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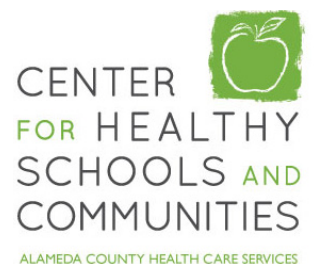
Coordination of Services Team
Guide

Strengthening schools.
Supporting the whole student.

CENTER
FOR HEALTHY
SCHOOLS AND
COMMUNITIES
ALAMEDA COUNTY HEALTH CARE SERVICES

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Acknowledgements

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The COST Guide Introduction

Background

Since 1996, the Center for Healthy Schools and Communities has worked to improve health and education outcomes for Alameda County youth by building school-based health and wellness opportunities. Our work extends beyond simply placing health services on school sites; it is rooted in purposeful, responsive collaborations with youth, families, schools, and surrounding institutions.

Together with our partners, we have created a continuum of supports and opportunities in schools that supplement the core instructional programs by promoting student wellness and removing barriers to learning.

Beginning in 2005, this collaboration has included the development and implementation of Coordination of Services Teams, or COST. Now a nationally recognized best practice,

COST is being used in schools and districts across the county, and continues to expand in number and quality. COST, and the strength-based approach it promotes, not only increases student access to services, but enhances young people's connection to the school and community, helping all of the adults in a child's life to better understand and support them.

How to Use this Guide

This guide serves as an overview and roadmap for school staff and partners interested in improving the coordination of student support services in an elementary, middle, or high school setting. It is also meant to support school staff and partners currently operating Coordination of Services Teams (COSTs), or other types of access and referral teams, to strengthen their practice. The guide describes how to design an effective

school-based COST, how to prepare and introduce school staff to COST, and how to implement and sustain COST successfully over time.

The guide is specifically designed to support two types of COST leadership: a single, dedicated COST Coordinator who heads up the team; and shared leadership, in which the coordination role is shared among two or more key people, such as a principal and social worker or nurse. Building a successful COST is a collaborative growth process unique to each school setting and staff team. Rather than prescribing a standard formula for how to run COST in every school community, the guide aims to provide a general roadmap and concrete, adaptable tools for starting and maintaining a COST in your unique school community.

The guide includes an overview section, a section on getting started, and a section on implementing the key components of COST. In each section you will find a detailed explanation of the topic, along with case studies, helpful tips, and a list of related tools. The complete set of tools can also be found at the end of the guide, and online at **achealthyschools.org.**

Case Study: What COST Can Do

Cedrick is an 18-year-old senior in high school. He never met his father and was taken from his mother and placed in foster care when he was seven. Cedrick had been living with his adult foster brother who served as his guardian until his foster brother passed away unexpectedly in the middle of Cedrick's senior year. Grieving and homeless, Cedrick went to his school's assistant principal (AP) for support, and the AP referred Cedrick to the COST Coordinator. After checking in with Cedrick, the COST Coordinator brought the referral to COST, where the members organized and took the following actions:

- The parent liaison helped find shelter for Cedrick, took Cedrick to the food bank, and helped him sign-up for food stamps.
- The Coordinator and parent liaison contacted charities and church groups to pay for the burial service.
- The counselor provided therapy, and also worked with Cedrick on job searching and interviewing skills to help him be self-reliant.
- The nurse and the nutritionist provided nutritional and wellness support.
- The Health Center practitioners on campus signed Cedrick up for long-term medical care.
- The Coordinator, along with the college counselor and the AP, made sure Cedrick earned the required credits to graduate, took the SATs, and applied for college.

Upon graduation, Cedrick was accepted to a university with free room and board, majored in broadcasting, and got a part-time job. He told the COST Coordinator he was proud of being able to build a support system around him and that he was ready to turn a new page in his life. As for the COST members, they felt they never could have made such an impact without working collectively.

The What and Why of COST

What is a Coordination of Services Team?

