Preparing to Implement a Comprehensive School Mental Health Program

Welcome
Welcome to Module 2 in this series of modules on Comprehensive School Mental Health Programs. This module is called Preparing to Implement a Comprehensive School Mental Health Program.

Credits
The authors of Introduction to Comprehensive School Mental Health are Nancy Lever, Elizabeth Connors, Elizabeth Freeman, and Sharon Stephan.

Preparing to Implement 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 and 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: Preparing to Implement a Comprehensive School Mental Health Program
The contents of this module include the following sections:

Engage staff, mental health partner, families, and youth:

• Identify and bring together school-based staff working on these issues
- Develop a partnership with a community mental health agency
- Engage families and youth in developing your program

**Map existing programs and services:**
- Identify existing universal, selective, and indicated mental health programs and services
- Determine what will be mapped, who will do the mapping, and who will provide information
- Analyze resource mapping findings

**Review mental health needs and plan services:**
- Review national, state, and local data sources on student mental health needs
- Work with community mental health partner to identify services to be provided in school
- Determine who will provide service and receive services and when and where they will be provided

**Plan referral and intake processes:**
- Identify how the referral process will work
- Develop or refine referral, consent-for-treatment, and release-of-information forms
- Determine how the intake process will work

**Develop a memorandum of agreement:**
- Draft a memorandum of agreement between the school district and the community mental health agency
- Work with the community mental health agency to refine and execute the MoA

**Set up office and caseload and get the word out:**
- Set up private, confidential space for providing mental health services in the school
- Develop a caseload for the program
Integrate community mental health staff into the school

Spread the word about your program

**Develop a school-community advisory group:**

- Identify and engage individuals to participate in the advisory group
- Create a structure for the advisory group
- Use collaborative decision-making

**Engage Staff, Mental Health Partner, Families, and Youth**
The first section of this module focuses on involving school-based staff, a community mental health partner, families, and youth in meaningful ways as you develop your Comprehensive School Mental Health Program.

**Who Is Working on These Issues?**
As a first step, you’ll need to identify and meet with people in your school and community who are interested in developing and providing mental health services in schools. Begin by exploring who in your school and district is working on these issues. Be sure to find out if there’s an existing team in your school, district, or community that you could unite with to carry out this work.

**Is There an Existing School Team?**
If your school has an existing team that works on student mental health issues, explore whether you can work with that team to build or expand your Comprehensive School Mental Health Program.

School teams whose mission may overlap with that of a Comprehensive School Mental Health Program include Response to Intervention teams, Positive Behavioral Interventions and Supports teams, and Student Support and Student Assistance teams. Some schools have social-emotional health teams that support students to build social skills or that address students’ mental, emotional, and behavioral issues. Or your school may have a team that supports evidence-based mental health interventions.

The mission of any of these teams is likely to intersect with the goals of Comprehensive School Mental Health. If your school has such a team, talk with the team lead or facilitator about what you hope to accomplish and whether it’s possible to expand the purpose of the existing team to incorporate Comprehensive School Mental Health. If no such team exists in your school, start by bringing together school staff who are concerned with students’ mental health.
School-Based Staff to Reach Out to
Because it’s not possible for one staff member to address students’ mental health needs on his or her own, you’ll need a team. Whom should you reach out to? Staff in any of the following roles are a good place to start:

• Administrators
• Psychologists
• Counselors
• Teachers
• Nurses
• Social workers
• Behavioral interventionists
• School resource officers
• Individualized Education Program (IEP) team leader or team members

Bring Together School-Based Staff
When you bring school-based staff together, discuss such issues as what is the school currently doing that seems to be working well when it comes to students’ mental health? What are the gaps? For example, are there groups of students or students with specific needs who are not being connected to mental health services and supports?

While many schools are able to make tremendous strides in providing mental health services to students, it’s important that the group recognize that no school has the resources to do it alone. In order to meet the full range of student and family needs, including serving students at Tier 3 who require intensive supports, it’s critical that schools partner with community agencies. Talk with school staff about which individuals and organizations in the community the school might partner with to more fully address students’ mental health needs.

If the school isn’t already connected to key community organizations, especially community mental health agencies, talk with school staff about who could reach out to which agencies, based on existing relationships.

