Charlotte-Mecklenburg Schools Vision

For

School-Based Mental Health Services

Every Child. Every Day. For a Better Tomorrow.
Special Gratitude to all CMS and Community Committee Members:

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Approximately twenty-percent of all children and adolescents present with behavioral and emotional difficulties (Blau, Huang, & Mallery, 2010) but only one-third of children in need of mental health support actually receive services (US Public Health Service, 2000). The Surgeon General and IDEA regulations have identified school as the ideal location for children to receive mental health support, and in fact it is where seventy-percent of students in need receive some type of mental health support (Kutush, Duchnowski, & Green, 2011). For students whose significant mental health needs affect learning or school attendance, the availability of evidence-based mental health services is critical to improving their emotional well-being (Kutush, Duchnowski, & Green, 2011) and enhancing their ability to access and benefit from instruction (Paz Guzman, Jellinek, George, & Marcela, 2011).

1.1 Desired District Outcomes

**Increased student achievement over time**
Students with behavioral and emotional difficulties may display poor academic achievement. Achievement deficits may be related to low skills, but inevitably those difficulties are also connected to lost instruction due to disciplinary issues and difficulties attending to instruction related to poor coping skills. Through the receipt of mental health services, it is the District’s expectation that over time, children’s achievement will increase. Growth in academic skills and performance will be measured using the following assessments:

**Short-term growth**
- Literacy grades K-5: Reading3D Benchmark scores*
- Literacy grades K-8: Measures of Academic Progress RIT scores*
- Math grades K-8: Measures of Academic Progress RIT scores*
- Grades 9-12: Credits accumulated per semester compared to expected

+Baseline will be established using the most recent performance measure on each of the above assessments prior to the start of mental health services.

**Long-term growth**
- Literacy grades 3-8: NC End of Grade Assessments*
- Math grades 3-8: NC End of Grade Assessments*
- Grades 9-12: Credits accumulated by end of school year compared to expected based upon high school entry year

*Baseline will be established using the percentile rank and/or standard score once it becomes available at the close of the 2013-2014 school year.

**Improved student attendance**
Children with emotional and behavioral difficulties may have poor attendance. This can be related to psychiatric hospitalizations, fears and anxieties related to school, disciplinary actions leading to suspension, as well as incarceration amongst other reasons. Through the receipt of mental health services, it is the District’s expectation that children’s attendance will improve over time. PowerSchool will be used to collect the following attendance data for students receiving school-based mental health services:
- Number of absences in the school year prior to the start of mental health services
- Number of absences in the school year(s) while receiving mental health services
- Number of absences the school year following exit from mental health services
**Decreased out-of-school suspension**
Children with emotional and behavioral difficulties who display externalizing behaviors may accumulate many days of out-of-school suspension (OSS) over time. It is the District’s expectation that due to an increase in coping skills, children receiving mental health therapy will receive fewer days of suspension during and post mental health services than pre-mental health services. PowerSchool will be used to collect the following OSS data for students receiving school-based mental health services:

- Number of OSS days in the school year prior to the start of mental health services
- Number of OSS days in the school year(s) while receiving mental health services
- Number of OSS days the school year following exit from mental health services

**Decreased in-school suspension**
Children with emotional and behavioral difficulties who display externalizing behaviors may accumulate many days of in-school suspensions (ISS) over time. It is the District’s expectation that due to an increase in coping skills, children receiving mental health therapy will receive fewer days of suspension during and post mental health services than pre-mental health services. PowerSchool will be used to collect the following ISS data for students receiving school-based mental health services:

- Number of ISS days in the school year prior to the start of mental health services
- Number of ISS days in the school year(s) while receiving mental health services
- Number of ISS days the school year following exit from mental health services

**Increased positive coping skills**
Coping skills allow children to adapt in a way that helps them to meet environmental demands despite behavioral or emotional difficulties that could interfere. It is the expectation that children who receive school-based mental health services will increase their coping skills to the degree that they function better socially, behaviorally, and emotionally. Designated school personnel will facilitate the administration of the Behavioral Assessment System for Children-2 Online, Teacher Edition:

- Prior to the start of mental health services
- At the end of the school year or upon termination of services if services end during the school year

Each individual agency, the school-based System of Care Designee, and the SBMH Program Specialist will share access to behavioral rating scale results.

