Implementing a Comprehensive School Mental Health Program

Welcome
Welcome to Module 3 in this series of modules on Comprehensive School Mental Health Programs. This module is called Implementing a Comprehensive School Mental Health Program.

Credits
The authors of *Implementing a Comprehensive School Mental Health Program* are Nancy Lever, Elizabeth Connors, Elizabeth Freeman, and Sharon Stephan.

Implementing a Comprehensive School Mental Health Program is a product of the National Resource Center for Mental Health Promotion and Youth Violence Prevention, under funding provided by the Substance Abuse Mental Health Services Administration (SAMHSA), Cooperative Agreement 5U79SMO61516-02. The contents of this module do not necessarily represent the policy or views of SAMHSA, nor do they imply endorsement by SAMHSA.

Modules in This Series
The modules in this series are as follows:

Module 1: *Introduction to Comprehensive School Mental Health*, which covers what Comprehensive School Mental Health is and why it's important, best practices in Comprehensive School Mental Health, and the continuum of implementing a Comprehensive School Mental Health Program.

Module 2: *Preparing to Implement a Comprehensive School Mental Health Program*, which covers engaging staff, families, youth, and a community mental health partner in your program; mapping programs, reviewing needs, and planning services; managing referrals and intake, and developing an advisory group for your program.

Module 3: *Implementing a Comprehensive School Mental Health Program*, which covers developing program policies and procedures, confidentiality and privacy issues, data collection and program evaluation, addressing common challenges, and funding.

Module 4: *The State Agency Role in Comprehensive School Mental Health*, which covers collaboration, data and outcome measurement systems, state-level policies and procedures, and scaling up Comprehensive School Mental Health Programs in your state.

This Module: Implementing a Comprehensive School Mental Health Program
The contents of this module include the following sections:

Partnering with families and youth:
- Improve the quality of treatment services by partnering with youth and families
- Engage families in developing services and procedures, assisting with evaluation design, and communicating about the program
- Engage students and families in your program's advisory group

Engaging families and youth in treatment:
- Emphasize that students do better in treatment when their family is involved
- Identify and address obstacles to engaging families in their child's treatment

Policies and procedures:
- Ensure that existing policies are up-to-date, appropriate, consistent, and aligned with program goals
- Use these steps to develop a new policy: assess, engage, draft, review, authorize, educate, and revise

Confidentiality and privacy:
- Learn about HIPAA (the Health Insurance Portability and Accountability Act) and FERPA (the Family Educational Rights and Privacy Act)
- Create an agreement between the school district and community mental health partner about what information can be shared with whom

Program evaluation and data collection:
- Determine what kind of process, impact, and outcome evaluation your program will conduct
- Consider collecting data on services provided, educational data, mental health and psychosocial data, and qualitative feedback
- Identify sources of data including program informants and stakeholders, the school district, and community mental health partners

Collaboration:
- Acknowledge that challenges may arise when schools and community mental health agencies work together
- Be prepared to address challenges related to confidentiality, funding, having community mental health providers working in schools, and a lack of understanding of the connection between mental health and academics

Program funding:
- Review funding opportunities at the national, state, and local levels
- Explore diverse funding sources such as grants, contracts, fee-for-service payments, managed care, insurance, and interagency agreements

Engaging Youth, Families, and a Community Mental Health Partner

The success of your Comprehensive School Mental Health Program will, in part, be a result of your school's ability to partner effectively with families, youth, and one or more community mental health providers. Community mental health providers are public or private entities, including outpatient mental health programs, hospital-based programs, local health departments, and individual mental health clinicians.

Module 2 in this series contains strategies for engaging families, youth, and a community mental health partner in the **development** of your program.

The next section of this module features strategies for partnering with families and youth in **implementing** your program.

Partnering with Families
Families play a role in almost every aspect of program implementation, at every stage from developing policies and procedures to evaluation and data collection.

A key concept related to partnering with families is "Nothing about us without us," which is a reminder that when the voices of family members are integrated into program planning and implementation, it leads to more inclusive Comprehensive School Mental Health Programs that address the real needs of families and youth.

Partnering with Families Strengthens Your Program
Partnering with families strengthens your program in the following ways:

- Family members can help plan programs that address their children's mental health needs.
- Family members who are representative of your program's populations of focus can add depth to your program's school-community advisory group. In some schools, half of all advisory group members are parents and other caregivers.
- Family members can help develop family-friendly procedures for mental health referral, service provision, follow-up, and crisis care.
- Family members can help develop surveys to obtain the family and youth voice. Survey family members and students annually to keep their voice central.
- Family members can help to communicate your program's outcomes to parents and other caregivers, community members, and funders. They can also encourage others to access program services.

