

PRESENTER:

JESSICA  
CHRISTENSEN

REGIONAL TRAINER

MID-AMERICA  
MHTTC

# TEAMING AND COLLABORATION: CONNECTING SCHOOLS AND COMMUNITIES:

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED  
AND HOPEFUL

INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED/  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

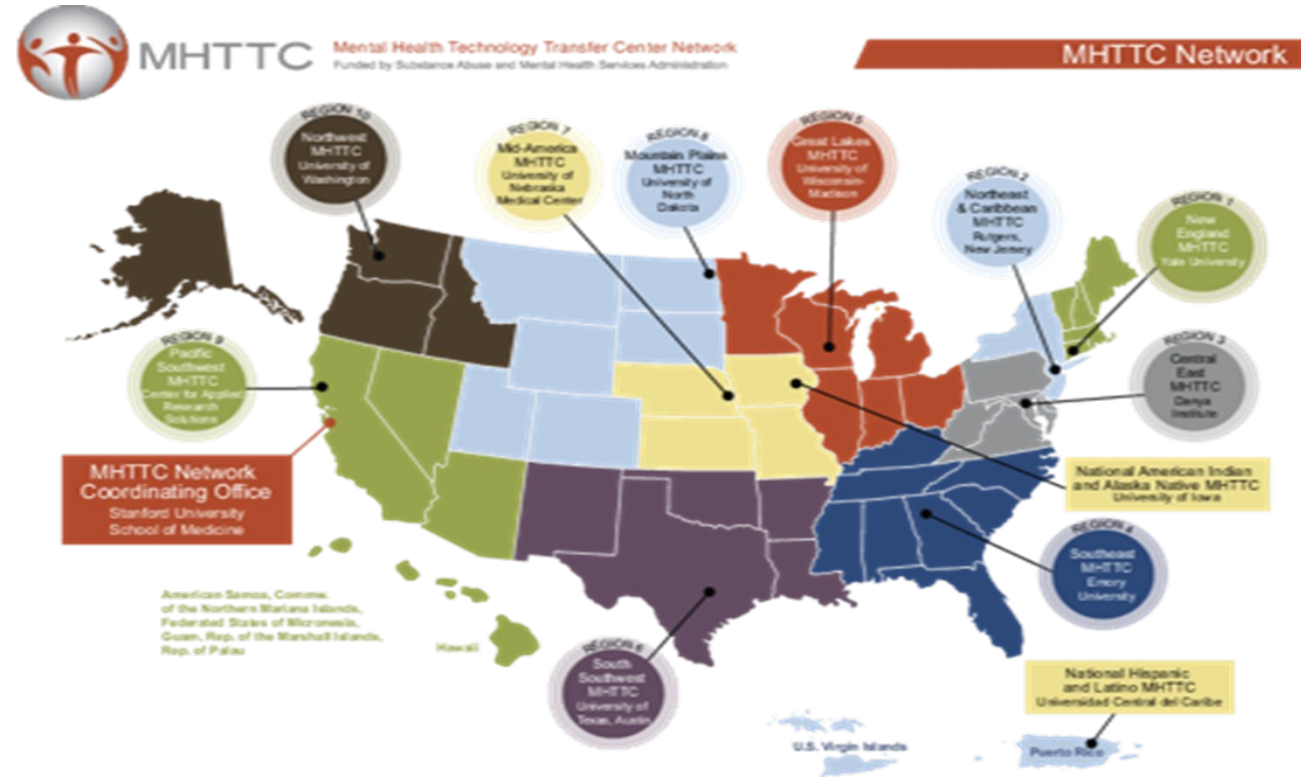
NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR  
AND UNDERSTANDABLE

CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS

Established in 2018 with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA)

- 10 Regional Centers
- National Hispanic & Latino Center
- National American Indian & Alaska Native Center
- Network Coordinating Office