**Increased access to mental health services**
With the expansion of agency provided mental health services, it is expected that student access to mental health services will increase. Specifically, the increased availability of agency therapists should allow CMS support staff to provide more direct service hours to a larger number of students with less severe needs while increasing the amount of direct service time provided to students with more significant needs via agency provided services. Direct service delivery hours, and number of students served will be monitored annually using internet-based service logs for each of the following CMS staff providers:

- School psychologists
- School counselors
- School social workers

Baselines will be established using school staff service logs for the school year prior to the start of agency services. Agency service hours and numbers of students served will be provided to CMS by the agency.
1.2 Desired Agency Services
The District intends to provide agency services at approximately 70 schools and programs in the 2013-2014 school year.

Individual Therapy
School support staff is able to provide counseling and behavioral intervention for individual students on a short-term basis (see Appendix B). It is the expectation that agencies will provide individual therapy for referred students who exhibit a need for long-term support, and for students whose mental health needs require clinical expertise.

Medication Consultation
The agency therapist should refer students to the agency’s staff medical doctor when there is a perceived need for medication intervention. In addition to supporting the family in undergoing a medication evaluation, it is expected that the agency will provide ongoing medication consultation for the family and student. Additionally, the agency therapist will consult with school staff for information about perceived behavioral/emotional changes related to medication management, and communicate that information to the treating physician.

Intensive In-Home Services
It is highly desired that agencies providing school-based mental health services are able to offer intensive in-home services for eligible students. Research demonstrates that individual therapy alone may be insufficient for children with complicated ecosystems. Intensive in-home service provides team intervention for children and families in the home setting and aims to reduce psychiatric and substance abuse problems, diffuse current crisis, provide wraparound support, and prevent out of home placement for students. The District has a vested interest in children remaining in their homes whenever feasible and in the student’s best interest. This allows students more consistent educational access, which is related to higher achievement.

Family Therapy
In addition to serving referred students, it is expected that the agency will seek to provide family therapy when it is deemed necessary to support students in meeting therapy goals.
1.3 Agency Responsibilities

Provide master’s level clinicians with one or more of the following certifications: LCSW, LPC, LPA, or provisional license
School-based therapists must be master’s level clinicians who are licensed clinical social workers, licensed professional counselors, licensed psychological associates, or provisionally licensed in one of those areas. The agency must provide regular individual clinical supervision and case consultation for their school-based therapists.

Maintain at each school, a regular schedule for agency presence at the school
For the goodness of the school-agency relationship and coordination of office space, the agency must maintain a regular schedule at each assigned school. It is understood that at times, the agency therapist may need to alter the schedule to attend important meetings at other school sites. In such situations, it is necessary that clear and consistent communication be provided to the school contact person(s). This promotes agency staff accountability to the schools and students they serve.

Work collaboratively with teachers and staff who support agency students
In addition to providing individual therapy, the therapist will provide general support for their students in the school setting. This includes but is not limited to teacher consultation, classroom observation and feedback to teachers, support staff, and administrators about individual students, crisis support, and attendance at relevant meetings.

Attend individual student meetings upon invitation when possible
When meeting topics are pertinent, school staff will invite the therapist to student meetings. Agency staff will attend these meetings when possible for the purpose of gaining new information about the student to support therapy as well as sharing information with the team to support instruction. In cases where the focal student is not currently a client but a referral may be made, parent permission will be obtained for the therapist to attend, and the therapist will be available to provide information about the continuum of services available through the agency.

Serve 1 unfunded student for every 10 Medicaid/County funded/privately insured students
Schools with high numbers of economically disadvantaged students have historically been best able to support the maintenance of agency services because they have more Medicaid insured students. In contrast, schools with high numbers students who are uninsured or privately insured are least able to maintain the services because of prohibitive flat rates or co-pays. Agencies working in CMS schools must make a commitment to serve 1 unfunded student for every 10 funded students. Students may be funded through Medicaid, CMS funds, or private insurance. For equity of service, pro-bono cases are counted based on funded individual agency case totals across the District, not within a single school. Pro-bono cases will then be allocated to schools based on student need, and not based on which schools generated the funded students to support pro bono cases. The SBMH Program Specialist will manage both CMS-funded case approvals and pro bono case distribution.