Identifying Family Members to Reach Out to
If your school is having trouble identifying family members to partner with, consider the following strategies:

- Consult with leaders of your school's parent-teacher organization and your community's family and youth advocacy organizations. They may know parents and other caregivers who would be interested in partnering with you as your school develops and implements its Comprehensive School Mental Health Program.
- Send out an announcement through the school that you're looking for parents and other caregivers to participate in the Comprehensive School Mental Health Program.
- Ask teachers and school administrators to identify parents and other caregivers they feel might be willing to become engaged in your program.
- Invite parents and other caregivers who have successfully navigated the mental health system in your community to become partners in your program.

Partnering with Youth
As we discussed in Module 2 in this series, partnering with youth can greatly enhance the relevance and efficacy of your program. It brings fresh perspectives on student

mental health issues and can reduce stigma and improve access to care. Specific strategies for partnering with youth include the following:

Your school-community advisory group should include students who are representative of your program's populations of focus. Make sure that students are actively engaged with adults in decision-making for the group.

Use meetings and focus group with students as well as suggestion boxes and online surveys to gather input on such issues as what would make students more likely to access mental health services in school, where would students feel comfortable talking with a counselor, and what would make it easier for them to ask for help with mental health or substance abuse problems?

And remember to survey students annually about their perspectives on school climate and their recommendations for school mental health programs and services that would meet their needs.

Identifying Students to Participate in Your Advisory Group
Your program's school-community advisory group will benefit from the participation of a range of students, including those who have direct, first-hand experience with the issues your program addresses (e.g., mental illness, substance abuse treatment—graduates of programs, learning disabilities or academic difficulties, abuse and/or challenging family systems, foster care or adoption, homelessness). You may also want to reach out to students who have close, second-hand experience of these issues through their relationships with relatives or close friends.

Tips for Engaging Youth and Families in Your Program
Here are some tips for making sure that your program truly embraces family members and youth as full participants in program development and implementation.

- Schedule meetings involving students and family members at convenient times and locations (for example, after school and in the evening).
- Make it easier for family members and students to participate in meetings. Some schools do this by providing transportation to meetings, reimbursing individuals for transportation costs to attend meetings, providing child care during meetings, and/or offering stipends to those who participate in program meetings.
- Welcome and support students and family members during meetings. Invite youth and family members to share their ideas and concerns. Everyone's voice should be heard and acknowledged.
- Ensure that the topics that are discussed and the materials that are distributed are easy to understand and free of jargon.
- Develop an environment that encourages courageous, respectful conversations about stigma, obstacles to care, racial and cultural issues, and prejudice and biases.

The Importance of Family-Centered Treatment
When students are referred to and receive school-based mental health care, partnering with families is critical. A family-centered approach to school-based mental health

treatment makes sense because parents and other caregivers are the experts on their children. In addition, research studies confirm that students do better in treatment, and get better over time, when families are involved.

School-based mental health services should be family-driven to the extent possible for each family. Doing so puts families in the primary decision-making role in their child's care.

When Students Are Referred by School Staff Members

There are some unique considerations related to partnering with families in school-based mental health treatment. Unlike a community mental health program where the family often self-refers, in school-based mental health treatment, a school staff member may refer a student for treatment.

When a school staffer refers a student for mental health services, if there is a staff member who has a good relationship with the family, the staffer should notify the parent or guardian about the concern and the referral. In some situations, it may be best for the mental health provider to reach out to the parent or guardian.

It's important to determine the parent's or guardian's level of concern about the student's needs for mental health services. It may be that the student's social, emotional, or behavioral difficulties occur only at school or that the parent or guardian is not aware of school staff members' concerns about the student.

Ultimately, the parent or guardian has the authority to provide or decline consent for ongoing treatment, even if mental health staff have already met with the student in an emergency or crisis.

As soon as possible during or following an emergency or crisis situation, the student's parent or guardian should be debriefed and provided options for ongoing care.

Potential Obstacles to Mental Health Treatment

Once a student is enrolled in school-based mental health treatment, ongoing family engagement is critical.

Many family engagement strategies are focused on addressing logistical obstacles, such as scheduling shorter sessions, holding sessions at a time that is convenient for the family, offering child care, and providing transportation vouchers.

But we know from research that the ability to engage families in their child's mental health treatment is as likely—if not more likely—to be influenced by other non-logistical obstacles such as the stigma associated with mental health treatment, poor past experiences with mental health and education systems, and systems issues such as long waiting lists, arduous intake procedures, and insurance coverage challenges.

In addition, obstacles related to the mental health provider workforce can be a factor, such as a limited number of providers, high provider turnover, providers with limited training in evidence-based culturally relevant practices, and a limited number of non-English speaking providers.

Assessing and Addressing Obstacles to Treatment

There are additional strategies for addressing obstacles to treatment that providers can use as they work with families. Consider each of the following strategies for addressing obstacles:

Normalize Obstacles:
- Everyone is faced with obstacles.
- Our goal is to decrease obstacles.
- Emphasize the importance of family engagement.

Elicit and Identify Obstacles:
- To elicit obstacles, ask open-ended questions.
- Assess ambivalence and/or resistance to services.
- Inquire about practical obstacles.