**SPECIALIZED  
TRAINING AND  
TECHNICAL  
ASSISTANCE**

Integrating behavioral health in primary care

School mental health

Community treatment approaches for  
severe mental illness

Behavioral health workforce development

# AGENDA

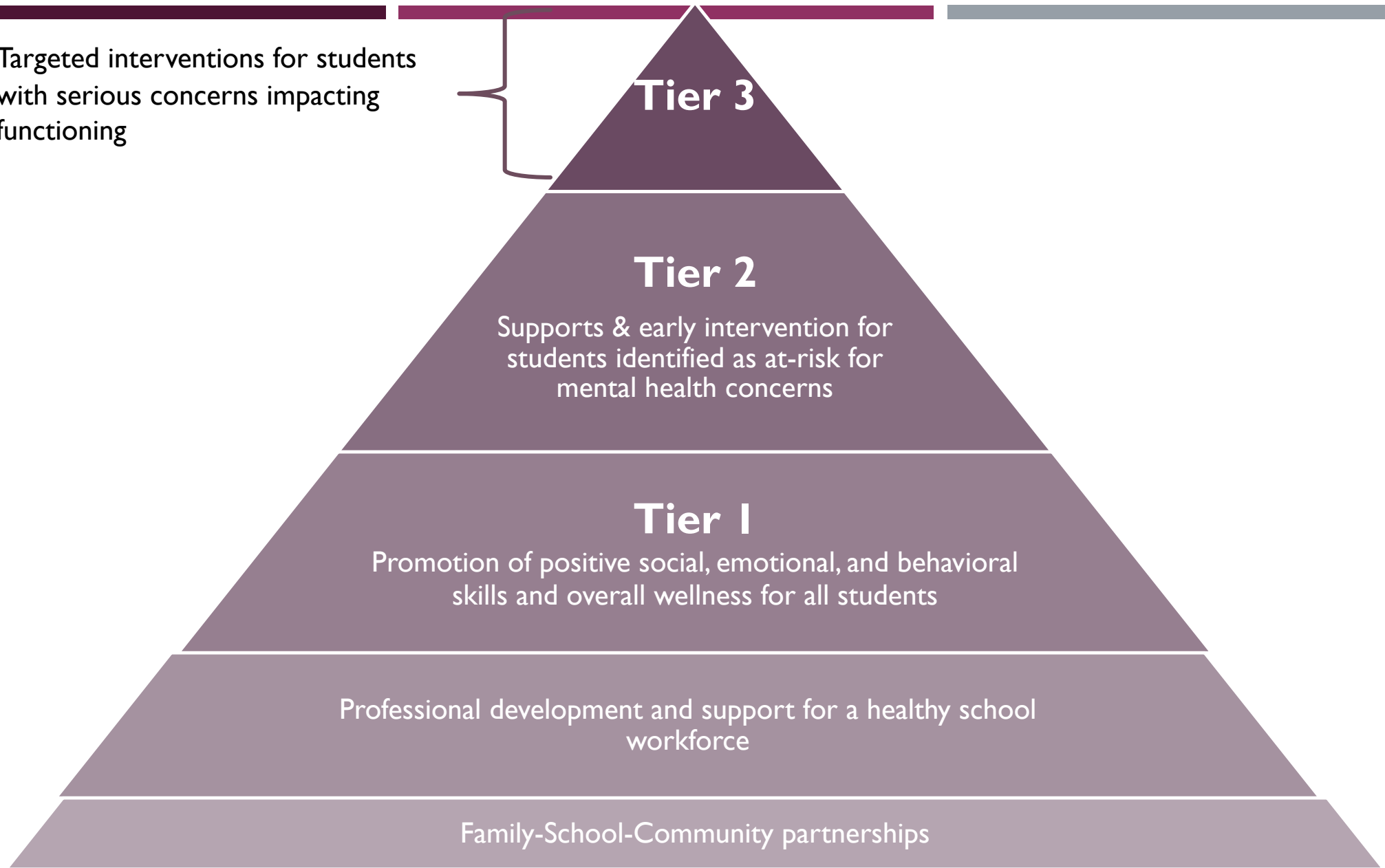
- Intro to Comprehensive SMH systems
- Overview of teaming and collaboration
- Considerations for data sharing
- Integrating with IEPs
- Navigating HIPAA and FERPA
- Additional considerations for impact
- Wrap up and questions