Maintain contact with the student and school when a student is placed in juvenile detention/jail, PRTF, partial hospital, or day treatment program
When students are not attending school due to placement in a higher level facility, including jail, the agency will maintain contact with the student and/or the family and the school-based therapist will have access to this information. The therapist will actively update school support staff on the student’s status.
and any available discharge information. Using this information, the therapist will collaborate with school staff to plan for the student’s return to school and support the student’s transition upon return to the school campus.

**Provide consultation and education for school and District level staff on the topic of mental health.** In addition to working with individual students, the agency therapist is available to provide consultation and professional development for school and District staff. The therapist may also provide general consultation about behavior and mental health to school District support staff including counselors, psychologists, social workers, and behavior management technicians. Upon request, the agency therapist may provide presentations at staff meetings or department meetings about matters that fall into their areas of expertise. This may include, for example, understanding how mental health disorders manifest in the school setting, children with ADHD, minimizing anxiety etc.

**Follow established CMS procedures for serving CMS-funded students**

A District authorization process will be in place for all students in need of District funding in order to receive agency services. This includes uninsured and underinsured students who cannot be accommodated by the 1:10 pro bono agreement. Please see the referral process (Appendix A) for general student eligibility requirements. District approval of services for students requiring Funding will be contingent upon the availability of funds. Agencies will not be paid for any services provided to CMS-funded students prior to the date of service authorization.
1.4 Agency Service Effectiveness Measures

**CMS minimum required STAR rating maintained**
Upon the state’s issuance of the official STAR rating system for mental health agencies, all CMS provider agencies will be required to maintain a certain minimum standard rating. Once CMS determines the minimum standard, all agencies will have one re-evaluation period (in accordance with state standard procedures for re-evaluation) to attain and maintain the CMS minimum standard. For subsequent re-evaluations, any agencies failing to meet the minimum CMS standard will be ejected from the District at the end of the school year in which the below standard rating was issued. STAR ratings will be included as part of the agency effectiveness review.
*At this time, the STAR system has not been instituted.

**Agency provided Person-Centered Plans for goal monitoring**
Agencies will develop and monitor student PCP goals on a monthly basis. Agencies will submit PCPs to the District’s SBMH Program Specialist. PCPs will be evaluated at random as part of the agency effectiveness review.

**Documentation of student contacts with agency**
Agencies will document each service contact and number of contact hours for all students, including pro bono students. This information will be provided to the District’s SBMH Program Specialist. Consistency of student contacts in accordance with the PCP and evidence of collaborative efforts will be used as part of the agency effectiveness review.

**Standardized measure of behavioral/emotional/coping skills**
The District will facilitate the administration of the Behavior Assessment System for Children-2 Online for all agency students pre, during, and post agency services as part of the agency effectiveness review. On an annual basis, overall agency student progress will be reviewed in comparison to other agencies. Agencies whose overall student growth is significantly lower than the District agency average growth will be rated less favorably on this factor in the agency effectiveness review.

**Parent rating of agency services**
Annually or at the time of discharge from school-based services, agencies will ask all parents to complete an agency rating scale. The rating form will be provided by CMS to ensure consistency across providers. Parent ratings will be a factor in the agency effectiveness review.

**School rating of agency services**
Annually, the school staff point person for agency referrals will complete an agency rating scale. The rating form will be provided by CMS to ensure consistently across providers. School staff ratings will be a factor in the agency effectiveness review.

Final agency effectiveness review criteria and weighting will be issued to selected provider agencies prior the inception of services.
1.5 District Responsibilities

Determine which schools will receive services and support program maintenance and growth
The District surveyed school leaders in November of 2012. Of 112 respondents, 80% are interested in hosting agency provided mental health services on their campuses and 14% already have an agency on site. The District will use information about agency and school capacity as well as student needs to determine which schools will receive agency services in year 1. Data points detailed in this document will be used to determine which agencies will be invited to expand their services to more schools for year 2. This gradual expansion of service will allow the District and agencies to build and revise infrastructures to support the ongoing growth of agency provided services in year 2 and into the future.

