



MEMBER SERVICES FORUM 1 BREAKOUT GROUPS GUIDE +RESOURCES
AACAP/ CACAP ANNUAL MEETING 2022

ADDRESSING THE CHILD MENTAL HEALTH CRISIS AND MENTAL HEALTH INEQUITIES
THROUGH SCHOOL CONSULTATION: 'EQUIPPING' CHILD AND ADOLESCENT
PSYCHIATRISTS WITH A SCHOOL CONSULTATION TOOLBOX



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OCTOBER 18, 2022
8:00AM-10:30AM
MTCC-717A (700 LEVEL)

BREAKOUT GROUP NO. 1

Types of School CAMH Consultation Models & the Requirements for Implementation. (Erika Ryst, M.D. + Anna Ordóñez, M.D.)

Source: Ryst & Joshi (2021). "Collaboration with Schools and School-Based Health Centers". *Child Adolesc Psychiatric Clin N Am*, 30:751-765.

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Ryst & Joshi

Type	Description	Examples
Direct service	The CAP provides a direct clinical service to either students or school staff. Services may be delivered at the school site, via telehealth, or at the CAP's office. The school may pay the CAP directly for the service, or the CAP or school may bill insurance. Alternatively, the CAP may be employed by an SBHC, children's hospital, or university.	<ul style="list-style-type: none"> • The CAP contracts with the school to provide child psychiatry evaluation and management of students referred to the CAP by the school. Releases of information are in place to allow for bidirectional communication between the CAP and the school. Telehealth can be a convenient way to deliver service, but the telehealth visit must be facilitated at the school site by school staff. • The CAP contracts with the school district to provide one-time, comprehensive school-based child psychiatry evaluations to provide both school-based and community-based recommendations. Typically such an evaluation includes review of school records, meeting with the school team, parent interview, school observation of the child, and child interview. The school team may then incorporate recommendations into the child's Individualized Education Plan (IEP). If needed, the CAP can facilitate community-based referrals. • The CAP contracts with the school to provide group psychotherapy interventions at the school, or to provide supervision of school-based mental health professionals in the delivery of school-based mental health interventions (such as Cognitive Behavioral Intervention for Trauma in Schools, CBITS).
Consultation	The CAP provides indirect support of school professionals to promote school-based mental health. Payment is usually in the form of compensation by the school as an hourly rate or portion of the CAP's full-time equivalent (FTE).	<ul style="list-style-type: none"> • The CAP participates in multidisciplinary school team meetings (such as ISF teams) to review school-wide academic and behavior data, community data, and universal mental health screening assessment

(continued on next page)

Table 3 (continued)		
Type	Description	Examples
Technical assistance	The CAP provides expertise on solving school problems at a systems level by addressing school or district policy, curriculum or procedures. Payment is usually in the form of compensation by the school as an hourly rate or portion of the CAP's FTE; in some cases, CAP's may choose to volunteer their time as community service.	<p>formal classes on teacher wellbeing (such as the WISE Teacher Well-being Workbook by Jeff Bostic, M.D., Ed.D).</p> <ul style="list-style-type: none"> • The CAP participates on school or district committees related to mental health topics (for example, on implementation of district-wide mental health screening; on the mental health impact of the school district's COVID-19 response, or a Special Education Advisory Committee) • The CAP supports schools and districts during times of school crisis (for example, after a school suicide or school shooting.) Examples of crisis response toolkits may be found at https://www.heardalliance.org/toolkit-intervention-crisis-response/, https://www.sprc.org/resources-programs/after-suicide-toolkit-schools & https://www.ready.gov/public-spaces • The CAP guides school district staff through planning, implementing and monitoring the development of Comprehensive School Mental Health Systems. The National Center for School Mental Health website (www.schoolmentalhealth.org) has a multitude of resources on this topic. • The CAP assists the school district in the planning and implementation of grant-funded mental health programs (such as the SAMHSA-funded Project AWARE state education grants https://www.samhsa.gov/grants/grant-announcements/sm-20-016)

BREAKOUT GROUP NO. 2

Review of the funding, and legal arrangements in school CAMH consultation (Kristie Ladegard, M.D. & Colleen Cichetti, Ph.D., M.Ed.)

Funding

See [School Mental Health Quality Guide: Funding and Sustainability](#) for more information

1. How are you using federal funding to support school CAMH consultation?

Examples and Resources:

Direct Payments/ Fee-for-Service (Medicaid): Federal assistance for eligible students is provided through fee-for-service and administrative claiming.