# BUILDING A COMPREHENSIVE SYSTEM

- Provide a ***full array*** of supports and services
- Built on a ***strong foundation*** of district and school professionals
- With ***strategic partnerships***
- That ***assess and address*** the social and environmental factors that impact health and mental health

Targeted interventions for students with serious concerns impacting functioning





# SCHOOL MENTAL HEALTH COMPETENCIES

Key policies and laws

Interprofessional  
collaboration:  
communication and  
building relationships

Engagement in  
multiple systems and  
cross-systems  
collaboration

Provision of academic,  
social-emotional, and  
behavioral learning  
supports

Data-driven decision-  
making

Personal and  
professional growth  
and well-being

Cultural competence

Competency Domain	Example Competency
1. Key policies and laws	1.8 Effectively explains key policies and laws to families in a way that facilitates their understanding of their own roles and responsibilities
2. Interprofessional collaboration: communication and building relationships	2.4 Participates effectively in teams and structures
3. Engagement in multiple systems and cross-systems collaboration	3.7 Coordinates and tracks the comprehensive services available within the community to support healthy student and family development
4. Provision of academic, social-emotional, and behavioral learning supports	4.12. Demonstrates knowledge of the three-tiered model of universal, selected, and targeted levels of intervention and is able to effectively work across all levels
5. Data-driven decision-making	5.1. Uses ongoing assessment to evaluate progress, determine needs and gaps, and shape future interventions
6. Personal and professional growth and well-being	6.2. Participates in professional development and continuing education opportunities to enhance competencies
7. Cultural competence	7.4. Examines his/her personal assumptions and biases



## ***COMPETENCY 2***

**INTERPROFESSIONAL COLLABORATION: COMMUNICATION AND BUILDING RELATIONSHIPS**

TEAMING AND  
COLLABORATION

COMPREHENSIVE  
SCHOOL MENTAL  
HEALTH

## WHAT IS A SCHOOL MENTAL HEALTH TEAM?

- A team of school and community stakeholders at a school or district level that **meets regularly, uses data-based decision-making, and relies on action planning** to support student mental health



# Examples of SMH Teams Include:



School Climate Team



Student Support Team



Mental Health Promotion/Universal Team



Intervention and Tertiary Care Team  
(Tiers 2/3)



SMH Community of Practice



District Mental Health Leadership Team

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# VALUE OF SCHOOL MENTAL HEALTH TEAMS

Communication

Collaboration

Mutual support

Common vision and priorities

Resource maximization

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# FUNCTIONS OF SCHOOL MENTAL HEALTH TEAMS