Develop a Collaborative Plan to Address Obstacles:
- Create at least to potential solutions for each obstacle.
- Give the family a copy of the plan.
- Revise the plan throughout treatment.

Elicit a Commitment:
- Schedule the next appointment or phone call.
- Discuss any concerns about services.
- Express enthusiasm about the family's participation.

When talking with family members about obstacles to treatment, use language that conveys an understanding of the family's competing priorities, rather than implying that the family is "not interested in" or "not motivated to" receive services. Instead, explain that treatment must be an important, high-priority goal for the family.

For families that seem concerned about committing time to mental health treatment, ask them to consider how much time and energy they currently spend addressing their child's problem, and explain that while mental health treatment will take time now, it will save the family time later.

Successful Strategies for Engaging Families in Mental Health Treatment

We know from research that there are successful strategies for engaging families in their student's mental health treatment. Consider the following research-based strategies:

Assessing Obstacles: Gather information about student and family strengths and needs through interviews, questionnaires, and observation.

Promoting Accessibility: Implement strategies to make services convenient and accessible (e.g., by providing on-site child care, taxi vouchers, bus tokens).

Providing Psychoeducation about Services: Provide information about services and the service delivery system (e.g., the frequency and content of sessions; the roles of

clinician, student, parent, and school; limits to confidentiality between school and mental health clinician or other parties).

Assigning Homework: Assign therapeutic tasks to the student or family to complete outside of session to reinforce or facilitate new knowledge and skills.

Using Appointment Reminders: Use mail, text, phone and email to provide information about the day, time, and location of the next contact.

Rehearsing Skills in Session: Use in-session exercises like role plays to build or reinforce competence related to increasing family engagement.

Policies and Procedures for Your Program

Your Comprehensive School Mental Health Program will need to be supported by policies and procedures that have been endorsed by key decision makers.

Begin by reviewing existing policies and procedures from your school, school district, and partnering community mental health agency. Copies of school policies and procedures are typically located in the principal's or superintendent's office. Consider whether each existing policy or procedure is up-to-date, appropriate, consistent with other relevant policies and procedures, and aligned with the mission, vision, and goals of your program.

Some of the kinds of policies and procedures you should have in place that relate to your program include: a student code of conduct policy, procedures for referring a student for mental health services, and procedures for allowing community mental health agency staff to be present on the school campus.

Which Policies and Procedures Does Your Program Have?

To access a checklist of common Comprehensive School Mental Health Program policies and procedures, go to: airhsdlearning.airws.org/CSMHP-Checklist-508.docx

Steps to Develop a School Mental Health Policy

Once you've identified the policies that your school, district, and community mental health agency need to support your Comprehensive School Mental Health Program, how do you go about creating a new policy?

Step 1: Assess: Determine whether there is an existing policy that meets the identified need.

Step 2: Engage: Identify relevant stakeholders and solicit their input.

Step 3: Draft: Draw up a preliminary policy.

Step 4: Review: Have the principal/superintendent, district legal counsel, and advisory group review the draft; make revisions.

Step 5: Authorize: Have the policy approved by the authorizing body (e.g., superintendent, school board).

Step 6: Educate and revise: Inform staff about the policy; periodically review and update the policy.

One District's Experience Developing a School Mental Health Policy

Kershaw County School District in South Carolina worked with its student support staff and community behavioral health providers to develop a policy for how to work with students experiencing a mental health crisis. The process they followed provides a useful approach to developing new policies on a range of issues for your program.

Step 1: Assess. Kershaw County's director of student support services learned that each school in the district had a different approach to working with students who were experiencing a mental health crisis. He believed that the district needed a uniform policy that school staff and community mental health agency staff working with students would follow.

Step 2: Engage. The director of student services scheduled a meeting involving the district's guidance counselors and social workers, as well as community mental health providers, to talk about the need for the policy and what the policy should contain.

Step 3: Draft. Based on input from school staff and community mental health providers, the director of student services drafted a policy for how school staff and community mental health agency professionals should support students in crisis.

Step 4: Review. The director had the draft policy reviewed by the legal counsels for the school district and for the community mental health agency. He then incorporated their suggestions into the policy.

Step 5: Authorize. The director of student services submitted the policy to the school board and the board of directors of the community mental health agency. After reviewing the policy, both boards officially approved the policy.

Step 6: Educate and revise. Senior staff from the school district and the community mental health agency developed and implemented a plan for educating their staff about the policy. They agreed to meet on a regular basis to assess how the policy was working and to determine if revisions to the policy were needed.

Educating Staff About Policies and Procedures

It's important to educate school staff (and community mental health providers working in the school) about existing and new policies and procedures that relate to your program and the students you serve. You can share information about new policies and procedures during staff meetings, at grade-level meetings, and through flyers in staff mailboxes. To brief new staff on relevant policies and procedures, you can include summary information in new staff orientation packets. You may also want to have a school mental health leader provide an overview of the program and relevant policies and procedures during new staff orientation.

