

Building a School-Based Mental Health Consortium: From Referral to Funding

Unified School District of Marshfield



Presenter Introductions

Tracey Kelz, Director of Student Services

- Sixth year in the district, background as a school psychologist
- Interests in the area of equitable services for all students, behavior
- Started work on the consortium during the 2017-2018 school year



Joanne Greenlee, Mental Health Coordinator/Navigator

- Nineteenth year in the district, background in clinical social work and medical social work prior to work as a school social worker
- Interests in the areas of children's mental health, empowerment and improving access
- Primary work on consortium started during the 2019-2020 school year



District Demographics 2019-2020

District vs State Comparisons

Total Students	% Female	% Male	% American Indian	% Asian	% Black	% Hispanic	% White	% EL	% Economically Disadvantaged	% with Disabilities
4034	48.5	51.5	.2	2.1	1.3	5.2	88	1.7	33.3	12
State Total Students	State % Female	State % Male	State % American Indian	State % Asian	State % Black	State % Hispanic	State % White	State % EL	State % Economically Disadvantaged	State % with Disabilities
854,959	48.5	51.5	1.1	4.1	9	12.6	68.8	6	42.3	14

District Student Service Staffing 2020-2021

School Counselors

- Elementary: 4 (servicing 5 schools)
- Middle School: 1
- High School: 4 (one is .5 AODA Coordinator)

School Psychologists

- Elementary: 3.5 (one is .5 4K/EC and one is .4 MTSS Coordinator)
- Middle School: .5
- High School: 1

School Social Workers

- District: 2

Mental Health Coordinator

- District: 1

School Nurses

- District: 2 (health assistants in every building)

Phase I: Learning and Planning

Identify the 'Why' (need to know why you are doing the work you are doing)

- Our District did not have a referral pathway to services; we wanted a clear and consistent process with options
- We wanted to have designated community providers who shared our vision and goals:
 - **Collaboration and Communication as a mental health team**
 - **Provide all referred students access to services regardless of their ability to pay**

What are Other Districts Doing?

- **January 2018:** Set up visits/phone calls with the Wausau School District (part of the Marathon Co. Consortium) and the Madison School District
- **April 2018:** MACY Mental Health Workgroup presentation by Marathon County Consortium Leaders
- May 2018: District discussion about how to start the process here (Wood County Consortium)
 - Scaled back plans and decided to start with our district first
- **May/June/July 2018:** Recognized need for a Facilitator, similar to Marathon County model (County Health Department Public Health Educator). Started researching grant options
- Decided on the HWPP change incubator grant and presented to BOE committee on plans
 - Worked on outline of grant (establishing need and building sustainability) & possible facilitators
- **October 2018:** Planning meeting (drafted letter to area providers to seek interest)
- **November 2018:** Submitted HWPP grant and updated BOE Committee on progress
- **December 2019:** Received \$10K HWPP grant and secured facilitator (Chris Crowe, Director and Principal of North Star Academy Charter School and Chair of Expanding School-Based Mental Health in WI)

Phase II: Strategic Planning and Development

- **January 2019:** Began work with Facilitator: Discussed timelines, objectives, an grant funding for when HWPP ended (July 2019). Planned for DPI Mental Health Grant (Coordinator/Navigator Position)
- **January/February 2019:** Focus Groups: Feedback on mental health needs of our students; two groups: student services team and student/parent/community group
- **February 2019:** Held presentation and Q&A for community partners interested in joining the consortium
 - Discussed need and objectives goals of our consortium
 - Edgar School District and the Marathon County Public Health Educator presented on the work with the Marathon County Consortium
- **March 2019:** Student Service team reviewed draft referral pathway & provider capacity calls completed
- **April 2019:** Completed draft MOUs for consortium members, reviewed focus group data again, completed the draft strategic action plan and stakeholder commitments and guidelines. Applied for DPI MH Grant.
- **April 2019:** Consortium Team meeting: presented strategic action plan, commitments and guidelines, sought provider input on the draft referral pathway, and discussed funding sources for students with financial barriers.
- **April 2019:** BOE Committee update on progress (reviewed MOUs for format approval); BOE approved MOUs in August after providers reviewed/signed/returned
- **May 2019:** Small team work on data collection (how/what/when)
- **May 2019:** Consortium Team meeting: reviewed drafts of referral pathway, suggested MOUs, discussed building assignments
- **June 2019:** Meeting with area United Way to have preliminary discussion about future funding options (sponsorship of students with an established reserve fund)
- **July 2019:** Consortium Team meeting: reviewed finalized manual, MOUs for signatures, and building assignments. Received DPI Mental Health Grant to hire a Mental Health Coordinator/Navigator