[Accessing Medicaid Funding for School-Based Mental Health Services](#) is an issue brief that provides schools, districts, and education agencies with strategies to access and utilize Medicaid funds to support mental health services in schools.

[This document](#) by the Georgetown University Health Policy Institute: Center for Children and Families provides insight on how Medicaid can help schools sustain support for students' mental health.

Block Grants: Federal block grants are allocated to states based on demographic characteristics. Within broad categories of allowed use, states determine how to allocate and use the funding. Examples of block grants used to fund comprehensive school mental health services include: Title V Maternal and Child Health, Title XI funds for disadvantaged youth, Title XX Social Services, and the Preventive Health and Health Services block grant.

Project/Discretionary Grants: Project grants are awarded through a competitive process and provide funding for specific projects for a predetermined period of time. Examples of project grants include: [Project Advancing Wellness and Resilience Education \(AWARE\)](#), [National Child Traumatic Stress Initiative – Category III Treatment and Services \(CTS\) Centers](#), and [Pediatric Mental Health Care Access \(PMCHA\)](#).

Legislative Earmarks: Legislative earmarks refer to provisions that allocate a certain amount of money for a specific project or initiative for a limited time period. Example: reserving part of an annual budget for addressing school safety.

2. How are you using state funding to support school CAMH consultation?

Examples and Resources:

State Taxes: In some states, taxes from a variety of sources such as tobacco and casinos can be allocated to fund school mental health and education. For example, in Colorado, 12.59% of [tax revenue from marijuana sales](#) is credited to the State Public School Fund and distributed across all school districts in the state.

State Grants: Grants provided by the state to fund mental health service provision, which can include school mental health services. For example, the [Minnesota Department of Human Services](#) disperses several million dollars of state grant funding support mental health services in schools.

State Budget: Some states dedicate a line item in their budget for mental health services that can be accessed to help fund school mental health services. For example, in a budget approved in April 2019, New York directed \$500,000 to the School Mental Health Resource & Training Center.

3. How are you using state funding to support school CAMH consultation?

Examples and Resources:

School Districts: School districts can allocate a portion of their budget for school mental health funding. **Community**

Coalitions: Community Coalitions are typically formed by local businesses and private foundations who partner together to donate or raise (via fundraisers) money to fund school mental health.

Legal issues in School CAMH Consultation

Getting Started

Once there is an agreement between the school and community mental health agencies (this can include a psychiatrist) to partner it is important to further detail and clarify the roles of each agency, a process that is typically called a **memorandum of understanding (MOU)**.

MOU should include the purpose of the program or partnership, the roles and responsibilities, requirements for information sharing, and relevant procedures. Here is an example of an MOU checklist:

1. **Parties to the Collaboration**
 - Education partner name
 - Community partner name (police department, mental health service, counseling service, etc.)
2. **Purpose for the Collaboration**
 - Include goals and objectives
3. **Collaborative Functions**
 - Assessment (initial screening, diagnosis, and intervention planning)
 - Referral, triage, or monitoring/management of care
 - Direct service and instruction (e.g., primary prevention programs/activities; early intervention; individual, family, and group counseling; or crisis intervention and planning)
 - Indirect services (consultation, supervision, in-service instruction)
4. **Roles and Responsibilities of Mental Health Clinician**
 - Prevention, early intervention, treatment, and assessment services to young people in the school
 - Medication evaluation and monitoring, and initial assessments
 - Individual/group therapy
 - Social skill training or coaching
 - Family therapy
 - Substance abuse counseling
 - Psychosocial evaluations
 - Consultation, training, and support to teachers, administrators, and other school staff
 - Collect data/notes on students to monitor progress
 - Complies with a request to share any other information related to a student's treatment (requires an appropriate release of information signed by the student's parents)
 - Visits students' homes or community agencies (permission not needed from the school)

Legal issues in School CAMH Consultation (continued):

5. Supervision Responsibility of the Community Agency Partner

- Provide supervision and support for mental health clinicians
- Hire and supervise one or more clinicians who will be placed in participating schools
- Hold weekly supervisory and training meetings for clinicians
- Report any unusual incidents to school principal and work with school to resolve disputes
- Provide monthly reports to school principal with gathered information, such as the number of students seen, the number and theme of therapeutic groups, and general concerns raised.