Confidentiality and Privacy

For all school mental health programs, confidentiality issues and the respect of student and family privacy are critical. Students' and family members' personal health information are protected by regulations that apply to schools and outpatient mental health programs. Students and families need to feel comfortable that their information will be respected and will only be shared as appropriate for treatment.

To protect student and family privacy and to ensure coordinated care, schools and their community mental health partners must have appropriate, signed consent-for-treatment and release-of-information agreements in place in order to discuss student progress and treatment.

Confidentiality and Privacy

What Is HIPAA? The Health Insurance Portability and Accountability Act (HIPAA) provides federal protections for individually identifiable health information held by covered entities such as community mental health centers. HIPAA gives patients an array of rights regarding their individually identifiable health information. For more information about HIPAA, go to:
http://www.hhs.gov/ocr/privacy/index.html

What is FERPA? The Family Educational Rights and Privacy Act, FERPA, is a federal law that protects the privacy of students' education records. FERPA gives parents certain rights related to their child's education records. These rights transfer to students when they turn 18. For more information about FERPA, go to:
http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html

HIPAA and FERPA

School-employed staff must follow FERPA regulations, while outpatient mental health programs are often required to abide by HIPAA as a result of their status as a hospital, health center, or university program. Because both HIPAA and FERPA are designed to protect confidentiality, they have much in common. It is important to note that there are provisions that allow for the sharing of information on a "need to know" basis during crises and emergency situations to protect and care for students.

For more information on the intersection between HIPAA and FERPA, go to:
http://www.hhs.gov/hipaa/for-professionals/faq/ferpa-and-hipaa

Points to Keep in Mind About HIPAA and FERPA

While rules and regulations can be complex, they should not be used as a rationale for not providing services.

School and community mental health agency staff who work with students need to have a clear understanding of what can and cannot be shared under what circumstances according to both HIPAA and FERPA.

It's important to strike a balance between protecting confidential information and sharing relevant information that can help address a student's concerns.

Your school district should have in place a release-of-information form and an agreement with your community mental health partner that describes the parameters under which the district and the agency will share information and documents.

Program Evaluation for Comprehensive School Mental Health Programs

Program evaluation and data collection are critical to your program for many reasons. First, evaluation can support your program's accountability for the services and supports you provide, and can help you advocate for funding to sustain your program over time.

Program evaluation also provides evidence of your program's service quality and its impacts on students, families, and schools. This is essential data to inform quality improvements and should be shared with your stakeholders, current and potential funders, and other Comprehensive School Mental Health Programs.

Evaluation enables you to collect data from a range of program stakeholders including students, teachers, family members, school-based staff, and clinicians.

It can also reduce confirmatory bias, which is the tendency to seek information that confirms one's experiences, educated guesses, and hypotheses.

And finally, collecting and using data to make decisions about your program is central to a data-driven approach to Comprehensive School Mental Health Programs. In this approach, program staff and your school-community advisory board regularly use data from multiple sources and perspectives to make critical decisions about the services and supports the program provides.

Continuum of Program Evaluation for Comprehensive School Mental Health Programs

Program evaluation for Comprehensive School Mental Health Programs can be understood as occurring along a continuum.

At the novice stage, program evaluation typically focuses on describing the program and the services it provides.

At the beginner stage the program evaluation focus often shifts to describing the academic and psychosocial characteristics of students being served.

At the intermediate stage, programs often track student progress and outcomes over time.

And at the advanced stage, programs typically begin to examine long-term outcomes for students and compare them to similar students who did not receive services.

Program Evaluation: Novice Stage

At the Novice stage of program evaluation, most programs collect and analyze descriptive data about their program's standard operating procedures.

This often includes who provides school mental health services, and which services are provided by which staff member at Tiers 1, 2, and 3 (including the types of interventions and intervention length, intensity, and frequency). Note that data on the number of

students served through special education is often more readily available than data on the number of students served through regular education. Program evaluation at the Novice stage may also explore referral sources and referral reasons in order to understand students' needs and how the program is addressing needs.

At the novice stage, data may be collected and analyzed from one data source, typically service utilization data. The data may come from just one point in time, providing a snapshot of students served at that time. Cost data that are collected and used typically focus on describing staff structure and staff costs.

The goal at this stage of program evaluation is to describe the services being provided to better understand the program's strengths and areas for growth.

Program Evaluation: Beginner Stage

At the Beginner stage, once the program understands its service delivery and staff strengths and needs, it's ready to move on to examine student-level data. These data come from school records and may include students' age, grade, gender, race/ethnicity, academic achievement, disciplinary referrals, attendance, and school placement history.

At this stage, data may also be collected on students' diagnoses, presenting problems, goals, and interventions. These data may be obtained from the mental health providers who serve students and/or from family members.

In the beginner stage of program evaluation, multiple sources of academic and psychosocial data may be used. It's likely that each data set comes from just one point in time. Many programs at this stage are able to use data to describe the cost of different program components.