A Coordination of Services Team (COST) constitutes a strategy for managing and integrating various learning supports and resources for students. COST teams identify and address student needs holistically and ensure that the overall system of supports works together effectively.

A COST is a multidisciplinary team of school staff and providers who:

- Create a regular forum for reviewing the needs of individual students and the school overall.
- Collaborate on linking referred students to resources and interventions.
- Support students academic success and healthy development.

COST uses a centralized, easy-to-use referral system so that anyone in a school community can refer or self-refer students most in need of additional supports. COST then provides a structure for school staff, administrators, and school-based providers who may normally work in separate areas to come together to discuss the strengths and needs of students who need support. Together they develop tailored interventions that utilize the full scope of resources available in the school and community.

COST also creates a critical setting for staff and providers to reflect on the "landscape" of academic and social-emotional needs and supports available for students in a school community. This enables them to identify ways to improve school-wide allocation of resources to promote academic success, positive social-emotional development, and increased resiliency among all students.

What do COST Teams do?

- Identify students who need additional supports through a school-wide referral system.
- Assess referred students, and explore strengths and supports needed.
- Coordinate efforts to link referred students to appropriate supports by tracking progress and tailoring interventions over time.
- Assess learning supports and needs school-wide, make recommendations about resource allocation to the administration, and recruit new resources.

Why Start COST? What are the Benefits?

COST will strengthen your school's ability to support its students holistically. Having a COST maximizes and expands available resources, increasing your school's capacity to respond quickly and appropriately to a wide range of student needs. With this enhanced support, more students are able to stay engaged in school and ultimately graduate healthy and successful.

COST improves coordination, communication, and collaboration across providers working on behalf of students, which leads to:

- Improved capacity to tailor interventions to each student's unique needs and strengths.
- Higher efficiency and use of limited resources.
- Increased sense of belonging and quality of services among providers on the team.
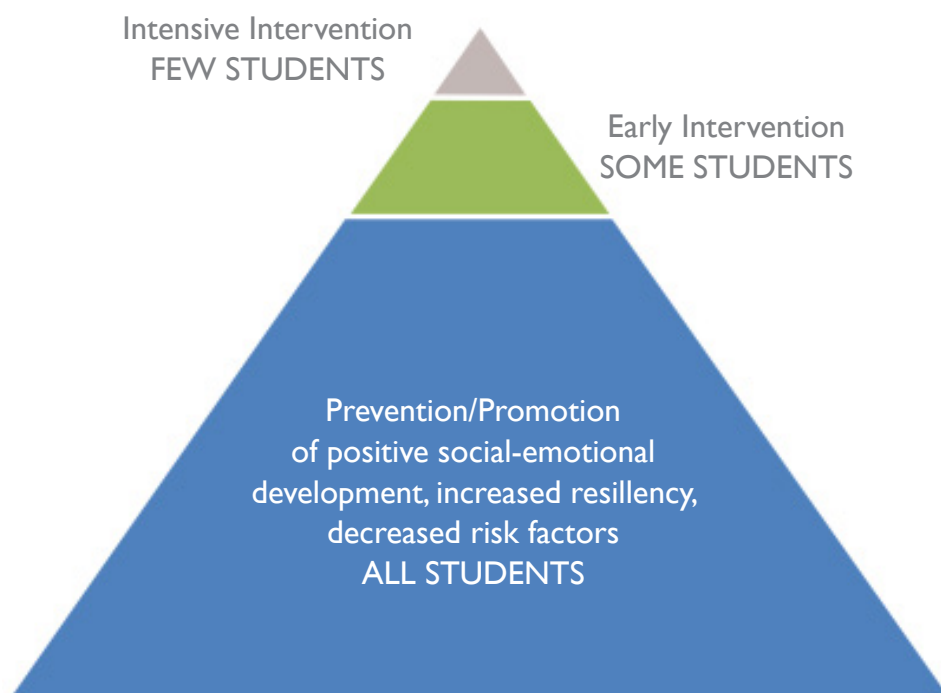- Expanded range of universal and prevention services.