Phase III: Implementation and Review

- **August/September 2019:** MH Coordinator/Navigator took on leadership role with consortium: planning meeting agendas, leading meetings, working to connect providers to referred clients, helping families navigate forms, logistics and problem solving, meeting with Director on a regular basis throughout process
- **September 2019:** MH Navigator & Director met with each building team to review plans (manual/assignments)
- **October 2019:** Meeting with Community Foundation regarding fiscal agent possibility (student sponsorship)
- **November 2019:** Applied for \$36K in United Way funds to establish a student sponsorship fund for students with high deductibles/co-pays or no insurance
- **February 2020:** Met with Community Foundation again regarding fiscal agent steps; it was approved
- **March 2020:** Received award notice of \$26K in United Way funding towards our scholarship program
- **Current:**
 - Fund is established and active and a review committee meets monthly to review applications; Joanne will discuss this process in greater detail
 - Continue to meet with providers on a monthly basis to address issues and problem solve
- **Future:**
 - Goal is to eventually establish a consortium board that will become their own fiscal agent (Community Foundation is set up as temporary agent)
 - Possible expansion to smaller surrounding Wood Co. districts; based on provider availability
 - Expand to add psycho-educational groups



Mental Health Pathways

Data prompts a referral to a building Student Services team (may include the following individuals: social workers, counselors, psychologists, nurses, principals, mental health navigator, community mental health providers)

Team reviews data and makes decision regarding referral option(s):

Option 1

Continue classroom/
school-wide interventions

Option 2

School Mental Health
Provider

Possible Services Provided:

- Social Emotional Learning (SEL) skills groups
- PBIS interventions and/or strategies
- Individual SEL support sessions
- Special Education referral
- Home/School /Community collaboration
- Basic needs resources
- Behavioral support
- Personalized Pathways (MS/HS)

Option 3

Community Mental Health
Provider (in-school)

Possible Services Provided:

- Therapeutic groups
- Individual therapy sessions
- Family therapy sessions
- Parent engagement
- Collaboration with school through attendance of student services team meetings, consulting with staff, and/or training staff on mental health topics

Option 4

Community Mental Health
Provider (in community)

Data is collected to determine student outcomes

- *School Mental Health Providers consists of school counselors, school social workers, school psychologists, and school nurses*
- *Community Mental Health Providers are employed by community agencies*



Community Mental Health Provider Referral Process (Flow Chart Option 3)

Point of Contact (POC) refers to the School Counselor in each building. The POC may delegate logistical tasks to other designees within the building as determined appropriate by the student services team.

POC completes the school mental health referral form with the student services team and contacts the guardian(s) to review and collect information.

If the guardian(s) provide consent to refer, the POC will scan/email the completed referral form to the community provider and the Mental Health Navigator. The POC will keep a copy of the form on file and mail a copy to the guardian(s).

If the guardian(s) do not provide consent to refer to the community mental health provider, the POC will communicate with the student services team regarding other options (flow-chart options 1, 2, and/or 4)

Upon receipt of the referral form, the community provider will contact the guardian(s) to schedule an appointment to complete the provider's intake packet forms. Each provider's release of information form will be included in this packet and scanned/emailed to the POC upon obtaining the signatures. If the guardian(s) refuse to provide the release between the community agency and the school district, the provider will recommend the family for community-based services instead. If the provider is not able to contact the guardian(s), they may seek assistance from the POC and/or the Mental Health Navigator.