The goal at this stage of program evaluation is to describe the characteristics of the students served and preliminary progress or outcomes.

Program Evaluation: Intermediate Stage

At the Intermediate stage, most programs collect and analyze student psychosocial data to track progress and outcomes. These data are typically aggregated to assess outcomes for all students served by the program, but the data can also be examined for individual students to measure progress at a given tier.

Psychosocial data, which are not usually available in school records, are often collected through psychosocial assessment tools.

At this stage, many programs also examine students' educational outcomes (such as grades) to see whether there is a relationship between students' psychosocial functioning, the mental health services they receive, and their educational outcomes.

At the intermediate stage, programs often collect and use academic and psychosocial data that are gathered when services begin and at one or more follow-up points. Many programs at this stage also track program costs and revenues. They may also begin to determine who will continue to gather and analyze program cost and revenue data over time.

The goal at this stage of program evaluation is to document and track students' psychosocial and academic progress and outcomes.

Program Evaluation: Advanced Stage

Programs at the Advanced stage of program evaluation collect data to determine:

- Long-term student outcomes.
- Factors that contribute to success for different groups of students.
- And outcomes for students who receive mental health services versus for those don't receive services.

At this stage programs may also link their financial cost data to students' psychosocial and educational outcomes, and then draw conclusions about estimated cost savings and the prevention of expensive negative outcomes for students. This type of evaluation can be used to answer such questions as: how much money does your program save for every dollar it spends? Which services work best for whom?

At the advanced stage of program evaluation, programs typically use multiple academic and psychosocial data sources. They may also employ a comparison group and collect data at multiple points in time, such as over more than one school year. In addition, they may connect program cost data to student outcomes to demonstrate the program's cost-effectiveness and return on investment.

The goals at this stage of program evaluation are to:

- Examine long-term outcomes of students who receive mental health services and compare to outcomes for students who don't receive services.
- Determine which services are most effective for which students.
- And demonstrate the program's return on investment.

These data can be a very powerful tool as programs seek to advocate for ongoing or expanded funding.

Types of Program Evaluation

There are three types of program evaluation to consider.

The first type is process evaluation. The purpose or goal of a process evaluation is to measure the program's fidelity to its original plan, to learn how an outcome was achieved, or to document implementation processes and lessons learned. A process evaluation can answer questions such as: is the program being implemented as planned? What changes are being made to adapt an evidence-based program to a given school setting? Process evaluation data are important in interpreting impact and outcome data.

The second type of program evaluation is an impact evaluation. The purpose or goal of an impact evaluation is to measure the immediate effect of the program, which is sometimes referred to as the "proximal" or short-term effect, as an indicator of whether your program is

working. An impact evaluation could seek to understand the impact of the program on the attitudes and skills of students, family members, teachers, and/or clinicians.

The final type is outcome evaluation. An outcome evaluation typically tests whether changes have occurred for program participants, such as students, their caregivers, or teachers. In Comprehensive School Mental Health Programs, outcome evaluations often explore whether students' academic or social/emotional functioning improve as a result of receiving mental health services and supports.

Evaluating Student Outcomes

A critical step in evaluating student outcomes is to identify which outcomes are most important for your program to measure. This is often partly determined by the data that your program has access to.

Typical measurement domains in Comprehensive School Mental Health include the following:

- Academic achievement
- Academic engagement
- Attendance
- Anxiety
- Bullying
- Depression
- Disruptive behavior
- Inattention/Hyperactivity
- School climate
- School engagement
- School refusal
- Social skills
- Substance use
- Traumatic stress

Types of Data That Can Be Collected

When thinking about data collection, it's important to have a good understanding of the data your program may already have access to or may already be collecting. Consider not only the data you already *have*, but also what *other data* you may be able to access or may want to begin collecting.

Data on the services your program provides are essential information to collect. This typically includes information about the type, quantity, and frequency of services at provided at Tiers 1, 2, and 3. It may include billing data and tracking the number of students served. You may also have access to information on how frequently each student is seen, the services each student receives (such as individual, group, or family therapy), and who provides the services.

Be sure not to overlook educational data that your program can access. This may include data on grades, attendance, suspensions, level of restriction or placement, and special education classification.

Mental health and psychosocial data may exist in student records and charts, or can be obtained with parental permission. Mental health screenings and other assessment tools are critical to understanding student progress and outcomes related to emotional and behavioral functioning.

Finally, be sure to collect qualitative feedback from students, families, and school staff. This may include anonymous testimonials and focus groups findings. These data can be particularly useful for understanding satisfaction with the program's services. They can also result in powerful endorsements to share with current and potential funders.

Sources of Data

The data you collect for your program will come from a variety of sources. The primary sources of data that most programs use come from program informants and stakeholders, the school district, and your school's community mental health partner.

Data collected from program informants and stakeholders often comes from clinicians, parents, teachers, students, and mentors.

Data collected from the school district typically include grades, standardized test scores, attendance, disciplinary referrals, and suspensions.