Response to Intervention (RTI) Framework

COST plays a critical role for schools and districts striving to build a strong continuum of supports for students under models such as the Response to Intervention (RTI) Framework. COST ensures universal access to preventative supports, and facilitates the design and timely delivery of early and intensive interventions. COST helps staff gain a better understanding of students needs, and increases the options available to support those needs before more intensive interventions such as Individualized Education Plans or 504s become necessary.

Additionally, COST members use data from referrals to assess the overall effectiveness of a school's universal supports for positive academic and social-emotional development. Based on patterns they have identified, the team makes recommendations on how to strengthen these supports. COST helps improve a school's organizational ability to serve students and to provide more equitable access to supports and resources.

What Makes an Effective COST Team?

The key logic behind COST is that students are better served by a structured collaboration among the range of professionals who work with students and families in different capacities and who may not normally work together. However, starting and sustaining COST is no small task; it requires a critical mass of vision

Intensive Intervention
FEW STUDENTS

Early Intervention
SOME STUDENTS

Prevention/Promotion
of positive social-emotional development, increased resiliency, decreased risk factors
ALL STUDENTS

and desire for change among school leaders and key staff willing to build a team and its necessary infrastructure.

Support and initial buy-in from the school principal is a critical component of starting COST. Coordination is also essential – managing the referral process, facilitating the weekly COST meeting, and tracking the delivery of services and the progress of individual students. Many schools have a designated COST Coordinator who is responsible for the administrative aspects of COST. Others share the coordination duties among a small core of people, for example, the principal or assistant principal partnered with a community school coordinator, mental health clinician, counselor, or parent liaison.

However, as members of a team of multidisciplinary professionals working together in new ways, all COST members become active leaders of change within a school.

All student support staff are critical to COST. An effective team incorporates members from less-traditional support areas, such as afterschool coordinators, parent liaisons, and college counselors. Teams can vary in size and composition, but a COST rich in perspectives, professional roles, and capacities creates a strong foundation for a system of supports that can address the needs of the whole child, and of the whole school.

What are the Components of the COST Service Delivery System?

Here are five core components that make up the COST service delivery systems.

1. An Easy-to-Use Universal Referral System

A universal, school-wide referral system is a critical component of COST. All COST teams need a way to consistently identify students and families who may require additional academic, social-emotional, or health support. Referral systems should be easy to use, and accessible to all members of the school community. Teachers, administrators, parents, providers, and students themselves should all be able to easily refer or self-refer.

2. An Intake and Assessment Process

After referrals are made, COST teams need a process to assess referrals and gather additional information about a student's situation that may be helpful for the team's discussion. Typically, the COST Coordinator, or the designated leads, follow-up with the person making the referral and/or the student and family, to prepare for the COST meeting and to identify any issues that may require immediate attention. For example, if the Coordinator determines that a student or family is in crisis, they would confer with the appropriate school staff COST members to provide immediate support, before bringing the case to COST for long-term services coordination.

Components of COST Delivery System

3. Regular COST Meetings

Regular meetings are critical for COST success; establishing a weekly or biweekly meeting time and standing agenda are key components of a strong infrastructure. Team members come together, review and discuss referrals, assign a lead to each referred case, and develop coordinated service plans when multiple services are appropriate for a student. The meeting is also a time to follow-up on previously referred students to track progress and changing needs. Ideally, the standing meeting agenda should also allow time for the team to discuss school-wide needs and resource gaps on a regular basis. For example, a COST that has seen several recent cases of students who are frequently absent due to a chronic disease, but who have never visited a school health center, may recommend that the school look at ways to better raise awareness among students and parents about health center resources.

4. Collaborative Service Delivery

COST encourages collaboration not only in the development of coordinated service plans, but in the delivery as well. Members work together outside of meetings to align their efforts, address changing needs, and improve outcomes for their shared students. They also actively build and model a culture of teamwork.