Awareness of school mental health needs and resources

Implement district school mental health policies and practices

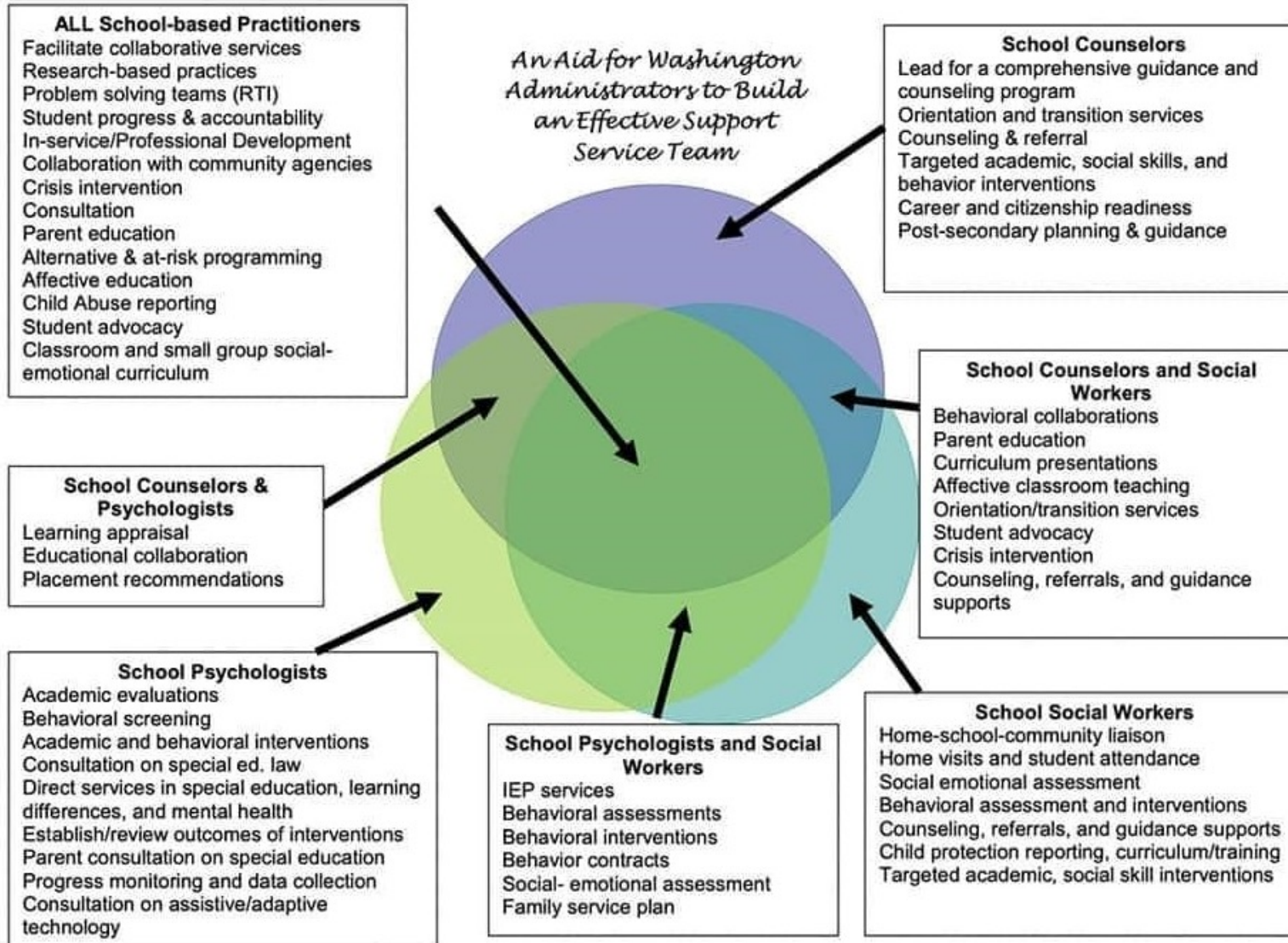
Inform and participate in training and technical assistance in the district

Align student services using a data-driven process

Foster school partnerships with community leaders, family members, and students



## How does the Work of School Psychologists, Counselors, & Social Workers Intersect in Washington?



# EXAMPLE ROLES FOR TEAM MEMBERS

National Center for School Mental Health

# TEAM ROLES AND FUNCTIONS

## List

List all team member types.

## Outline

Outline roles and functions needed.

## Identify

Identify primary and secondary roles.

Multi-Disciplinary School Mental Health Team Roles and Functions										SY
Roles and Functions of Multi-Disciplinary School Mental Health Team Members										
Role/Function	Social Workers	School Psychologists	School Counselors	Community MH Clinicians	Administrators	Classroom Teacher	Special Educator	ESOL/ELL Rep.	Nurse/OT/PT/SLP	Other
Meeting Chair										
Facilitate meetings										
Lead development of FBA/BIPs										
Provide counseling- individual & group										
Monitors student performance (academic, behavior, health and attendance)										
Intervenes/consults as needed with staff, parents, & community										
Complete Emergency Petitions (Requires clinical licensure) and accompany student to hospital										
Develop Positive Behavior										

# ESTABLISHING PARTNERSHIP AGREEMENTS

- Contracts
- Memoranda of Understanding
- Data Sharing Agreements
- Referral Systems
- Methods for teaming, collaboration, and information sharing



## PROMOTE DATA SHARING

- Have clear and measurable target goals.
- Identify data collection sources and processes.
- Identify issues related to data sharing such as HIPAA and FERPA.
- Secure consents and releases of information to allow data sharing across system partners.
- Pilot data sharing involving 1-2 students and obtain feedback on procedure