Data collected from your community mental health partner are likely to come from service logs, billing tickets, diagnostic evaluations, and progress notes.

Data Collection Tools

Schools typically collect data on school discipline, truancy, in-school suspensions, and expulsions. But many schools do not routinely collect data to track counseling or mental health services and/or referrals to community agencies. As schools develop Comprehensive School Mental Health Programs, many discover that they need to create a data collection tool that is tailored to their program. Many schools expand their existing data collection system to collect data on school mental health programs and services.

To access a list of the types of data collected by the Kershaw County, South Carolina school district to track mental health referrals and services provided, go to: http://airhsdlearning.airws.org/KershawSC-DataCollctn-508.docx

To access a list of the types of data collected by the Temple, Texas school district to identify students who are struggling and plan appropriate services, go to: http://airhsdlearning.airws.org/TempleTX-DataCollctn-508.docx

Collaboration

In order for your program to meet the full range of student and family needs, including serving students at Tier 3 who often require intensive supports, it's critical to partner with community organizations, especially community mental health agencies. Students and families alike benefit when schools enter into reciprocal partnerships with community mental health agencies.

Challenges to Collaboration

Challenges naturally arise when schools and community mental health agencies work together to develop and implement a Comprehensive School Mental Health Program. While the challenges may at times seem daunting, the positive outcomes for students and families that ensue from collaboration far outweigh the challenges you may experience as you begin to work together.

The following are some of the most common challenges to school-community collaboration for Comprehensive School Mental Health:

- Lack of understanding of the mental health-academics connection
- Reluctance to have community mental health providers working in the school
- Confidentiality concerns
- Funding concerns

The next section explores each of these challenges and potential solutions.

Challenge: Lack of Understanding of the Mental Health-Academics Connection

How would you respond to this challenge when it is articulated in the following way: "Our job is to meet students' educational needs, not their mental health needs"? Consider which of the following strategies you would use to respond, noting that there is no wrong answer:

- Share national, state, and local data on child and adolescent mental health challenges with principals, superintendents, and other school leaders.
- Share the findings of research on outcomes associated with school mental health programs, including academic outcomes for students.
- Disseminate success stories from youth and family mental health advocates.
- Disseminate slogans and resources from mental health/behavioral health media campaigns.

What other strategies could you use?

Challenge: Lack of Understanding of the Mental Health-Academics Connection

How would you respond to this challenge when it is articulated in the following way: "A few of our students struggle with mental health issues, but most of them are doing fine"? Consider which of the following strategies you would use to respond, noting that there is no wrong answer:

- Share national, state, and local data on child and adolescent mental health challenges with principals, superintendents, and other school leaders.
- Share the findings of research on outcomes associated with school mental health programs, including academic outcomes for students.
- Disseminate success stories from youth and family mental health advocates.
- Disseminate slogans and resources from mental health/behavioral health media campaigns.

What other strategies could you use?

Challenge: Reluctance of Community Mental Health Agencies to Provide Services in the School

How would you respond to this challenge when it is articulated in the following way: "We have a shortage of qualified providers; none of our staff are available to work in the schools"? Consider which of the following strategies you would use to respond, noting that there is no wrong answer:

- Identify and address barriers to students obtaining mental health treatment from community providers.
- Identify additional skills school staff may need to respond to students' mental health needs.
- Determine the role of school staff in coordinating care for students referred for mental health services.
- Work with stakeholders to define the roles of school-employed and community agency mental health providers working in schools.
- Revise school policies that make it hard for community mental health professionals to provide services in school.

What other strategies could you use?

Challenge: Reluctance of Community Mental Health Agencies to Provide Services in the School

How would you respond to this challenge when it is articulated in the following way: "If we provide services in schools, how would we keep parents involved in their child's treatment"? Consider which of the following strategies you would use to respond, noting that there is no wrong answer:

- Identify and address barriers to students obtaining mental health treatment from community providers.
- Identify additional skills school staff may need to respond to students' mental health needs.

- Determine the role of school staff in coordinating care for students referred for mental health services.
- Work with stakeholders to define the roles of school-employed and community agency mental health providers working in schools.
- Revise school policies that make it hard for community mental health professionals to provide services in school.

What other strategies could you use?

Challenge: Reluctance of Schools to Have Community Mental Health Providers Working in Schools

How would you respond to this challenge when it is articulated in the following way: "When students need more intensive services, we can refer them to the community mental health clinic"? Consider which of the following strategies you would use to respond, noting that there is no wrong answer:

- Work with stakeholders to define the roles of school-employed and community agency mental health providers working in schools.
- Collaborate with stakeholders to determine services best provided in school and those best provided in community settings.
- Identify additional skills school staff may need to respond to students' mental health needs.
- Plan manageable workloads for school-employed and community agency mental health providers working in schools.
- Develop consent-for-treatment and release-of-information forms for schools and community agencies to use.
- Engage parents as partners in program planning and implementation in order to meet student and family needs.