Once the intake process is completed the community provider will work with the POC and/or designee regarding coordination of scheduling, communication of the district calendar, and communication protocols for student/provider cancellations of sessions and any other items that team members will collaborate on.



School District of Marshfield Mental Health Referral Form

This form is to be completed by the School Counselor (hereafter referred to as Point of Contact (POC) during the building student services team meeting as part of the Mental Health Pathways process. Upon reviewing data, the team may decide to refer the student for community mental health provider support within the school setting. The POC will contact the guardian and review this form and seek permission to refer to the community mental health provider.

Student Information:

Date of student services team referral: _____

Name of Student: _____ DOB: _____

School: _____ Grade: _____ Male/Female: _____ Race: _____

Guardian Information:

Date(s) of guardian contact(s): _____

Guardian 1

Name: _____ Relationship to student: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Guardian 2

Name: _____ Relationship to student: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Student Concerns/Reason for Referral (check ALL that apply):

- | | | | |
|-----------------------------------------------|-----------------------------------------------------|------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Abuse/Neglect | <input type="checkbox"/> Eating/Body Image | <input type="checkbox"/> Peer Relationships | <input type="checkbox"/> Somatization |
| <input type="checkbox"/> Academic Performance | <input type="checkbox"/> Extreme Mood Shifts | <input type="checkbox"/> Physical Health | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Anger management | <input type="checkbox"/> Family Change | <input type="checkbox"/> Physically aggressive | <input type="checkbox"/> Suicidal |
| <input type="checkbox"/> Anxiousness | <input type="checkbox"/> Gender Identify | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Grief | <input type="checkbox"/> Self-Harm | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Drug/Alcohol Abuse | <input type="checkbox"/> Hospitalization/Transition | <input type="checkbox"/> Social/Emotional Regulation | |

Other information: _____

Guardian Information for Services:

Type of Insurance Coverage

Private Insurance (Name): _____

Medicaid/Forward Health: _____ HMO _____

No coverage: _____ Other information: _____

Barriers to Community Care (check ALL that apply):

- | | |
|--------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Financial | <input type="checkbox"/> Student refusal of services |
| <input type="checkbox"/> Previous counseling; not successful | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Scheduling (work/activities) | <input type="checkbox"/> Wait-lists in community |
| <input type="checkbox"/> Stigma associated with treatment | |

Other information: _____

I give permission for the School District of Marshfield to refer my child and their contact information to the community mental health provider(s) that are part of the school's consortium of services. I understand that participation is voluntary, and the Unified School District of Marshfield is not responsible for the cost.

Guardian's Signature _____ Date _____

Office Use ONLY

Verbal/written Permission Date: _____ POC signature: _____

Notes regarding declining of services (optional): _____

*Please remember to include students, especially 14 years and older in this process

Consortium Specifics

Joanne Greenlee



Marshfield School Based Mental Health Consortium

How the consortium works....

- Assigning therapists
- Student Services Teams role
- Barriers to service
- Setting up services - the logistics

Therapists in Schools

- Therapy agencies provided information about their capacity and availability
- The school district looked at number of students per building and history of need
- Year 1 the school district created a grid to articulate building therapy times
- Year 2 the therapists talked to buildings directly to negotiate schedules

Student Services Teams

- Student Services teams meet weekly in each building.
- Teams consist of
 - School Counselor
 - School Social Worker
 - School Psychologist
 - Principal(s)
- Teams consult regarding struggling students - academics, basic needs, mental health concerns.
- Using the referral pathway - look at student needs, current level of services, and ability to access resources (barriers)
- Appropriate referrals and services follow consultation
- What is appropriate for school based vs community referral?
 - Primary focus is on barriers

ACTIVITY



Consider...

What barriers do families/students have related to mental health therapy?