Responding to Concerns Related to Collaboration
You may find that not all school staff are enthusiastic about the prospect of bringing in a community mental health agency as a partner. One common concern that school staff sometimes voice is “Our school can do this on our own because we know our students best.” Which of the following options is the best way to respond to this concern:
Option 1: Community mental health staff bring a unique perspective that can complement the good work our school-based staff do with students.

Option 2: I know what you mean, but this is something we’re required to do.

Option 3: We could have the community mental health staff only work with our most challenging students, but not make them part of our ongoing meetings.

Option 1 is the best response. It confirms that community mental health staff will be full partners in the school’s mental health services and supports.

Option 2 is not a good response. It is important to emphasize that collaborating with a community mental health agency can benefit all students, regardless of whether the school is required to do so.

Option 3 is also not a good response. In order to achieve the most positive outcomes, it’s important that community mental health professionals be fully integrated into the school.

Another common concern that school staff sometimes voice is “Community mental health staff are trained differently than our staff. It’ll be too hard to have them working in our school.” Which of the following options is the best way to respond to this concern:

Option 1: You’re right. There’s no way they’ll understand how our school works.

Option 2: We need many providers to address the board array of students mental health issues in our school, and we can work to learn each other’s language, practices, and policies.

Option 3: We could give the community mental health staff our policies and procedures manual and crisis plan; that’ll help them get to know how we work.

Option 1 is not a good response. While there can be challenges to collaborating with community partners, collaboration is an essential element in every comprehensive school mental health program.

Option 2 is the best response. It’s important to focus on the benefits that are likely to ensue when school staff enter into a reciprocal partnership with a community mental health agency.

Option 3 is not a good response. True collaboration between schools and community partners requires that school staff proactively integrate community staff into the school and its workings, including helping them to understand the school’s climate and culture.
Engage 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 one or more community mental health agencies.

School and community mental health staff bring unique but complementary skills and perspectives. Teachers can describe how students’ strengths and challenges are manifested in the classroom; they are often the first to identify students’ emerging mental health concerns. School-employed mental health providers (school psychologists, social workers, and counselors) are skilled at supporting students’ social, emotional, and mental health needs in the school setting. Community mental health providers can identify students’ social, emotional, and mental health problems and deliver early intervention services, along with treating students with social, emotional, or mental health problems.

If your school doesn’t already have a connection with a community mental health partner, reach out to your community mental health agency and schedule a meeting. Before the meeting, do your homework and become familiar with the organization’s mission and strategic plan.

Meet with Community Mental Health Agency
When you meet with the community mental health agency, discuss your school’s hopes and dreams for its Comprehensive School Mental Health Program. Describe the critical role that a community mental health provider plays in the program. Have a frank conversation with the agency about the goals and priorities of both the school and the mental health agency. Consider together how a partnership might enable both groups to meet their goals and address critical needs. As the conversation progresses, be prepared to discuss potential roles and expectations for school staff and community mental health staff in your program.

Engage Families in Developing Your Program
Families are a critical constituency to engage as you develop your program. Remember that “family” does not refer only to students’ biological parents. It can also include extended family members such as grandparents, aunts and uncles, and non-family members like neighbors, friends, godparents, and clergy. A family includes the people who are significant in the well-being of a student.

Benefits to Engaging Families
There are numerous benefits to involving families in designing your program. First and foremost, it can help to ensure that the mental health services and supports you offer responds to the real needs of students and their families. And, having provided input to the program, families and youth may feel more comfortable accessing program services.
**As You Engage Families**

When involving families in developing your program, it is essential to give them a full voice in the process and to be respectful of their time. Strategies to assist in improving family participation in program design include the following:

- Make it easy for families to provide input (e.g., hold meetings at times and in locations convenient for families).
- Interact with families in a culturally and linguistically competent manner.
- Ensure that families are treated in a caring manner.

**Why Engage Youth**

When designing programs for youth, it is important to have their input and guidance from the outset.

Engaging youth in designing your program can help to ensure that the programs and services you create align with youth’s pressing concerns. Youth bring new energy, ideas, and a fresh perspective to discussions of how schools and their community mental health partners can best meet students’ mental health needs. Engaging youth in program design can help to increase their buy-in, resulting in reduced stigma and a greater willingness to access mental health care for themselves and to encourage their peers to seek services when they need them.