# EXAMPLE COMPONENTS OF DATA SHARING AGREEMENT



Purpose of Agreement



Duration of Agreement



Data Description



Data Management & Use



Data Confidentiality & Security



Termination of Agreement

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## School-Based Team

Genuine interest in  
having provider  
present & integrated

Curiosity about theory  
of change &  
therapeutic strategies

Educate about the  
current systems &  
support

## BOTH

Genuine interest  
Showing  
curiosity

Establishing clear  
roles

Approach  
resistance with  
curiosity

## Community Providers

Genuine interest in  
learning & working  
within the system

Curiosity about the  
current systems in  
place

Clear & efficient  
communication

Approach each building  
uniquely

# STRATEGIES FOR BRINGING MENTAL HEALTH INTO THE SCHOOL SYSTEM

## Integrating Mental Health Across the Three Tiers

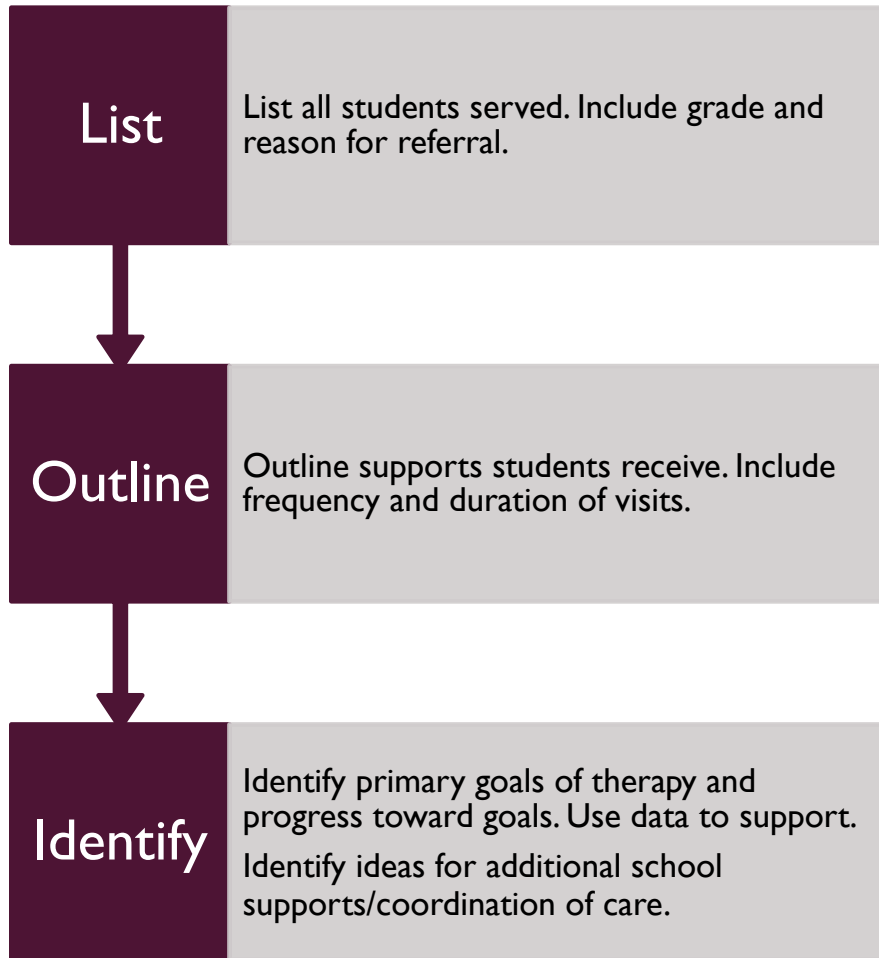
- Tier 1:
  - Leadership Meetings, Staff Meetings, Classroom Consultation
- Tier 2:
  - Student Problem Solving Team Meetings
- Tier 3:
  - IEP and MDT Meetings, Teacher Consultation

## Mental Health Providers:

- Describe and provide support and intervention for the behaviors and symptoms of concern (vs. diagnosing)
- Consult: "Giving skills away"
- Ask questions about mental health
- Discuss how mental health impacts school functioning
- Include mental well-being as a domain that we discuss

