

The School-Based Mental Health Program

What Parents can Expect from the School-Based Mental Health Program

- * Individual therapy provided during the school day by a licensed mental health therapist from your school's assigned agency
- * Limited exchange of information from the therapist to school staff- Parents work with the therapist to decide what information would be helpful in the school's efforts to support the child's academic and behavioral progress
- * High degree of confidentiality maintained by school student services staff and therapist
- * Collaboration between the school staff and the therapist
- * Therapist involvement in relevant school meetings about your child
- * Limited pro bono support available for students in need

Referral Process Overview

1. Parent or staff member expresses concern about child's behavioral or emotional well-being to CMS student services staff (counselor, social worker, psychologist); they consider various intervention options, including SBMH therapy
2. If SBMH therapy is a good fit, parent is contacted to discuss this option further
3. If parent is interested* in school-based therapy, CMS staff begins SBMH enrollment process
 - A) Collaborative meeting with parent, agency, and school staff scheduled and held
 - B) Intake process carried out by therapist with parent
4. School-based therapy begins

* Parents must sign a CMS Consent for Release of Information form before the school can share any information with the agency therapist.

Parental Obligations

- * Sign the CMS Consent for Release of Information which allows the school to share relevant information with the therapist, like your child's name and information about school performance and related school-based interventions.
- * Work with the therapist to complete the agency intake process; this process may take a few hours.
- * Meet regularly with the agency therapist while the child is receiving therapy— Once a child is receiving therapy, the therapist will typically communicate with parents at least once per month.

If you are interested in your child receiving school-based mental health services, please contact:

School Contact Name: _____

Job Title: _____

Telephone: _____

Questions/Concerns

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