What other strategies could you use?

Challenge: Reluctance of Schools to Have Community Mental Health Providers Working in Schools

How would you respond to this challenge when it is articulated in the following way: "Community mental health staff operate differently from school staff. It'll be too hard to have them working in our school."? Consider which of the following strategies you would use to respond, noting that there is no wrong answer:

- Work with stakeholders to define the roles of school-employed and community agency mental health providers working in schools.
- Collaborate with stakeholders to determine services best provided in school and those best provided in community settings.
- Identify additional skills school staff may need to respond to students' mental health needs.
- Plan manageable workloads for school-employed and community agency mental health providers working in schools.

- Develop consent-for-treatment and release-of-information forms for schools and community agencies to use.
- Engage parents as partners in program planning and implementation in order to meet student and family needs.

What other strategies could you use?

Challenge: School Concerns Related to Confidentiality

How would you respond to this challenge when it is articulated in the following way: "FERPA (the Family Educational Rights and Privacy Act) requires that we not share information about students who qualify for special education"? Consider which of the following strategies you would use to respond, noting that there is no wrong answer:

- Consult with your school district's legal counsel about how FERPA affects the information that school staff can share with family members and community professionals such as community mental health providers.
- Work with your district's legal counsel and the community mental health agency director or clinical supervisor and legal counsel to develop and implement procedures for school-agency information sharing and to create an information-sharing agreement between the school and community mental health agency.
- Develop consent-for-treatment and release-of information forms for the school and community agency to use.

What other strategies could you use?

Challenge: School Concerns Related to Confidentiality

How would you respond to this challenge when it is articulated in the following way: "We need to have community mental health providers let us know how the students they're working with are progressing in their treatment—so we can help those students succeed in school"? Consider which of the following strategies you would use to respond, noting that there is no wrong answer:

- Consult with your school district's legal counsel about how FERPA affects the information that school staff can share with family members and community professionals such as community mental health providers.
- Work with your district's legal counsel and the community mental health agency director or clinical supervisor and legal counsel to develop and implement procedures for school-agency information sharing and to create an information-sharing agreement between the school and community mental health agency.
- Develop consent-for-treatment and release-of information forms for the school and community agency to use.

What other strategies could you use?

Challenge: Mental Health Agency Concerns Related to Confidentiality

How would you respond to this challenge when it is articulated in the following way: "HIPAA (the Health Insurance Portability and Accountability Act) dictates that we not share information about our clients with school staff? Consider which of the following strategies you would use to respond, noting that there is no wrong answer:

- Consult with your community mental health agency's legal counsel about how HIPAA affects the information that agency staff can share with family members and school staff.
- Work with your agency legal counsel and school district leaders (e.g., superintendent, administrators, directors of guidance and/or psychology) and legal counsel to develop and implement procedures for school-agency information sharing and to create an information-sharing agreement between the school and community mental health agency.
- Develop consent-for-treatment and release-of information forms for the school and community agency to use.

What other strategies could you use?

Challenge: Mental Health Agency Concerns Related to Confidentiality

How would you respond to this challenge when it is articulated in the following way: "We don't have any procedures or protocols for sharing information with school staff"? Consider which of the following strategies you would use to respond, noting that there is no wrong answer:

- Consult with your community mental health agency's legal counsel about how HIPAA affects the information that agency staff can share with family members and school staff.
- Work with your agency legal counsel and school district leaders (e.g., superintendent, administrators, directors of guidance and/or psychology) and legal counsel to develop and implement procedures for school-agency information sharing and to create an information-sharing agreement between the school and community mental health agency.
- Develop consent-for-treatment and release-of information forms for the school and community agency to use.

What other strategies could you use?

Challenge: School Concerns Related to Funding

How would you respond to this challenge when it is articulated in the following way: "Our district doesn't have enough funding to pay the community mental health agency to treat our students"? Consider which of the following strategies you would use to respond, noting that there is no wrong answer:

- Work with your state education, behavioral health, and Medicaid agencies to clarify financing mental health services in schools.

- Work with the community mental health agency to develop billing and payment systems that the school does not implement.
- Contract with the community mental health agency only for non-billable services (e.g., consultation, in-service training).
- Develop a memorandum of agreement specifying the services that school-employed and community mental health providers will provide.

What other strategies could you use?

Challenge: School Concerns Related to Funding

How would you respond to this challenge when it is articulated in the following way: "Why should we pay community professionals to provide services that our staff can provide"? Consider which of the following strategies you would use to respond, noting that there is no wrong answer:

- Work with your state education, behavioral health, and Medicaid agencies to clarify financing mental health services in schools.
- Work with the community mental health agency to develop billing and payment systems that the school does not implement.
- Contract with the community mental health agency only for non-billable services (e.g., consultation, in-service training).
- Develop a memorandum of agreement specifying the services that school-employed and community mental health providers will provide.

What other strategies could you use?