6. Roles and Responsibilities of the School

- Provide a private space, a locking filing cabinet, and a dedicated phone line for each clinician assigned to a school
- Provide supplies, materials, and use of office equipment
- Convene a team of relevant individuals to meet regularly to review and assign requests for services
- Use the referral format specified by the community agency for all referrals, whether from staff, student, or parent
- Maintain confidentiality of all referrals, whether a self-referral by the student or by the staff
- Work to resolve dilemmas that arise from the legal confidentiality requirements so that all staff involved with a student can work together in the student's best interest while adhering to mandatory mental health laws

7. Miscellaneous Procedures

- Mental health clinicians can/cannot be financially compensated by the school for work completed as part of their normal duties
- Mental health clinicians are responsible for reporting their hours; clinicians should sign in and out of the school if the school requires such a procedure
- Clinicians will report their schedules to the school on a monthly basis, and each carries a cell phone provided by the program to ensure that they can be reached when out of the building
- Requests for leave time will be approved by supervisors at the community agency
- Principals will be informed of this leave in writing
- School staff (administrators and teachers), families, and students will be asked to participate on a regular basis in the evaluations
- Schools will be asked to share school-level data (e.g., attendance records, disciplinary actions, grades)

8. Legal Considerations

- Mandatory reporting laws
- Mental health records are confidential and not part of the school record
- Disclosure of mental health information
- Release of mental health records can be pursuant to a court order

How to communicate when consulting with schools:

Family Educational Rights and Privacy Act (FERPA)

Protects almost all “education records” at the federal level by classifying them as “confidential” and limiting their disclosure. All mental health data that a public school district maintains on a special education student, including records of any mental health services provided under an individual education plan are “education records.”

Permitted disclosures:

- School officials
- Schools to which a student is transferring
- Special officials for audit or evaluation purposes
- Appropriate parties in connection with financial aid to a student
- Organizations conducting certain studies for or on behalf of the school
- Accrediting organizations
- Appropriate officials in cases of health and safety emergencies
- State and local authorities, within a juvenile justice system, pursuant to specific state law
- To comply with a judicial order or lawfully issued subpoena

Health Insurance Portability and Accountability Act (HIPAA)

Federal law designed to protect the privacy and security of individually identifiable health information that is maintained by a “covered entity” such as CAPS. Requires CAPS to safeguard the privacy of health records and limit disclosure of such information without patient consent.

Permitted disclosures:

- To the individual
- Treatment, payment, and healthcare operations
- Uses and disclosures with opportunity to agree or object by asking the individual or giving opportunity to agree or object
- Incident to an otherwise permitted use and disclosure
- Public interest and benefit activities (e.g., public health activities, victims of abuse or neglect, decedents, research, law enforcement purposes, serious threat to health and safety)
- Limited dataset for the purposes of research, public health, or healthcare operations

How to communicate when consulting with schools (continued):

A student who has FERPA rights is called an **eligible student**. Generally, schools can't release any information from a student's education record without written consent from the parent or eligible student. However, because school nurses are providers under HIPAA, they can share educational information with other providers without consent.

TIP: When contracting with a nursing agency, school districts should include a provision in the contract confirming its employees are required to comply with FERPA and any applicable provisions of state law. The contract should also contain a provision confirming that no physician-patient or similar privilege will arise out of the nurse's work with any student.

Similarities Between FERPA AND HIPAA

- Both have exclusions that, in certain circumstances, permit dissemination of information without a signed release.
- Some of these exclusions overlap; for instance, both FERPA and HIPAA permit the sharing of protected information for the following purposes: research, emergencies, child abuse reporting without need of a release.

How to communicate when consulting with schools (continued):

Differences Between FERPA AND HIPAA

- Each law has exceptions that the other does not, and vice versa.
- As long as the teacher or other "school official" has a "legitimate educational interest" in the information, FERPA permits school personnel to disclose FERPA-covered records to them without a release. HIPAA does not provide a comparable exception.
- HIPAA permits medical professionals to share patient health information with another organization or clinic that is treating the same patient in order to facilitate treatment. There is no equivalent exclusion under FERPA.
- Even in cases where the exceptions are similar, they may nonetheless apply differently. For instance, both FERPA and HIPAA allow providers to reveal protected information when a child is in danger, but the ways in which each law defines risk, and the recipients of that information are different.