How do you overcome those barriers?

Barriers to Mental Health Therapy

- Stated Barriers
 - Financial
 - Scheduling
 - Transportation
 - Wait list in the community
 - Previous counseling not successful
 - Student refusal
 - Stigma associated with treatment or mental health
- Underlying Barriers
 - Difficulty contacting/engaging parent
 - Lack of parental follow through
 - Need for close school interaction/consultation



The Logistics

- Student Services Team **consults** regarding student and makes recommendation for consortium referral
- **Referral** form completed by counselor or social worker
 - Parents must be called to get permission to send referral and to provide input (including insurance)
 - Student over 14 (and younger as appropriate) also consents to referral
- Referral sent to Mental Health Navigator and the **assigned** agency
 - If there are challenges - referral may go to just the navigator to work on before going to agency
 - If there are more than one provider in a building - referral goes to navigator to assign
- Therapy agency **contacts parents directly** to set up intake and complete paperwork
 - Intake can take place at agency office or school.
 - Parent must participate.
 - Navigator notified if additional obstacles.
- Agency bills through **insurance**
- Therapists consult with school building staff regarding student schedule and room availability before **scheduling** in school sessions.
- Navigator **follows-up** to ensure process is moving forward



Process Barriers

What happens if.....

- student is already seeing a therapist assigned to a different building
- student transfers to different building (elementary to MS, MS to HS)
- student does not have good relationship with therapist
- student prefers a male/female therapist
- a therapist wants to see a student in school but the therapist is not in the consortium
- Siblings in need of therapy but in different buildings with different agencies assigned

ACCESS to all - Financial Barriers



- Fiscal Agent
- Determining need - what the data showed
- United Way Grant
- Disbursement Model

Fiscal Agency

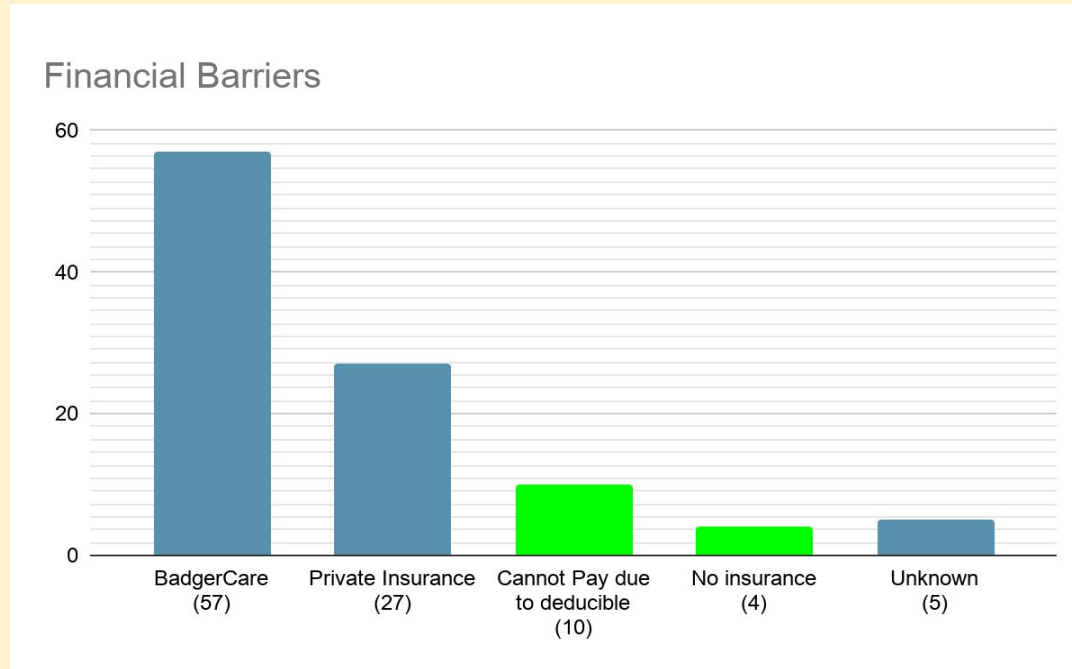
We pursued fiscal agency with the Marshfield Area Community Foundation (MACF).