# COMMUNICATION LOG

School Name Students Meeting with Clinician Name *\*ACCEPTING REFERRALS\**  
 Referral form: [Link to referral form](#)



**Current Students**

Student	Grade	Frequency	Needs	Progress	School Supports for Consideration
Name	K	Every other week	Coping with anxiety; school refusal; sensory sensitivity	Anxiety and school refusal <u>improved</u> ; working towards sensory sensitivity.  <b>Top problems data</b> Anxiety: 10 (baseline) → 5 (current) School refusal: 10 (baseline) → 1 (current) Sensory Sensitivity: 8 (baseline) → 6 (current)	Continue log for tracking anxiety-provoking situations; continue scheduled check-ins; continue use of coping card
Name	6	Weekly	Coping with anxiety and family stressors; psychoeducation on substance use disorders	Modified treatment plan based on feedback; transitioned from CBT approach to structured ACT approach. Mild improvement in anxiety and family stress.  <b>Top problems data</b> Anxiety: 8 (baseline) → 6 (current) Family Stress: 10 (baseline) → 7 (current)	Implementation of anxiety log; implementation of coping plan for use in school environment. Develop collaboratively.
Name	3	Weekly	Previous trauma exposure; frequent behavioral outbursts consisting of physical and verbal aggression	Began trauma focused cognitive behavioral therapy; overall decrease in verbal and physical aggression; improved self-control  <b>Top problems data</b> Physical Agg: 10 (baseline) → 4 (current) Verbal Agg: 10 (baseline) → 4 (current) Work Refusal: 10 (baseline) → 3 (current)	Prompt use of coping strategies; implement CICO intervention; engage in self-control practices

**Referred Students**

Name, Grade, update on the referral and where the student is at in the process.

**Discharged Students**

Name, Grade, reason for discharge.





# DATA SOURCES

EXAMPLES TO CONSIDER



## EXAMPLE SOURCES OF DATA

- Gather data from:
  - office referrals
  - expulsion and suspension rates
  - attendance and truancy records
  - nursing and counselor logs
  - crisis referrals
  - emergency petitions
  - school climate and behavioral surveys
  - minor incident reports
  - homework completion rates
  - homelessness rates
- Identify what other data might be useful for your school and how to gather it.



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# MEANS OF TRACKING PROGRESS IN TIERS II AND III

- 
- Formative and summative evaluation critical to ensure student is benefiting from services and receiving the right level of support
  - Solution-focused individual goal setting for elementary, middle, and high schoolers
  - Direct observation of identified problem behaviors (e.g., frequency, latency, duration)
  - Can use pre-/post-data to track progress such as:
    - Absences
    - ODRs
    - Visits to school counseling during class time
  - Can also use validated assessment tools such as:
    - Behavior rating scales (e.g., Spence Children's Anxiety Scale)
    - Outcome Rating Scale (ORS) and Session Rating Scale (SRS)
    - Youth Services Survey (YSS) and Youth Services Survey for Families (YSS-F)
      - *Adaptable for Tier 3 structure in your school*

# EXAMPLE DATA SOURCES

## Quick Check-In + Ratings

We are excited to see you today! Please let us know how things are going.

1. Name

2. School:

- Millard North Middle
- Andersen Middle
- Kiewit Middle
- Beadle Middle

3. How stressed do you feel?

0	1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---	---

Not at all stressed

4. How well are you able to manage your stress?

- Extremely well
- Somewhat well

## Quick Check-Out

\* Required

We appreciated seeing you today! Please let us know how we

1. What is your name? \*

2. School: \*

- Millard North Middle
- Andersen Middle
- Kiewit Middle

3. Please answer the following questions.

	Strongly Disagree	Disagree	Agree
I feel confident I can use the skills, strategies, or knowledge from this session in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident I can continue with the practices that help me most.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am becoming more the person I want to be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

- The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioral screening questionnaire about 3-16 year olds.
- All versions of the SDQ ask about 25 attributes divided between 5 scales:
  - Emotional
  - Conduct
  - Hyperactive/Impulsive
  - Peer Relationships
  - Prosocial Behavior

[SDQ Information](#)

## Strengths and Difficulties Questionnaire

T 4-10

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

Child's name .....

Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# YOUTH SERVICES SURVEY FOR FAMILIES

## Access

- The location of services was convenient.
- Services were available at times that were good for me.

## Participation

- I helped to choose my child's services.
- I helped to choose my child's treatment goals.
- I participated in my child's treatment.

## Outcomes

- My child is better at handling daily life.
- My child gets along better with family members.
- My child gets along better with friends and other people.
- My child is doing better in school and/or work.
- My child is better able to cope when things go wrong.
- I am satisfied with our family life right now.

# YOUTH SERVICES SURVEY FOR FAMILIES

## Satisfaction

- Overall, I am satisfied with the services my child received here.
- The people helping my child stuck with us no matter what.
- I felt my child had someone to talk to when he/she was troubled.
- The services my child and/or family received were right for us.
- My family got the help we wanted for my child.
- My family got as much help as we needed for my child.

## Cultural Sensitivity

- Staff treated me with respect.
- Staff respected my family's religious/spritual beliefs.
- Staff spoke with me in a way that I understood.
- Staff were sensitive to my cultural/ethnic background.



# YOUTH SERVICES SURVEY FOR FAMILIES

## Social Connectedness

- I know people who will listen and understand me when I need to talk.
- I have people that I am comfortable talking with about my child's problems.
- In a crisis, I would have the support I need from family or friends.
- I have people with whom I can do enjoyable things.

## Functioning

- My child is better able to do things he or she wants to do.
- My child is better at handling daily life.
- My child gets along better with family members.
- My child gets along better with friends and other people.
- My child is doing better in school and/or work.
- My child is better able to cope when things go wrong.

# STRATEGIES FOR BRINGING MENTAL HEALTH INTO THE SCHOOL SYSTEM

## Integrating Mental Health Across the Three Tiers

- Tier 1:
  - Leadership Meetings, Staff Meetings, Classroom Consultation
- Tier 2:
  - Student Problem Solving Team Meetings
- Tier 3:
  - IEP and MDT Meetings, Teacher Consultation

## Mental Health Providers:

- Describe and provide support and intervention for the behaviors and symptoms of concern (vs. diagnosing)
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# **MENTAL HEALTH AND SPECIAL EDUCATION**



# WRITING IEP GOALS TO SUPPORT MENTAL HEALTH

## ***purpose of an IEP goal:***

to describe what knowledge and/or behaviors a child is expected to develop throughout the duration of the IEP

# SMARTIE IEP GOALS



- **Specific**—direct, detailed
- **Measurable**—quantifiable to track progress
- **Attainable**—realistic and have the resources to attain it
- **Relevant**—aligned with student needs
- **Time-bound**—has a deadline
- **Inclusive**—includes perspectives of all stakeholders, especially those who have been traditionally marginalized
- **Equitable**—addresses systemic injustice, inequity, or oppression

# IEP GOALS TO SUPPORT MENTAL HEALTH

1

**Use data** to determine if there is a mental health need

2

Determine the **function of the behavior** being demonstrated

3

Identify what **skills** need to be taught

4

**Write IEP goal**

5

**Determine interventions** within tiered system

# EXAMPLE #1

## Data Collected for MDT/IEP Meeting:

- Elevated “Internalizing Problems” on BASC-3
- Child chronically 1-2 hours late to school
  - Once in school, is quiet and performs well academically
- Observed in school:
  - Shaky, tearful, very quiet
- Child interview: “Feels like throwing up” when has to get out of car in the school parking lot
- Function: avoidance (of school)

# EXAMPLE #1

## IEP Goal

Kyle will reduce tardiness to school from 1.5 hours to 0.75 hours by May 2023. As measured by the school secretary attendance log; data will be compiled by the school social worker every 2 weeks to monitor progress.