For more information, visit:

<https://www.ecfr.gov/current/title-34/part-99>

<https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>

Who can you treat when working with schools?

Consent Laws

Know your state or country's age of consent for mental health and substance use treatment.

Refer to American Academy of Pediatrics for a summary of consent laws in every state: [State-by-State Variability in Adolescent Privacy Laws | Pediatrics | American Academy of Pediatrics \(aap.org\)](#)

Sharko M, Jameson R, Ancker JS, Krams L, Webber EC, Rosenbloom ST. State-by-State Variability in Adolescent Privacy Laws. *Pediatrics*. 2022;149(6):e2021053458. doi:10.1542/peds.2021-053458

How to advocate for school accommodations as a consultant:

Special education law

Typically, public schools are required to provide additional services or accommodations for students with such special needs. Every child must receive a free, suitable education in the setting with the fewest restrictions possible, according to federal law. There are three federal statutes that apply exclusively to children with special needs to support their ability to learn in school.

- The Individuals with Disabilities Education Act (IDEA) (1975)
- Section 504 of the Rehabilitation Act of 1973
- The Americans with Disabilities Act (ADA) (1990)

The eligibility requirements, services offered, and procedures for each of these laws vary between states.

Parents can write to request for their child to be evaluated for special educational services or accommodations, such as a 504 plan or an individual education plan (IEP). The following page has a sample letter.

Sample Letter Request for an Initial Assessment for Special Education Eligibility

Date

(Principal or Special Education Director)

Local School District

Address

City, State, Zip Code

Dear Principal's name _____

I am the parent of (student's name) who is in the ___ grade at (name of school). I am requesting a comprehensive assessment in all areas related to suspected disability to determine whether (student's name) is eligible for special education and/or related services either under the Individuals with Disabilities Education Act (including the Other Health Impairment category) or Section 504 of the Rehabilitation Act of 1973.

I am requesting this assessment because even though we have been working with the teacher to modify his/her regular education program, we have not seen any improvement. The following interventions and accommodations have already been tried. (list interventions such as seating assignments, quiet area to take tests, etc.) However, my student continues to struggle in school with _____. If applicable add: (my child) has been diagnosed with _____ by (name of professional).

It is my understanding that I will hear back from you in writing within 60 days of this request. I look forward to hearing from you and working with you and your staff.

Sincerely,

Parent/Guardian's name

Address

City, State, Zip Code

Daytime Telephone

cc: include others who you think might need to know about your request.

Other helpful links:

Children and Schools:

https://www.aacap.org/AACAP/Families_Youth/Resource_Centers/AACAP/Families_and_Youth/Resource_Centers/Schools_Resource_Center/Home.aspx

National Center for School Mental Health website:

<http://www.schoolmentalhealth.org>

Mental Health Technology Transfer Center Network:

<https://mhffcnetwork.org/centers/global-mhffc/school-mental-health-resources>

Center for Mental Health in Schools at UCLA website:

<http://www.smhp.psych.ucla.edu>

BREAKOUT GROUP NO. 3

Documentation and Documents used in School CAMH consultations (Brandon Johnson, M.D & + Jennifer McWilliams, M.D.)

Useful Web Links to Psychiatric Evaluation Templates and Rating Forms

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- https://www.aacap.org/AACAP/Member_Resources/AACAP_Toolbox_for_Clinical_Practice_and_Outcomes/Forms.aspx
- https://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Schools_Resource_Center/Resources_for_Clinicians_Schools.aspx

Useful Screening Tools:

Free and low burden for school staff and patients:

- Vanderbilt Rating Scale
 - Parent and Teacher versions for assessing ADHD symptoms
 - Validated for ages 6-12yo, can be used for >4yo and adolescents
 - <https://www.nichq.org/sites/default/files/resource-file/NICHQ-Vanderbilt-Assessment-Scales.pdf>
- PHQ-9 (Patient Health Questionnaire – 9)
 - Patient-reported assessment of depression symptoms
 - Validated for ages 12yo+
 - <https://www.apa.org/depression-guideline/patient-health-questionnaire.pdf>
- GAD-7 (Generalized Anxiety Disorder – 7)
 - Patient-reported assessment of anxiety symptoms
 - Validated for ages 12yo+
 - https://adaa.org/sites/default/files/GAD-7_Anxiety-updated_0.pdf
- PSC-17 (Pediatric Symptom Checklist - 17)
 - Parent-reported assessment of internalizing, externalizing, attention
 - Validated for ages 8-15yo
 - <https://depts.washington.edu/dbpeds/Screening%20Tools/PSC-17.pdf>