Involving youth in program design and implementation not only advances your program, it can also benefit the youth themselves to experience being valued by adults in their school, which can contribute to enhancing protective factors and reducing risk behaviors for youth.

**Strategies to Engage Families and Youth in Program Development**

**Identify parents to reach out to:** If you’re not sure which parents may be helpful in developing your program, ask school-based staff for their suggestions.

**Engage your PTO and local family organizations:** Connect with your school’s PTO and/or your community’s family advocacy organization to see if any of their members are interested in working to improve mental health services for students.

**Invite family members and youth to planning meetings:** Give youth and family members a role and a voice in your program planning discussions. Be sure to hold meetings at times and locations that work for family members and youth.

**Hold discussions or focus groups and conduct simple surveys:** Ask families and students about the types of mental health programs and services students need most and the kinds of programs and services that would be helpful to students with different mental health needs (for example, classroom curricula, one-to-one counseling, or small groups).
Don’t Jump into Providing Services—Yet!
Now that you have a verbal agreement with a community mental health partner and have involved families and youth in program planning, you and your team are probably really eager to jump in and get started serving students. But jumping in now without taking the time to plan critical aspects of your program can be a costly mistake. Make the investment to plan your program carefully now, and the students and families you serve will benefit for years to come. Jump in now and you’re likely to make costly mistakes that will take months if not years to undo.

You’ll need to address the following additional steps before you’re ready to launch your program:

- Map existing programs and services
- Review mental health needs and plan services
- Plan referral and intake processes
- Develop a memorandum of agreement
- Set up office and caseload and get the word out
- Develop a school-community advisory group

The next section contains strategies and tools for each of these elements of program development.

Map Existing Programs and Services
Let’s move on and explore strategies for mapping existing mental health programs and services.

Benefits of Resource Mapping
Resource mapping does the following:

- Identifies mental health programs and services in the school and community.
- Identifies mental health professionals working in the school and community agencies.
- Helps to avoid duplication of services.
- Can enhance communication.

For example, as part of the resource mapping process, school staff may discover that there are community-based mental health programs and services that the school is unaware of and needs to connect with.
Resource Mapping Across the Three Tiers
Resource mapping is a way to identify mental health programs and services that exist in all three tiers of supports. As you map resources, you will be asking:

- What type of **universal** programs are provided for all students in the school, such as school-wide evidence-based curricula taught in classrooms?

- What **selective** programs or services are provided for group of students at risk for a particular mental health concern or problem?

- And what types of **indicated** interventions are provided for students who demonstrate a mental health concern or problem?

**To Determine Before You Begin Mapping**

**What Will Be Mapped?**

- What type of mental health programs and services will be mapped?

- Will you include outpatient clinics, support groups, mentoring programs, and/or youth recreation programs?

**Who Will Do the Mapping?**

- Which staff from the school and the community mental health agency will carry out the mapping process?

- Who will oversee the entire process?

**Who Will Be Asked to Provide Information?**

- Which stakeholder groups will be asked to provide information?

- Will you survey caregivers, mental health providers, educators, and staff who work in local child-serving agencies?

**Review Findings and Next Steps**

Once the mapping process is completed, you need to review the findings with school and community stakeholders to identify strengths and gaps and use the findings. And you’ll need to apply the findings as you begin to delineate the mental health services and supports your Comprehensive School Mental Health Program should provide.

If your mapping process reveals significant gaps, work with stakeholders to determine which priority areas your program will address first. If you find fragmentation across service providers, bring stakeholders together to identify how to improve communication and work toward coordinated care.
For more information on mapping school and community mental health programs and services, go to the following websites:

http://www.ncset.org/publications/essentialtools/mapping/default.asp

http://csmh.umaryland.edu/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=6442456222&libID=6442456217

**Review Mental Health Needs and Plan Services**
The next section of this module focuses on strategies for getting a handle on students’ mental health needs and planning the mental health services your program will provide.

**Review Students’ Mental Health Needs: National and State Data Sources**
Before you plan services, you need to develop a clear picture of students’ mental health needs. The following websites contain some sources of data at the community level that can help you to understand the mental health needs of your students and the types of programs and services at Tiers 1, 2, and 3 that you may need to provide.