Clearly define pertinent role responsibilities
All schools have school counseling and school psychological services. Some schools with high levels of truancy, homelessness, or low graduation rates are also allotted a social worker. CMS Student Services staff provides a range of services including classroom and comprehensive guidance, individual and group counseling, teacher and administrator consultation for individual, class, and school level needs, attendance support, psycho-educational evaluations, behavior intervention support, and referrals to community agencies. The mental health agency supplements CMS Student Services though the provision of long-term therapy, collaboration with school staff, and the provision of behavioral health services that fall outside the scope of school district services.

Train school-based agency staff on school culture, roles, and practices
The District recognizes that there are significant differences in the culture of schools in comparison to the private mental health industry. The primary difference is that the District’s mission is to educate all children; the agency’s mission focuses on mental wellness. At times, educational needs and treatment needs may appear to be in conflict with one another. Positive, collaborative relationships between agencies and schools requires that agency staff have a clear understanding of school culture, practices, roles, pertinent guidelines under which school staff operate, as well as how to navigate within school sites. The District will provide training and support for school-based agency staff to support their transition into school-based service delivery. In addition, the District will provide schools with guidelines to promote consistent practices for orienting agency therapists to their school sites.
Work collaboratively with provider agency management
The PreK-12 Student Services department will provide a single point of contact who will initiate and maintain ongoing contact with managers at provider agencies. The CMS contact person will work with agency managers to disseminate information, address system level concerns, and agency personnel concerns at individual school sites. CMS staff will also work with the provider agency to support the development of an understanding of each school’s culture as it relates to how agency staff works within that school setting.

Work collaboratively within and between departments to support agency-provided school-based mental health services
Agency-provided school-based mental health services will be overseen by the PreK-12 Student Services department; however, agencies will work with a range of schools and students, including those managed by the Alternative Education and Exception Children’s departments. Each department is committed to working collaboratively to ensure a smooth and equitable process for addressing the needs of students and staff across programs.

Establish a consistent referral process for all schools
One staff member is designated as the point of contact for referrals to the school-based mental health agency. This person is referred to as the System of Care designee and must have received System of Care training. His or her role is to make formal referrals to the agency therapist, maintain awareness of referred students and current cases, and have regular dialogue with the therapist about student cases.

See Appendix A for the full referral process.

Ensure a one agency per school service model whenever possible
All comprehensive schools participating in the school-based mental health program, including Lincoln Heights Academy, a public separate school, will have a single provider authorized to deliver billable services on campus. A number of factors will be used to pair schools and providers, with a goal of balancing the available service population of all new providers for year 1. If any agencies have pre-existing service relationships with CMS schools, the District will seek to preserve those pairings unless the school administrator expresses a desire to work with a different agency.

Alternative Education (The Right Choices program and Turning Point Academy) has a highly transient student population. These schools serve middle and high school students only, and will have multiple providers. If a student arrives at Alternative Education, having had agency services at the home school, the student may continue to receive services from that agency while at the Alternative Education site. Likewise, if the Alternative Education site makes a referral for agency services while a student is in their program, the referral should be to the provider at the student’s home school, if applicable. This allows for continuity of care when the student returns to the home school.

The agency will determine if the home school therapist continues to treat the student while in Alternative Education or if they will provide a different therapist to serve students at the Alternative Education site. If a student in Alternative Education receives services from a provider other than the home school agency and chooses to continue those services upon return to the home school, that agency will not be able to serve the student during the school day due to the aforementioned 1 agency per school rule being applied to comprehensive sites.
The SBMH Program Specialist will work with Alternative Education and provider agencies to coordinate scheduling to minimize challenges related to space.

**Use agency effectiveness data to make decisions about continuation or discontinuation of individual agency services**

The PreK-12 Student Services department will review agency effectiveness data annually to determine whether or not agencies continue to meet the District standards of service as outlined in this document. Agencies that meet or exceed District standards will have the opportunity to continue and expand their service base from year 1 to 2 and in subsequent years based upon demand. Agencies that fail to meet District standards may have their services eliminated.
1.6 School Responsibilities

Provide use of space and facilities
Schools must have a private space available for agency service delivery. The SBMH Program staff will ensure that each school site has an appropriate space available before assigning an agency to a school. The space may be shared by other personnel, but must be dedicated to the agency on therapist days at the school. It should contain at least two chairs and a table. The ideal space will include a live phone line so that agency staff can complete record keeping responsibilities in a timely manner. Because the space may be accessed by other personnel on non-agency days, confidential records should be stored at the provider agency offices, not at the school site. The school will attempt to accommodate the agency if they seek to host Child and Family Team meetings that include school staff. This will not always be possible during school hours.