More In Depth Rating Scales:

- POSIT (Problem Oriented Screening Instrument for Teenagers)
 - Patient reported 139 yes/no questions identifying problem areas in multiple domains: mental and physical health, education, vocational, family and peer relations, substance use
 - Validated ages 12-19yo
 - https://adai.uw.edu/instruments/pdf/Problem_Oriented_Screening_Instrument_for_Teenagers_188.pdf
- URICA (University of Rhode Island Change Assessment Scale)
 - Patient report: measures stage of change for identified problem
 - Validated for adolescents and adults
 - <https://habitslab.umbc.edu/urica-readiness-score/>
- Paid Assessments/Scales: BASC-3, CBCL

Other Considerations:

- Maintain a registry of students participating in the program for notes from team meetings
- Maintain a high-risk list and perform more frequent safety assessments with these students
- Ensure Release of Information consents are obtained to enable behavioral health staff and school personnel to communicate

References

Walter, H. J., & Berkovitz, I. H. (2005). Practice parameter for psychiatric consultation to schools. *Journal of the American Academy of Child & Adolescent Psychiatry*, 44(10), 1068-1083.

Jeff Bostic, & Sharon Hoover. School Consultation *Lewis' Child and Adolescent Psychiatry. A Comprehensive Textbook*, 5th Edition. Andres Martin, Michael Bloch and Fred Volkmar.

Jeff Bostic, Sharon Hoover, Kris Scardamalia, Erika Ryst. School-Based Interventions. *Dulcan's Textbook of Child and Adolescent Psychiatry*. 3rd Edition. Mina K Dulcan, M.D.

BREAKOUT GROUP NO. 4

Using Telepsychiatry to Provide School Consultations (Mona Potter, M.D. & Molly Wimbiscus M.D.)

Pros and Cons of Telehealth in Schools

- **Benefits:** efficiency, improved access to care, increased flexibility, “real world” access, potential increase in compliance with visits, potential for increased collaboration opportunities
- **Barriers:** technological difficulties, private concerns, finding private space, logistics/coordination needs, provider misses experience of school culture
- *Limited research around telepsychiatry in schools, though telehealth generally has been found to be effective*

Implementation Checklist

There are multiple ways to use telehealth in the school setting:

1. Through established partnership with schools/district as a consulting or staff psychiatrist
2. Through private/clinic practice with individual patients:
 - a. Existing patient who needs support while at school (*e.g.*, child with school refusal, where quick session might motivate skills use AND engagement of school counselor can be added benefit)
 - b. Existing patient who can be seen for a psychiatry follow-up visit while at school to extend psychiatrist available hours
 - c. Meeting with school staff, parents, and student to discuss treatment plan

Getting started

- **Choose your telehealth platform.** It must be affordable, HIPAA-compliant, web-based (easiest), accessible, reliable, with quality AV.
- Examples: [Doxy.com](https://www.doxy.com/), Zoom through Epic MyChart, AmWell
- **Determine type of relationship** (partnership vs simple site) with schools or districts
- Established partnerships (*e.g.* doctor/program and school/district MOU)
- Simple telehealth visit site (patient-by-patient)
- **Either works!** Simple site location may be easiest when starting to *test* the relationship and determine compatibility for future formalized school telehealth program.
- **Schedule visit** on your standard template as telehealth.
- **Inform patient/guardian and school** (as appropriate) that the student will have a telehealth visit on date/time and will need private space, device, and internet access.