Challenge: Mental Health Agency Concerns Related to Funding

How would you respond to this challenge when it is articulated in the following way: "Our agency provides billable services only for children and families who are our clients"? Consider which of the following strategies you would use to respond, noting that there is no wrong answer:

- Discuss with the school district the type of mental health services your staff can provide that are billable through existing funding streams.
- Work with the school district to determine which mental health services are reimbursable through your agency and/or through the school district.
- Work with the school district and the community mental health agency to develop a Memorandum of Agreement that specifies the services and support that school-employed staff and community mental health agency staff will provide.

What other strategies could you use?

Challenge: Mental Health Agency Concerns Related to Funding

How would you respond to this challenge when it is articulated in the following way: "Our agency will only bill Medicaid and is not accredited to bill other payer sources like insurance"? Consider which of the following strategies you would use to respond, noting that there is no wrong answer:

- Discuss with the school district the type of mental health services your staff can provide that are billable through existing funding streams.
- Work with the school district to determine which mental health services are reimbursable through your agency and/or through the school district.
- Work with the school district and the community mental health agency to develop a Memorandum of Agreement that specifies the services and support that school-employed staff and community mental health agency staff will provide.

What other strategies could you use?

Funding Comprehensive School Mental Health Programs

Identifying and securing funding for your Comprehensive School Mental Health Program is likely to be an ongoing undertaking for program leaders.

It's a good idea to start by carrying out a thorough review of existing funding opportunities at the national, state, and local levels. Funding opportunities to consider include grants, contracts, fee-for-service payments, managed care, insurance, and interagency agreements. And remember that your community mental health partner brings a critical infrastructure for billing for mental health services to students.

The more opportunities you look into, the more likely you are to identify one or more new potential funding streams for your program.

Program Funding Strategies

Consider each of the following program funding strategies:

Diverse Sources: Accessing funding from multiple sources means that if one of your funding streams comes to an end, there are additional sources to rely on. It is also likely to lead to more comprehensive programs.

Seed Funding: Draw on seed funding as you plan and build your program. While relying on seed funding, be sure to focus on developing additional funding sources.

Access Categorical Funding: Partner with community mental health agencies and mental health professionals to gain access to categorical funding (such as Medicaid) and to explore the potential for insurance and other payer sources.

Evidence-Based Programs: Implementing evidence-based mental health programs typically involves creating supports (e.g., implementation teams, staff training) that can become an enduring part of school infrastructure.

Evaluate and Communicate: Use data on your program's positive outcomes (especially how your program improves academic functioning) to advocates for sustained funding from your school district and community.

Share Expenses: Explore opportunities to merge staff training events and costs and to share staff, and then realign funds to support critical services and programs.

Monitor Opportunities: Keep an eye out for new funding opportunities that emerge in the areas of education, behavioral health, school climate and safety, and juvenile justice.

Consider Registering with the SHAPES System: For resources and school mental health quality and sustainability and to rate your school mental health system's performance, go to:
www.theshapesystem.com

Education Funding

Explore aligning your program's goals with district, state, and federal education priorities. Doing so may make it possible to access education funding for mental health promotion and early intervention programs and services.

Individuals with Disabilities Education Act (I-D-E-A) funds may be used to fund early intervention services to students who haven't yet qualified for special education services.

In addition, some states have used Title I, Title IV, and Title V federal education funds to support the implementation of evidence-based mental health programs.

Fee-for-Service Funding

Implementing a fee-for-service approach is a strategy that some school mental health programs are employing. Fee-for-service is a financial delivery system in which health care providers are paid for the services they deliver. Fee-for-service is used in systems such as Medicaid and third-party payers.

For more information on fee-for-service funding, go to:
https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/fee-for-service.html

Fee-for-Service Funding

If your program is considering whether to adopt a fee-for-service system, be sure to explore these questions:

- What staffing must the mental health agency have to be approved to provide services?
- What licensing does the agency need to bill for each type of service?
- Which services provided in schools are reimbursable?
- What are the costs associated with billing for services?
- What documentation is needed to demonstrate appropriate standards for providing clinical services?
- What are the requirements for supervision and the co-signing of documentation?

Key Points Related to Funding

In order to sustain your program over time, you'll want to continue to pursue new funding opportunities. Tapping into diverse funding sources for your program is important. That way, if one of your funding sources is reduced or winds down, you'll still have other resources for supporting services to students.

What's Next

We hope you've enjoyed this module and we encourage you to continue to the next module in this series: The State Role in Comprehensive School Mental Health Programs.

Module 4 explores:

- Collaborating with state and community partners to develop a common vision for Comprehensive School Mental Health Programs in your state.
- Determining the state agency role in assisting local school districts and their evaluation partners to develop data and outcome-measurement systems to monitor the progress of Comprehensive School Mental Health Programs at the community level.
- Identifying state-level policies and procedures that facilitate the effective operation of community-based Comprehensive School Mental Health Programs.
- And creating a plan for scaling up: how will the state support additional communities to develop and implement Comprehensive School Mental Health Programs?