Work collaboratively with agency staff
Schools receiving agency mental health services will designate one administrator and one Student Services person as the primary points of contact for the agency therapist. These school staff members will support the therapist in working collaboratively within the school. The designated staff members will receive training about agency services and consistent District-wide practices in relation to the agencies.

Administrator and support staff inform parents and instructional staff of the agency as a resource
In order for a school to maintain agency services, the agency must have a sufficient number of cases. It is critical that administrators and support staff publicize the agency services to teachers and parents. They must be made aware of the referral process and service delivery model. For example, teachers should know that all referrals are made through the Student Services contact person and that students will at times miss instruction for therapy. Supporting the service may include allowing the agency therapist opportunities to speak at staff meetings, grade level planning, as well as providing in-service trainings on relevant topics such as ADHD and other psychological disorders. The District will provide guidelines to support consistent information sharing in this area.

Invite agency staff to pertinent planning and intervention meetings
Whenever possible, school staff will invite the agency therapist to pertinent meetings that will promote the delivery of agency services and support the welfare of individual students. Such meetings include parent-teacher conferences, administrator-parent meetings, intervention team and IEP team meetings where the focal student receives agency provided therapy or may be referred for agency services.

Obtain parent permission for agency presence at pertinent student meetings
Because agency therapists are not CMS employees, parent permission must be obtained for agency personnel to attend meetings where individual students will be discussed. If the child is not an agency student but the parent is present, informal permission is sufficient. If the parent will not be present and the student is not currently under agency care, school staff will obtain written permission for the agency therapist to be present. In cases where the student is already an agency student, parent permission would have already been obtained through the signing of a consent for release of information at the inception of agency services.
Make referrals to the mental health agency
Sustainability of agency services relies heavily upon student referral numbers. A school must generate a minimum of 10 approved referrals by the end of quarter 1 each year to maintain agency services unless the agency specifically states in writing to the SBMH Program Specialist that they are willing to serve a school with a lower case load minimum. Following the District’s standard referral process, school support staff will collaborate with the agency to conduct referral to services meetings with the agency therapist and parent(s) present. This “warm hand-off” practice helps ensure that the parent understands the connection between the school and the agency, as well as the child’s behavioral/emotional needs relative to the school and agency services.

Support the provision of agency services within the school
In order to serve the needs of students, schools must be flexible about when the agency therapist can meet with students. Given caseload volumes, it is not always possible that all students can be seen during electives/specials and before or after school. As such, school-based support staff will help the therapist to understand grade level schedules and the learning weaknesses of individual students so that regular or rotating appointment times can be created that both minimize lost instruction and allow the therapist to see all caseload students in a time efficient manner. For students with Individualized Education Plans (IEP), the Exceptional Children’s (EC) case manager will identify times when the students may receive therapy so as not to violate IEP time requirements.

Designate a staff person to manage agency protocol within the school
In addition to the school administrator, each school will have a Student Services staff member who acts as the single point of referral and primary point of contact for the agency therapist. This person and/or the administrator will orient therapist to the school facility. The therapist will also need support understanding school protocol, such as staff sign-in expectations, cell phone usage within the building, how to book meeting space, appropriate classroom observation methods, etc. The District will provide guidelines to support consistent practices in this area.