**Kids Count Data:** go to: [http://datacenter.kidscount.org/](http://datacenter.kidscount.org/)
At this website, you'll find a broad range of statistics on children who live in your state, county, congressional district, city, or school district. For example, you'll find statistics on children enrolled in child care and preschool programs, data on truancy and dropout rates, and statistics on the number of families and children living in poverty, child abuse and neglect cases, and teens using alcohol and other drugs. For a video on how to use Kids Count data, go to: [http://www.aecf.org/blog/new-video-highlights-ways-to-use-kids-count-data-center/](http://www.aecf.org/blog/new-video-highlights-ways-to-use-kids-count-data-center/)

**The Youth Risk Behavior Survey (or YRBS):** go to: [http://www.cdc.gov/healthyyouth/data/yrbs/results.htm](http://www.cdc.gov/healthyyouth/data/yrbs/results.htm)
The YRBS fact sheets provide information on national and state trends for issues such as youth alcohol, tobacco, and other drug use, violent behaviors on school property, sexual behaviors, and suicide-related behaviors.

**The Youth.gov website:** go to: [http://youth.gov/youth-topics/youth-mental-health/prevalence-mental-health-disorders-among-youth](http://youth.gov/youth-topics/youth-mental-health/prevalence-mental-health-disorders-among-youth)
This website provides information and resources on youth mental health and links to websites with state-specific information and data.

You may also find state and local mental health data by looking into your state behavioral health and education agencies’ websites and publications.

**Review Students’ Mental Health Needs: Local Data Sources**
The following are some sources of data from your school, school district, and community mental health agency that can help to identify the most significant mental health needs that your students experience.
• **Data from your school or district.** For example: disciplinary data, truancy data, dropout rates, guidance counselors’ data on the number of students served in a school year

• **Data from the community mental health agency.** For example: the number of students served by zip code/catchment area, the number of students by mental health diagnosis, and the number of students who have received different services

If you do not currently have access to these data sources, find out who in your school, district, and community mental health agency can help you to gain access. It may be a program manager, administrator, data analyst, or lead clinician. Be aware that it may take time—and relationship building—to obtain the data you need in a format that’s usable.

**Discuss Results of Resource Mapping and Mental Health Needs Review**
Mapping local mental health resources and reviewing data on student mental health needs will give you important insights into your community’s mental health programs and services as well as a better sense of the types of mental health services and supports your students most need. Meet with your community mental health partner to review these findings and use what you’ve learned to begin to identify the type of mental health services and supports that should be provided in the school.

**Map Existing Programs and Services**
As you work with your community mental health partner to plan the services that your program will offer, you’ll need to understand the service delivery gaps in your school and the community.

Closing gaps and minimizing overlap with existing services are a critical element in planning services. For example, when a student is identified as having a mental health need, to whom will the student will be triaged? What level of care will students receive and who will provide it?

You’ll also need to consider whether specific services are best provided in the school or the community.

It’s important to establish a communication system that works for both school-employed and community mental health professionals. This is especially important when school-employed staff and community agency staff are in the school on different days. Some schools hold weekly or monthly meetings of school and community mental health staff, while others communicate primarily by phone or e-mail. Be sure to develop a system that works for everyone so that essential information is conveyed in a timely manner.

**Questions Related to Delivering Services**
Along with defining the types of mental health services your program will offer, you need to determine the recipients of the services. For example, will you deliver an evidence-based mental health promotion program to all 7th and 8th graders in health education classes? Will you provide students in special education classes a therapeutic skills
development group to enhance their ability to focus? Will students with a diagnosable mental health disorder receive mental health counseling services in the school from a mental health counselor?

You'll also need to decide when each of your mental health services and program will be available.

And who will provide the services? Will the school social worker provide care coordination, oversee individual intervention plans for students, and coordinate between community agencies and school staff? Or will the school guidance counselor provide care coordination?

It is very important to involve families, youth, and school staff in the planning process. Families and youth can offer advice on the type of mental health services they need, which days of the week and hours they can receive services, where they feel comfortable accessing services, and who they would prefer provide the service. Families and youth can help you to design services that are user-friendly and non-stigmatizing.

**Work Out Logistics Related to Providing Services**
You'll also need to clarify with your community mental health partner how and where services will be provided in the school.

It's especially important to clarify the nuts and bolts of how community agency staff will be integrated into the school. For example, be sure to discuss the school’s daily/weekly schedule and optimal appointment times.