## Interventions Selected

- Participation in school-wide social-emotional learning
- Check-in/Check-Out
- Psychoeducation on anxiety
- Learn and practice coping strategies
- Reinforcement for using coping strategies



## EXAMPLE #2

### **Data Collected for MDT/IEP Meeting:**

- Elevated “Attention Concerns” and “Hyperactivity” on BASC-3
- Elevated scores across the BRIEF-2
- Child has a medical diagnosis of ADHD-Combined Type
- 70% off-task behavior observed
- Function: skill deficit in sustained attention

## EXAMPLE #2

### IEP Goal

Nancy will increase on-task behavior in the classroom from 30% to 60% of the time by May 2023. As measured by Direct Behavior Reporting completed daily by teacher and monthly observation from the school psychologist.

### Interventions Selected

- Teach and practice expected behaviors in the classroom
- Self-Monitoring
- Reinforcement for meeting behavior targets



**CONSIDERATIONS  
FOR NAVIGATING  
HIPAA AND FERPA**

# HIPAA/FERPA

Neither HIPAA nor FERPA should be seen as insurmountable obstacles for school-community partnerships.

Be clear about what information can and cannot be shared with whom.

Strike a balance.


Have guardians sign a release of information form that clearly defines what will be shared.

Create a policy for how you will share information with your district partner(s).

Information about HIPAA and FERPA

- **Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule: 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, visit:
    - <http://www.hhs.gov/ocr/privacy/index.html>
- **Family Educational Rights and Privacy Act (FERPA)**
  - 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, visit:
    - <http://www.ed.gov/policy/gen/edu/edu-fair-ferpa/index.html>
- **HIPAA and FERPA**
  - Both HIPAA and FERPA are designed to protect confidentiality and privacy.
  - School-employed staff must abide by FERPA.
  - Hospitals and outpatient mental health programs abide by HIPAA.
  - The school mental health records of school-based community providers are protected by HIPAA.
  - Provisions relate to sharing information during crises and emergency situations.
  - For more information on the intersection between HIPAA and FERPA, visit:
    - [http://www.hhs.gov/ocr/privacy/hipaa/faq/ferpa\\_and\\_hipaa/index.html](http://www.hhs.gov/ocr/privacy/hipaa/faq/ferpa_and_hipaa/index.html)
- **Helpful Hints**
  - Neither HIPAA nor FERPA should be seen as an insurmountable obstacle for your program.
  - Be clear about what information can and cannot be shared with whom.
  - Strike a balance.
  - Have parents/guardians sign a release of information form.
  - Create a policy for how your district will share information and documents with your community mental health partner(s).

CSMH, 2016



# HIPAA/FERPA

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Resource that provides information on HIPAA/FERPA comparison.

Specific to Mid America region

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Identify with school team how information will be shared.

Email, Phone call, in writing, etc.

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Identify how often information will be shared.

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Identify problem solving plan for how issues with communication will be addressed.



## HIPAA and FERPA Laws: A School Mental Health Navigation Tool for Mid-America States of Nebraska, Kansas, Iowa, and Missouri

Two pieces of legislation policy regulate sharing of student mental health records so that schools and their partners can best respect students and their families' confidentiality while providing necessary care.

- **The Health Insurance Portability and Accountability Act of 1996 (HIPAA)** Privacy Rule is a federal law that protects the privacy of patient health information (mainly relating to student mental health records). HIPAA generally does not apply to public elementary or secondary school settings, but does apply to external behavioral health providers.
- **The Family Educational Rights and Privacy Act (FERPA)** is a federal law that protects the privacy of public students' personal education records (including certain student health records).

## ACTION ITEM: SHARE OUT

- Share out: what questions, barriers, or concerns have come up related to navigating HIPAA and FERPA?
- How has your team overcome these?





# ADDITIONAL CONSIDERATION

MEASURING IMPACT OVER TIME

## TRACKING PROGRESS AND MONITORING FIDELITY

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A core component of evidence-informed practice is fidelity monitoring

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Consider talking with your SMH team about strategies to monitor fidelity of MTSS system for mental health

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In what ways is the system being monitored for fidelity?

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In what ways are specific interventions being monitored for fidelity?





**SHARE OUT: WHAT ARE SOME KEY TAKEAWAYS  
AND NEXT STEPS?**



QUESTIONS?

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