Conduct regular check-point meetings with agency to get status and progress update from agency on referred students
The designated school-based Student Services staff member will conduct monthly meetings with the agency therapist to attain progress updates on current students, update the therapist with student-specific information, and provide information about pending referrals. The agency therapist will also provide information about referrals that are in progress and any issues of concern. This meeting may take place as part of an already existing Student Services, administrative, or positive behavior support team meeting; however detailed or highly confidential information will only be provided to pertinent staff and on a need-to-know basis.
1.7 Collaborative Responsibilities

Ensure mental health services access for all students in need
Mental health services will be funded from 3 different sources- Medicaid and private insurance are the first choice payees; Mecklenburg County funds will be used for uninsured or underinsured students, paying the January, 2013 Medicaid rate. In addition, as part of the agency/CMS collaboration, for every 10 funded students (insurance or CMS), agencies will serve one student pro bono. Pro bono case work will be reserved for students who are uninsured or underinsured. The quantity of service units funded by CMS will vary based upon a number of factors including session length, number of sessions required, and the type of service (individual vs. group). Enhanced services, if needed, will be considered for approval on a case-by-case basis.

The District will not authorize medication consultation or medication prescriptions, nor will the District authorize family therapy.

Obtain parent permission for agency services
A “warm hand-off” is the recommended means of obtaining parent permission for agency services. This requires that the parent, agency therapist, and school staff meet to discuss the reason for the referral, how the referral is processed, what services the agency may provide, how the school, agency, and parent will collaborate to support the student, and next steps once the student is approved for services.

Crisis Intervention
When agency students have a need for a school-based crisis plan, the agency therapist should participate in the development of that plan, or at a minimum have an awareness of the plan. If an agency student has a crisis while the therapist is at the school, the therapist will be called upon to support the student and staff during the crisis. If the therapist is not on campus, the school may ask the therapist to come to the school to provide support if he or she is available. When a crisis occurs but the therapist is not involved, school staff will provide the therapist with detailed information about the event so that she or he may process the event with the student in the subsequent session.

Share information about student performance and progress
All agencies will obtain a release of information to share information with the school as part of the referral process. A bi-directional exchange of information will occur on an ongoing basis between the school and the agency. The focus of the information exchange includes but is not limited to: Academic performance, behavior, disciplinary action, school observations, progress towards school plan goals, matters related to safety, medication-related issues, pertinent family issues, progress towards therapeutic goals, person-centered plans, discharge summaries, termination of services etc.

Agency attends team meetings for students
School staff will work to inform the agency therapist of student meetings in a timely manner when agency presence is desired. Whenever possible, such meetings will be scheduled on days when the therapist is typically at the school site.

School staff provides input on PCP meetings for any students receiving SBMH services
School staff will provide written or in person input to support person-centered plan development.
Bi-directional information flow regarding Child and Family Team meetings
When possible, the agency will hold child and family team (CFT) meetings at the school site, scheduling a
room with the designated school contact person. If school staff is unable to be present for a CFT, the
agency staff will obtain input from school staff prior to the meeting and share information with school
staff following the meeting. This may take place at the regularly scheduled check-point meeting, or at
another designated time depending upon the nature of the information that needs to be shared.
CMS Referral to School-Based Mental Health Program Services

One staff member is designated as the point of contact for referrals to the school-based mental health agency. This person is referred to as the SBMH program contact person. His or her role is to make formal referrals to the agency therapist, maintain awareness of referred students and current cases, and have regular dialogue with the therapist about student cases. The referral process flow is as follows:

1. Parent, guardian, student, or school staff member expresses concern that student needs behavioral or emotional health support to a school administrator or a member of the Student Services team. This may occur as part of the school’s RtI-Behavior universal screening process.

2. The Student Services team member investigates the concern and presents findings to the Student Services team. See Appendix B for the continuum of care.

   It may be determined that a referral to the school-based mental health agency is warranted if the conditions of A and B below are met:

   A. The student has already received CMS Student Services support and continues to display need.
      
      Or
      
   The student needs are perceived to be severe and beyond the expertise of school support staff.
   
      **AND**
   
   B. Behavioral/emotional concerns currently affect attendance, achievement and/or the learning environment.
      
      Or
      
   The behavioral/emotional concerns are likely to affect the child in the school setting if unaddressed.

3. Based on meeting the criteria defined in numbers 2A & B above the SBMH program contact person contacts the agency therapist about the pending referral, and tentative parent meeting dates and times are gathered. For confidentiality purposes, the therapist does not need to know the student’s name at this time. Meeting dates/times should coincide with tier 2 or tier 3/intervention team standing meeting days and times if applicable.