Do you want staff from the community agency to be present in the building for a few hours every week when school-employed mental health staff are present—so that they can meet together? Some schools decide that it is more important to provide mental health coverage five days a week to meet students’ needs than it is to ensure that school and community mental health staff schedules are aligned.

In addition, school leaders need to ensure that all of the necessary physical supports are in place for community mental health staff to provide services in the school, such as office space, file cabinets, and Internet and phone access.

**Plan Referral and Intake Processes**
The next section of this module explores how to develop referral and intake processes for your program.

**Managing Referrals**
You'll need to develop a process for referring students to receive services. For example, who at the school will manage the referral process? This role is often filled by the school guidance counselor or a school social worker.
It’s important to have clear consent procedures for mental health intervention and treatment and to delineate when consent is needed and when it isn’t (for example, in an emergency). School staff, community partners, parents, and students need to be informed about how the school’s consent process works.

You will need to decide how mental health appointments will be scheduled. For students to leave class and come to the office to receive mental health services, will they need a hall pass or will the mental health professional walk the student from class to the office? Consider also the timing of appointments and for how long an intervention can be provided without disrupting a student’s educational progress.

Sample Referral, Consent-for-Treatment, and Release-of-Information Forms

The referral, consent, and release-of-information forms you use should be tailored to your program’s needs. The following are sample forms that may be useful as you develop forms for your school.

For a handout that provides guidance on when to refer a student for mental health services, go to: [http://airhsdlearning.airws.org/When_Ref_Stud_Ment_Hlth_Svcs.docx](http://airhsdlearning.airws.org/When_Ref_Stud_Ment_Hlth_Svcs.docx)

**Referral forms** are used to gather student and family contact information, and data related to the reason for referral, referral source, insurance provider, and school information. For two sample referral forms, go to: [http://airhsdlearning.airws.org/MH_Referral_Form_1.docx](http://airhsdlearning.airws.org/MH_Referral_Form_1.docx) [http://airhsdlearning.airws.org/MH_Referral_Form_2.docx](http://airhsdlearning.airws.org/MH_Referral_Form_2.docx)

**Consent-for-treatment forms** enable a student’s parent or guardian to indicate permission for their student to receive mental health services in the school. The forms also typically state that records pertaining to a student’s treatment are the property of the school’s mental health program and will not be released to others without the permission of the parent or legal guardian. If your program collects data on the students you serve that is aggregated and used for program evaluation, quality improvement, or funding purposes, your consent-for-treatment form should indicate this. For a sample consent-for-treatment form, go to: [http://airhsdlearning.airws.org/Consent-for-Treatment_Form.docx](http://airhsdlearning.airws.org/Consent-for-Treatment_Form.docx)

**A school release-of-information form** allows parents and guardians to indicate permission for the school and the school-based mental health provider to release information to and receive information from each other about a student’s psychiatric or alcohol or other drug referral, diagnosis, and treatment; educational records; attendance and disciplinary data; and referrals to other student service teams. The release-of-information form also enables a student’s mental health provider to consult with the student’s teachers and other school staff. For a sample school release-of-information form, go to: [http://airhsdlearning.airws.org/Release_Info_to_from_School.docx](http://airhsdlearning.airws.org/Release_Info_to_from_School.docx)

**A general release-of-information form** can be used to document permission for the school mental health program to release information to and receive information from a student’s primary care provider, pediatrician, another professional providing services to
the student or family, or a non-guardian family member or friend. For two sample
general release-of-information forms, go to:
http://airhsdlearning.airws.org/General_Release_Info_Form_1.docx
http://airhsdlearning.airws.org/General_Release_Info_Form_2.docx

The Intake Process
Your school’s intake process is a critical part of its Comprehensive School Mental
Health Program. Many schools find that having a Student Intervention Team is an
effective way to address intake issues. The role of the Student Intervention Team is to:

• Review the needs of students referred for mental health services.

• Determine appropriate services and supports for students.

• Refer students and their parents/guardians to a staff member or to the community
  mental health agency.

The school- or community-employed mental health providers who treats students keep
the Student Intervention Team informed about students’ progress.

It is important to discuss with the Student Intervention Team situations where the intake
process can be abbreviated (for example, when a student has a mental health issue
that needs to be addressed immediately).

Module 3 in this series contains an overview of privacy and confidentiality issues as
they relate to Comprehensive School Mental Health Programs.