- MACF manages scholarship, grant funds and start up non-profit agency funds.
- MACF accepts our deposits/donations, maintains our account, and disburses money to therapy agencies as we direct.

Purpose:

- This allows the Marshfield School Based Mental Health Consortium to have a separate budget and accounting from the School District of Marshfield
- This will allow the Consortium to expand to other schools in the future

Financial Need



Throughout the 2019-20 school year between 10% and 20% of families declined services due to inability to pay.

United Way Grant



- The Marshfield Mental Health Consortium and United Way share the goal of “**access to supportive health services**”.
 - The consortium is focused on providing mental health care for those in need, focused on families and students with barriers to services.
- We asked United Way for funds to pay for individual therapy for families/students who have a high deductible or who are uninsured or underinsured.
- We based our budget on the following formula.
 - Up to 20% of students had financial need
 - 100 students is the capacity in consortium
 - $20\% \text{ of } 100 = 20$ students who may need funding
 - Consortium decided that about 1 semester's worth of therapy would be appropriate (15 wks)
 - Agencies agreed to a rate of \$120 per session
 - Total amount to support 20 students x 15 sessions each x \$120 cost = \$36,000.00
- United Way gave us \$26,500

Sponsorship application and Committee

- Underlying assumption - We want to fund as many students as are in need
- We based the application on a “Community Care” model

Four ways to qualify

- Preemptive Eligibility
 - Free/reduced lunch (< 200% FPL)
 - Family designated at homeless
 - Parent incarcerated
- Medical Obligations more than 20% of income
- Other expense/obligation determination
- Extenuating circumstances

Sponsorship Committee

- We created a small committee to review and approve applications monthly
- Committee consists of 2 outside agency staff (non-therapy agencies) and 1 school staff (Tracey K)
- Mental Health Navigator prepares material and facilitates meetings.

Marshfield School Based Mental Health Consortium Financial Sponsorship Application

Completing this application will assist the Marshfield School Based Mental Health Consortium to determine eligibility for financial sponsorship for mental health therapy.

You *may* need to provide:

- Most recent pay stub(s)/taxes
- Latest bank statement(s)
- Insurance information – copy of card, deductible amount and monthly premiums

Student Information

Student Name: _____ DOB: _____ Age: _____
 Parent 1 Name: _____ Telephone: _____
 Parent 2 Name: _____ Telephone: _____
 Student Address: _____
 Person Responsible for Account: _____
 Address for Responsible Person: _____
 Mental Health Provider/Agency: _____
 Insurance Company: _____
 Annual Insurance Premium: _____ Annual Deductible _____

Dependent/household Information (please list all household members)

Name	Age	Relationship	Custody Arrangement if applies

Does your family receive free or reduced lunch at school? ___ yes ___ no

Is your family designated as homeless under McKinney-Vento Act? ___ yes ___ no

Is either parent incarcerated at this time? ___ yes ___ no

(If you have marked "yes" on any of these, STOP now and go to signature section.)

Extenuating Circumstances: (current divorce proceedings, divorce/separation agreement that impacts ability to pay, unexpected expenditures such as home or car repairs that influence ability to pay, etc....)