4. The SBMH program contact person or other Student Services staff member contacts the parent regarding the desire to make a referral to the school-based mental health agency. The staff member:
   - provides the parent with general information about the agency services as well as community-based service options
   - invites the parent to a meeting with the appropriate team and therapist to learn more about services. Use the Tier 2 or Tier 3/Intervention Team parent invitation document for general education students.

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o reminds the parent to bring proof of insurance, if applicable
o has the parent sign the Consent for Services and Release of Information form allowing the school to share information with the agency. This must be done prior to sharing student-specific information with the agency therapist. It may be signed at a meeting where the parent is present.

5. If it appears that the parent wants services, the SBMH program contact person submits the agency-specific Initial Request for Services Google form (sent to all designees via email). This request goes to the SBMH Program Specialist. Approval is provided to the SBMH program contact person within one week of the request in 6 to 8 therapy session increments. Feedback will be provided if the request is denied.

6. Once an approval is received and the parent has signed the Consent for Services and Release of Information, the teacher who is most familiar with the behaviors of concern completes the teacher BASC-2 rating scale. Information from the BASC-2 will support the mental health therapist’s intervention delivery. If completed at the time of the intervention meeting, the results can also be used to determine target skills needs and classroom supports.

7a. The problem solving and informational meeting is held with school staff, parent, and therapist. Parent completes any agency-specific referral documents. Therapist shares next steps with the parent and follows through in accordance with agency policy and procedures.

Or

7b. If the parent is unable to meet with the therapist and school team, the contacting staff member sets a time with the parent for the therapist to contact him/her and provide additional information about services. Prior to a scheduled phone conference, the parent must sign a Consent for Services and Release of Information form allowing the school to share information with the agency. Whenever possible, the phone conference should include the therapist and a member of the school’s support staff. If the parent wants agency services, school staff will support the therapist in obtaining necessary documentation and scheduling an intake meeting.

8. School staff work in collaboration with the agency therapist to build an intervention plan that addresses agreed upon school goals with measurable outcomes. The final intervention plan is developed as part of the CMS tier 2 or tier 3/intervention team process. For students with IEPs, the EC case manager should be a part of the collaboration and some therapy goals should match or support IEP social, behavioral, and/or emotional goals. Ideally, this step takes place as part of the first meeting with the therapist and parent. All elements of the tier 2 or tier 3/intervention team process should be instituted.

9. A review meeting is scheduled in accordance with RtI/Intervention Team guidelines after the start of agency services. Student progress towards school goals based upon previously agreed upon progress monitoring methods is used to determine whether or not authorization for additional agency services will be requested. If the team decides to request additional services, this request should be submitted before the student completes all authorized sessions to avoid a lapse in care.
Appendix B: Continuum of Care

This chart provides guidance for the delineation of support for students experiencing behavioral/emotional difficulties. This chart is not exhaustive.

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<th>Group Support</th>
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<td>Classroom guidance</td>
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<td></td>
<td>Mentorship opportunities</td>
<td>Short-term group counseling</td>
<td>Home visit</td>
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<td></td>
<td>Short-term counseling (6 or &lt; sessions)</td>
<td></td>
<td>Family assessment</td>
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<tr>
<td></td>
<td>Long-term counseling^ (6 or &lt; sessions)</td>
<td>Long-term group counseling</td>
<td>Parent consultation</td>
<td>Community agency coordination</td>
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<td></td>
<td>Behavior intervention plans</td>
<td></td>
<td>Parent training</td>
<td></td>
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<tr>
<td>Check-n-Connect</td>
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<tr>
<th>School-Based Mental Health Agency Services</th>
<th>Individual therapy</th>
<th>Group therapy</th>
<th>Family therapy</th>
<th>Intensive in-home services</th>
<th>Referral to day treatment or inpatient behavioral health facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medication evaluation/Medication monitoring</td>
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</tbody>
</table>

*Consultation refers to a formal or informal meeting with a Student Services staff member for student-related guidance or advice and may include peer mediation.

+ Individual student/family referrals to nonprofit agencies such as Kindermourn, Athena’s Path, HERO program etc.

^Long-term counseling may only be provided by school psychologists and school social workers.
References