Develop a Memorandum of Agreement
Now we’ll focus on creating a legal memorandum of agreement between your school
district and your community mental health partner.

Why Develop a Memorandum of Agreement
Your school district will need to create a Memorandum of Agreement—or MoA—with
the community mental health agency with whom you’re partnering. Having an MoA in
place clarifies for both parties the purpose and desired outcomes of the partnership.
More specifically, it defines the roles and responsibilities of the school and the mental
health agency in the program.

Information to Include in Your MOA
Which of the following items do you think should be included in a Memorandum of
Agreement (MoA)?

• Purpose, vision, and mission of your program

• The scope of work for the school and the agency

• Names of the staff who will carry out the work
• Roles and responsibilities of the school and agency
• Financial obligations between the school district and the agency
• Dates the agreement is in effect
• History of the relationship between the school and the agency
• Key contacts at the school and the agency

The following items **should** be in an MoA:

• Purpose, vision, and mission of your program
• The scope of work for the school and the agency
• Roles and responsibilities of the school and agency
• Financial obligations between the school district and the agency
• Dates the agreement is in effect
• Key contacts at the school and the agency

The following items **should not** be in an MoA:

• Names of the staff who will carry out the work
• History of the relationship between the school and the agency

**Sample Memorandum of Agreement**

For a sample MoA between a school district and a community mental health agency, go to: [http://airhsdlearning.airws.org/Sample_Memorandum_Agreement.docx](http://airhsdlearning.airws.org/Sample_Memorandum_Agreement.docx)

**Set Up the Office, Develop a Caseload, and Get the Word Out**

The next section of this module explores setting up a private, confidential office in the school for providing mental health services, strategies for developing a caseload for your program, and options for getting the word out about your Comprehensive School Mental Health Program and the services it will provide.

**Set Up the School Mental Health Office**

It’s important to take the time to set up a private, confidential, comfortable office space for providing mental health services in the school. The type of services your program provides will, in part, determine how you need to set up the space.
In designing the space, consider what’s developmentally appropriate for the ages of the students you'll be serving and whether you'll be providing individual and/or group mental health services. Schools typically provide the physical space, a desk, phone, and double-locked file cabinet. The community mental health agency is often responsible for arranging for additional furnishings so that the office can function as a therapeutic space, such as a rug, a table with chairs, and art supplies. Community mental health staff may want to check with school staff to see if there is any unused furniture in the school that could be used in the office.

**Develop a Caseload**
There are many ways to develop a caseload in a school setting. Some effective strategies include:

- Carry over cases from the previous clinician and/or the prior school year.

- Create prevention and treatment groups related to specific needs, such as a group for students working on anger management skills, those dealing with parents’ divorce, or students who have lost a family member to suicide or war.

- Another way to develop a caseload for your program is to obtain referrals from school staff, families, and students. Consider asking school-based mental health professionals about students who might need mental health services or might benefit from participating in an early intervention group, and then plan your services accordingly.

- Another strategy is to reach out to students identified as being at high risk and connect them to services. Be sure to consult with school-based staff about the most appropriate services for each student.

**Integrate Community Mental Health Staff into Your School**
For your program to be successful, community mental health agency staff need to be fully integrated into the school and its workings. It’s a good idea to have agency staff who will be working in the school attend school meetings and events where teachers and parents will be present. This may include meetings and professional development events for school staff, PTO meetings, and back-to-school nights. You may also want to have agency staff visit classrooms to get to know students and teachers and have them spend time observing students in busy areas of the school to get a feel for the school climate.

School staff need to inform community mental health staff about school procedures such as signing in and out of the building and the school’s emergency codes.

Community mental health staff will need a process for accessing students during the school day (for example, through the use of hall passes) and should be made aware of times during the school day, week, or year that students should not be taken out of class.
Get the Word Out About Your Program
Which of the following strategies might be effective for getting the word out about your program in your school:

- Send staff, parents, and teachers, a letter describing your program.
- Talk to school staff about the services available and how to refer a student.
- On the school website, describe the program and the referral process and link to your consent form.
- Put a sign on the door of the school mental health office with the provider’s name and title.

What other ideas do you have for how to get the word out in your school?

Develop a School-Community Advisory Group
This final section focuses on involving other school and community stakeholders in an advisory group that provides direction and support for your program.