Monthly Income	Adult 1/applicant	Adult 2	Other household member(s)
Name of Employer			
Net Wages – monthly	\$	\$	\$
Social Security/disability	\$	\$	\$
Child Support	\$	\$	\$
Alimony/Maintenance	\$	\$	\$
Unemployment	\$	\$	\$
Other income	\$	\$	\$
TOTAL	\$	\$	\$

For office use: Wage Verification: _____ (staff initials)

Monthly expenses	Adult 1 applicant	Adult 2	Other household member(s)
1.Rent/Mortgage	\$	\$	\$
2.Average Cost of Utilities (include telephone/cell phone, internet, gas, electric, water/sewage, insurance, etc.)	\$	\$	\$
3.Auto payment(s)	\$	\$	\$
4. Debt/Loan payments Type: _____ Total amt. owed: _____ Type: _____ Total amt. owed: _____ Type: _____ Total amt. owed: _____	\$ monthly payment(s)	\$ monthly payment(s)	\$ monthly payment(s)
5.Medical Debt Total amt. owed: _____	\$ monthly payment	\$ monthly payment(s)	\$ monthly payment(s)
6.Other Expenses – list (this could be transportation, pet costs, etc.)	\$	\$	\$
7.Child Support payments	\$	\$	\$
Total monthly obligations	\$	\$	\$

Current Assets	Adult 1 applicant	Adult 2	Other household member(s)
Cash on Hand	\$	\$	\$
Checking Account	\$	\$	\$
Savings Account	\$	\$	\$
Health Savings (HRA)	\$	\$	\$
Flexible Health Savings	\$	\$	\$
	\$	\$	\$
Total	\$	\$	\$

For office use: Verified: _____ (staff initials)

I certify that the above information is correct. I agree that I am responsible to report any changes to my application information (ex: change in income/employment, marriage, divorce, insurance coverage, etc.) I understand that completion of this application does not guarantee sponsorship and I will be notified of acceptance or denial in writing.

Signature

Print Name

Date

Marshfield School Based Mental Health Consortium Financial Sponsorship Application

Completing this application will assist the Marshfield School Based Mental Health Consortium to determine eligibility for financial sponsorship for mental health therapy.

You may need to provide:

- Most recent pay stub(s)/taxes
- Latest bank statement(s)
- Insurance information – copy of card, deductible amount and monthly premiums

Student Information

Student Name: _____ DOB: _____ Age: 13
 Parent 1 Name: _____ Telephone: _____
 Parent 2 Name: _____ Telephone: _____
 Student Address: _____
 Person Responsible for Account: _____ mom _____
 Address for Responsible Person: _____
 Mental Health Provider/Agency: _____ Marriage and Family
 Insurance Company: _____ BC/CS
 Annual Insurance Premium: _____ \$325/mos _____ Annual Deductible _____ \$1400 _____

Dependent/household Information (please list all household members)

Name	Age	Relationship	Custody Arrangement if applies
xxxxxxx	34	mom	Mom has primary placement
xxxxxxx	34	stepdad	
xxxxxxx	13	student	

Does your family receive free or reduced lunch at school? ☐ yes ☒ no

Is your family designated as homeless under McKinney-Vento Act? ☐ yes ☒ no

Is either parent incarcerated at this time? ☐ yes ☒ no

(If you have marked "yes" on any of these, STOP now and go to signature section.)

Extenuating Circumstances: (current divorce proceedings, divorce/separation agreement that impacts ability to pay, unexpected expenditures such as home or car repairs that influence ability to pay, etc....)

_____ see attached _____

Monthly Income	Adult 1/applicant	Adult 2	Other household member(s)
Name of Employer	xxxx	xxxx	
Net Wages – monthly	\$ 4,290	\$ 3,380	\$
Social Security/disability	\$	\$	\$
Child Support	\$ 900	\$	\$
Alimony/Maintenance	\$	\$	\$
Unemployment	\$	\$	\$
Other income	\$	\$	\$
TOTAL	\$ 5,190	\$ 3,380	\$

For office use: Wage Verification: _____ (staff initials) **TOTAL HOUSEHOLD \$8570**