- If you have a relationship with the district, confirm that consents/ROIs are complete, then alert school-side contact for telehealth support.
- For simple site location for individual patients, inform identified school staff of appointment and inquire about use of school site for visit. **Benefits to emphasize:** school attendance, ability for care coordination during visit.
 - This serves as an opportunity to begin discussion about future school mental health collaborations.
 - This also allows you to engage with care extenders in school, inform your treatment plan, and amplify support for high-risk youth.
- **Note:** parents usually talk with guidance counselor or administrator of unaffiliated schools for space, or the parent meets the student at school and has the student conduct the telehealth visit from the vehicle.
- **For affiliated schools,** identified school-side staff member is informed of clinical schedule and assists with monitoring privacy, being available outside room and on direct phone access prn, provides office/nurse pass
- Sample school coordination and information letter
- **Conducting the visit**
- **Student check-ins online through telehealth platform** at school site.
- **Complete consent,** co-pay, online screeners, other documents, questionnaires
- **Ensure privacy and safety** (best if student has **headphones**)
- **Monitor** visibility, light, background (green screen, blur), audio, Wi-Fi/internet
- **School staff member monitors outside room** (requires trust/relationship)
- Doctor can **send link through text/email** to guardian (or other school team members) at work/home to join when ready.
- **School staff member can join** briefly with consent/assent.
- **Treatment plan reviewed** and sent in **secured follow-up message.**
- **Next visit scheduled** and confirmed with school contact
- **Follow up** documentation, letters and forms completed through online portal. Transmission of documents safely.
- **Points to Ponder**
- **Who is the best designated school staff member** to assist with workflow and coordination on the school side? *Consider:* guidance counselor, school social worker, principal, school nurse, intervention specialist, therapeutic classroom social worker, *etc.*
- **How can you give back to the school team?** *Consider:* offering pro-bono simple youth mental health trainings, review safety/threat assessment protocols, global screening processes, provide indirect consultation or supervision, professional development to staff, facilitate compassion-resiliency groups for staff or parents, offer clinical case reviews, specific or de-identified care coordination, explore grants/stipend to fund time of school employee assistance, *etc.* **Offer your**

collaboration and skill. Consider creating a virtual access clinic (VAC), urgent referral process with affiliated districts, etc. Most schools want to discharge liability and risk and share responsibility with a specialist for high-risk students. **Schools hope for access to a psychiatrist “on demand!”**

Resources:

- AACAP Pediatric Telepsychiatry
Curriculum: https://www.aacap.org/App_Themes/AACAP/Docs/clinical_practice_center/business_of_practice/Telepsych/Pediatric_Telepsychiatry_Curriculum_Oct_2020-web.pdf
- School Based Telepsychiatry
(AACAP): https://www.aacap.org/AACAP/Clinical_Practice_Center/Business_of_Practice/Telepsychiatry/Toolkit%20Videos/school_based.aspx
- Cunningham D.L., Connors E.H, Lever N, Stephan S.H. Providers’ perspectives: Utilizing telepsychiatry in schools. *Telemedicine and e-Health*. 2013;19(10): 794-799.
- Stephan, S, Lever, N, Bernstein, L, Edwards, S, Pruitt,D. Telemental health in schools. *Journal of Child and Adolescent Psychopharmacology*. 2016;26(3):266-272.
- McLennan, JD. Video-conferencing Telehealth Linkage attempts to schools to facilitate Mental Health Consultation. [J Can Acad Child Adolesc Psychiatry](#). 2018 Apr; 27(2): 137–141.

BREAKOUT GROUP NO. 5

Common Challenges and Solutions when Providing CAP Consultations to Schools (Jeff Bostic, M.D., Ed.D. + Khushbu Shah, MD, MPH)

- 1) How do I get into Schools?
 - a. Patients
 - b. Parent-Teacher Organizations (present on a topic)
 - c. Word of Mouth (between schools in a district, or between SPED directors, etc.)
 - d. Announce offering (e.g., treatment for school refusal/avoidance)

- 2) What Role Will I Play?
 - a. Consultant:
 - i. Whom do I report to?
 - ii. Am I working for school staff or for families?
 - iii. What is the Goal of my Consultations? (better manage certain students, improve MH literacy of staff, help implement a program (e.g., transition back from hospital or residential, etc.?)

 - b. School Treater:
 - i. Evaluate and treat students (parent and student consent/assent)
 - ii. How will information be stored/shared with families/school staff?
 - iii. How will I be paid? (school, insurance, etc.)

- 3) How Do I Become an Effective School Team Member?
 - a. Consultation
 - i. Joining into School Culture: reading x-ray of the school—what are they really seeking and ready for?
 - ii. Equity: Starts with Us---From Vertical to Horizontal
 - iii. Pacing: Address the real/underlying needs along with stated needs in appropriate doses (amount tolerated) by schools

- b. Advocacy:
 - i. School vs. Student/Family Needs (how do I advocate for what's needed for students and preserve school relationship?)
 - ii. School program needs (how do I advocate for staff or other supports to school administration?)

Considerations for **BUILDING MY SCHOOL CONSULTATION MODEL/PLAN**

