safety issues
- ✓ All partners need to build relationships with agency directors, decision makers
- ✓ No matter the geographical location, we are dealing with similar barriers. Conceptualization of agency function is helpful. There is hope, light at the end of the tunnel, can break through the barriers. Turf issues are normal, part of the process of change, all can be turned around.
- ✓ Interagency Coordinated Care teams meet weekly
- ✓ More services on school site, e.g. mentoring groups, after school programs, clinical services
- ✓ 3 tier model – identify what tier each child belongs to, e.g. universal, indicated, targeted intervention
- ✓ Develop a questionnaire for students and parents to complete
- ✓ Get "county" more involved, more reorganization at the administrative level
- ✓ Meet with mental health provider regularly/monthly
- ✓ Services need to be seamless, e.g. space, school personnel
- ✓ Need to know partner limitations and needs, understanding each other's culture being respectful of differences – how to become part of the fabric of the school
- ✓ Look into prevention – GAINS

Group Reports – Ah-Ha! Moments – What ideas will you take home with you to your community from today’s discussion?

- ✚ As economics decrease there is an increase in accountability and partnerships
- ✚ Consistent programming is key, SSHS may be the “flavor of the month”
- ✚ Turf wars provide a good time to collaborate and leave the negative behind
- ✚ Understand the culture of the agency, the school, families and children
- ✚ We have fragmented systems, it’s time for agencies to work together
- ✚ Bring partners together to work together on challenges; all of us grapple with problems, e.g. drugs, trafficking, etc.
- ✚ Must integrate MH and ATOD, grant offers opportunity for overall prevention vs. Medicaid structures
- ✚ Blend treatment with prevention and identification of student needs
- ✚ Work on cross system information sharing between schools and agencies
- ✚ These are “our kids, our communities” must work on integration of our systems