Monthly expenses	Adult 1 applicant	Adult 2	Other household member(s)
1.Rent/Mortgage	\$ 950	\$	\$
2.Average Cost of Utilities (include telephone/cell phone, internet, gas, electric, water/sewage, insurance, etc.)	\$ 954	\$	\$
3.Auto payment(s)	\$ 1100	\$	\$
4. Debt/Loan payments Type: <u>cc</u> Total amt. owed: \$6000 Type: <u>Stud loan</u> Total amt. owed: \$6000 Type: <u>Stud loan</u> Total amt. owed: \$30,000	\$ monthly payment(s) \$900	\$ monthly payment(s)	\$ monthly payment(s)
5.Medical Debt Total amt. owed: _____	\$ monthly payment	\$ monthly payment(s)	\$ monthly payment(s)
6.Other Expenses – list (this could be transportation, pet costs, etc.)	\$	\$ 500 Tuition	\$
7.Child Support payments	\$	\$	\$
Total monthly obligations	\$ 3904	\$ 500	\$

TOTAL expenses \$4404

Current Assets	Adult 1 applicant	Adult 2	Other household member(s)
Cash on Hand	\$	\$	\$
Checking Account	\$ 1100	\$	\$
Savings Account	\$ 200	\$	\$
Health Savings (HRA)	\$	\$	\$
Flexible Health Savings	\$	\$	\$
	\$	\$	\$
Total	\$ 1300	\$	\$

For office use: Verified: _____ (staff initials)

I certify that the above information is correct. I agree that I am responsible to report any changes to my application information (ex: change in income/employment, marriage, divorce, insurance coverage, etc.) I understand that completion of this application does not guarantee sponsorship and I will be notified of acceptance or denial in writing.

Signature

Print Name

Date

Sponsorship Payment Process

Guidelines for after approval:

- If approved for sponsorship families will need to provide:
 - A copy of the Explanation of Benefits or bill(s) from the Mental Health agency.
 - The EOB/bill will be used to issue a check directly to the Mental Health agency on the families behalf.
- The sponsorship will go back 4 sessions prior to application.
- The sponsorship will pay no more than \$120 per session (even if the charge is more)
- The sponsorship will only pay for a total of 15 sessions.
 - If more sessions are needed, the sponsorship application will need to be updated and a letter of support must be obtained from the therapist.

United Way Grant - Year 2



Psycho-educational groups provide an opportunity for students to learn and practice cognitive therapy- based skills such as managing thoughts and feelings, impulse control, and maintaining healthy relationships. These skills can be practiced and reinforced in group therapy and may prevent the need for more intense services. They can also be used to supplement individual therapy.

Psycho-educational group content will be vetted by members of the Marshfield School Based Mental Health Consortium prior to use with students.

We are proposing 5 therapist led psycho-educational groups during the 2021-22 school year.

- **Proposed Groups (2021-2022 School Year):**
 - Groups will consist of 4-8 students and one therapist.
 - Groups may be as large as 15 students if a school staff is present/supporting the sessions (Alternative High School).
- **Fall 2021:**
 - 1 Middle School group
 - 1 Alternative High School group
- **Winter/Spring 2022:**
 - 1 Middle School group
 - 1 Alternative High School group
 - 1 High School group
- A therapist led psycho-educational group would cost about \$100 per session (per diem to therapist for preparation, consultation, and face to face sessions).
- 10 weeks x \$100 per week = \$1000 x 5 groups = \$5000.00

Key Components and Tips for a Successful Consortium

- Start small; do not take on more work than you have resources
- Take the time to plan (methodical, small steps, think ahead)
- Develop timelines, phases, and a strategic action plan with checkpoints
- Bring in key stakeholders at key moments (experiences with community mental health a must)
- Share progress with key stakeholders at regular intervals (staff/BOE/partners)
- Research and apply for grants throughout process
- Once established, have regular meetings the first year with your consortium (1 x/month)
- Consider establishing a need for a Mental Health Navigator in your district
- Always think 6 months to a year ahead (where are you now, what is next and what is long-term?)
- **Key Components:**
 - Mental Health Navigator/Coordinator job description or **dedicated time** within someone else's role
 - Referral Pathway process and referral forms
 - Strategic Action Plan with checkpoints
 - Buy in and support from key stakeholders
 - Relationships with area community mental health providers

Contact Information

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