Develop a School-Community Advisory Group for Your Program
As you get closer to implementing your Comprehensive School Mental Health Program, you’ll need input not only from key staff in the school and the community mental health agency who’ve been instrumental in designing the program, but also from community stakeholders who can help make decisions related to program capacity, infrastructure, policies, and identifying and overcoming challenges that arise.

Role of the School-Community Advisory Group
The following are some key functions that your school-community Advisory Group can fulfill:

- Oversee program implementation and continuous quality improvement.
- Enhance program capacity and infrastructure.
- Review, develop, and refine district policies and procedures related to student mental health.
- Problem-solve challenges that arise.
- Monitor and pursue program sustainability.

Who Should Be Part of Your School-Community Advisory Group?
Think about your school and community. Which of the following individuals/roles should be part of your advisory group:

- A family member or family advocate
• The school principal
• The community mental health agency director and/or clinical supervisor
• The school psychologist
• A school improvement council member
• The school district’s legal counsel
• The district’s guidance department director or lead guidance counselor
• The district’s financial director
• Leaders from other youth-serving programs in the community (e.g., afterschool program)
• All of the above

Who else will you invite to be part of your advisory group?

Making Sure Your Advisory Group Thrives

Your broad-based School-Community Advisory Group plays a critical role in ensuring a healthy future for your program. But how do you make sure that the Advisory Group itself functions well and is sustained over time? One answer is by focusing on such issues as how the group is structured and how it makes decisions so that everyone’s voice is heard.

Creating a Structure for Your Advisory Group

The structure of your Advisory Group provides a framework for how the group will function. Structure provides clear boundaries and it can help to unify members into a cohesive group. If no structure is provided, every group will acquire a structure over time. It’s much better to develop group structure thoughtfully, keeping in mind the group’s mission, goals, and membership than to allow a haphazard structure to evolve over time.

The major structural issues that you’ll need to determine include how the group will be governed, how decisions will be made, the rules under which the group will operate, and the distribution of work among group members.

For more information about creating an organizational structure for your advisory group, go to: http://ctb.ku.edu/en/table-of-contents/structure/organizational-structure/overview/main
How Will Your Advisory Group Work Together?
It is important that every member of your School-Community Advisory Group feel fully engaged in this collaborative effort. One way to do this is to make sure that group decisions are made using a truly collaborative process.

Why is collaborative decision-making important? The following are some of the many benefits that result when a group takes the time and effort to use collaborative decision-making:

- It can lead to more complete and robust decisions.
- It encourages everyone to contribute information from his or her perspective, which leads to more inclusive decisions.
- It can make it easier to secure group members’ commitment to the final decision.
- It helps to ensure everyone feels engaged in and committed to the work of your program.

Common Features of Collaborative Decision-Making
There are many approaches to collaborative decision-making. They typically include the following features:

- Soliciting input from all stakeholders
- Hearing all concerns and reaching a mutual agreement
- A cooperative group atmosphere that fosters connection and group cohesion

Some Approaches to Collaborative Decision-Making
The following are some tested approaches to collaborative decision-making:

- Brainstorming
- Round-robin brainstorming
- Brain Drain
- Idea-prioritizing techniques: Paired Weighting, Nominal Group Technique
- Didactic Interaction

For more information on these techniques, go to: http://www.yourarticlelibrary.com/management/4-techniques-for-group-decision-making-process-more-effective/3506/
Additional Approaches to Collaborative Decision-Making
The following are some additional approaches to collaborative decision-making:

- For information about the Vroom-Yetton-Jago Decision Model, go to: https://www.mindtools.com/pages/article/newTED_91.htm

- For information about the Stepladder Techniques, go to: https://www.mindtools.com/pages/article/newTED_89.htm

- For information about Multi-voting, go to: https://www.mindtools.com/pages/article/newTMM_97.htm

- For information about Crawford’s Slip Writing Method, go to: https://www.mindtools.com/pages/article/newCT_95.htm

What’s Next
We hope you’ve enjoyed this module and we encourage you to continue to the next module in this series: Implementing a Comprehensive School Mental Health Program. Module 3 explores developing and refining policies and procedures to support your program, confidentiality and privacy issues, data collection and program evaluation, identifying and addressing common collaboration challenges and solutions, and program funding.