

Tammy, Juliette, Charlotte, Christina, Mercedes, Cicero, Dory

**Beth:** This group has grantees with districts of 5,000 kids or less. I thought we could talk with each other and share resources this way with small districts versus those with 82,000 students.

*Systematically defining roles:*

- **Charlotte:** After the webinar yesterday we are regrouping because we already have mental health people in place. The time and effort sheet shows they're working with the students but the point we're at is an evaluation tool - if you can't get on your state's website with individual students because of confidentiality, how do you evaluate the effectiveness of interventions?
  - **Beth:** With mental health providers, they are proving a service, the student gets better, but you don't know the outcomes for treatment. One of the things to do is talk to the mental health provider you refer to and ask which type of evaluation tools they use. For instance, they might use EBPs like Strengthening Families. They might use child behavior checklists like Achenbach or Aseba.org, which starts from 3-18 years. There are various forms for each group. They have parent questionnaires and youth questionnaires and they also have one that teachers can fill out and parents for younger students and functional assessments. You can also use the same forms for your school social workers or those providing treatment onsite and do your own evaluation. When the parents come in to obtain services you can have them sign a release form. I'll talk with you about this discussion.

*Ideas to ensure confidentiality in your programs:*

- **Charlotte:** We have one big office space and 4 people in it. There's a different project in one half, then we have mental health people and social workers in the other half. There are no divisions because they didn't want to waste money to put in partial petitions. The idea of putting up blinds is great but we're thinking more about whether they need their own private space.
  - **Beth:** If you're doing a group session, the students need a confidential space with the person doing the EBI. But if you're doing individual sessions, they definitely want a private space where voices can't be heard. The child won't feel comfortable if others can hear their secrets.

*Buy-in and turf issues:*

- **Beth:** A lot of times when you're starting a school mental health program, you typically have in your school a principal, an assistant principal, mental health people and a guidance counselor and then you start adding other components. You're trying to get education to the staff about what other professionals are doing – what are the roles and how do referrals come

through. School guidance counselors are the hubs usually. They would be able to count on one or two hands the students that need intensive mental health intervention. They might have an assistant school principal who could do the same thing. So they would need to be a part of formulating the referral process. I would suggest bringing in the whole admin staff as part of the student assistance team to help formulate a good referral process. That gets good buy-in from people. There are more resources and people to talk to face-to-face. Typically, you want the school to be the first contact with the parent to say we have these resources and would like you to talk to these other professionals rather than having a new person call them. It's good have that set up until they have a trust.

- Often times the principal won't be ready to start the program in the school right away because they want to know what it's about first. You could start giving them brochures or information before. It's ok to start the program 6 months later if you need to. Some principals won't start the first year at all. You have to take things into consideration and let them have the "jealously factor", let them see how well it's working in other schools first.
- Turf issues are hard to overcome. You really need people in the same room talk about that