1. Universal Referral

2. Intake & Assessment

3. Regular COST Meetings

4. Collaborative Service Delivery

5. Tracking & Evaluation

5. Tracking and Evaluation System

After COST assigns a student case to a provider or group of providers, tracking the outcomes of that referral can be one of the most challenging aspects of service coordination. At a minimum, the COST team (via the COST Coordinator if there is one) should track which of the staff have been assigned to follow-up, when and how they have connected with the student, and what supports have been provided. It is important to understand and respect confidentiality rules, while confirming that the student has been connected to relevant supports, and that the interventions designed in a COST meeting are actually implemented. A simple spreadsheet can help with this level of tracking. The next step is to monitor the student progress. Whenever possible, COST should utilize the school assessments, and provider tools, that are already being implemented. Finally, COST teams should design their own evaluation process to improve team function and effectiveness.

What if My School is Different? Flexibility in the COST Model

The COST model is designed to be flexible and adaptive to a school's needs and assets. The first area of flexibility is actually the name – coordinated services teams are also called CARE Team, Star Team, Coordinated Services Team (CST), Student Assistance Program (SAP), etc. As long as the team is part of a multi-disciplinary approach to coordinating and maximizing resources to support student success and well-being, it is a "COST" model.

A high-quality COST can also vary significantly across types of schools (elementary, middle, high, and alternative schools) in any of the following areas.

Size of the Team. Usually the team will be bigger in larger schools or higher need schools with more student support staff and partners.

Scope of Responsibilities within COST. Leadership and administrative tasks can be shared collectively by COST members depending on the expertise and capacity of the members.

Nature of Services. Services provided by COST members can range from prevention, for example, school climate activities and restorative justice circles, to intervention, for example, individual or group counseling, and can cover everything from afterschool tutoring to food banks.

Number of Referrals. While referrals typically exceed capacity for most COST teams, the number is likely to be higher in a larger school serving a higher-needs population. Good outreach to teachers and the effectiveness of the COST team will also lead to increased referrals.

Availability of Resources. Schools can vary dramatically in their level of internal and external resources. Two strategies to consider in building out supports, even in low resource areas are: 1) look to unconventional sources of support within the school, maybe a teacher who serves as a tutor at a local church, a janitor or security guard who used to play or coach soccer, and 2) recruit outside providers with the appeal of a strong COST structure – this provides them with improved access, support, and coordination which maximizes their effectiveness and impact.

Time Allocation in a COST Meeting. (New referrals vs. follow-up) Teams decide on the best allocation of meeting time, based on their priorities for the school, bandwidth, and the duration and frequency of meetings.

Outreach to Families. Intensity of family engagement varies based on the age and needs of students, with elementary school COSTs typically more family focused than those supporting adolescents and young adults.

While having a dedicated COST Coordinator is ideal, with strong infrastructure a COST can be successful under collaborative leadership. For example, coordination duties can be shared among a small team, for example, an administrator and a special education or attendance staff, or an administrator working with a mental or physical health partner. Instead of a Coordinator handling all the intake, case leads can be assigned to coordinate services for every referral reviewed by the team. In these circumstances, having a consistent structure for COST meetings becomes especially important. Regular meetings, standing agendas, rotating roles, and a template for notes are all helpful in reinforcing this structure. Finally, it is critical to establish clear communication protocols for referrals, coordinating services, follow-ups, check-ins with other team members and school staff, etc.

Case Study: COST Leadership and Structure

At Evergreen Elementary School, the school social worker and behavioral health clinician have been sharing COST leadership for years. They have been able to maintain a strong COST despite multiple changes in school administration by:

- Establishing a consistent, weekly COST meeting time. The two COST leaders alternate facilitation, and timekeeping and note-taking duties rotate among members.

- Revisiting the COST meeting schedule when new administrators join the school, to accommodate, and encourage, their participation.

- Creating a universal referral process; alternating responsibility weekly for reviewing and conducting the initial review of incoming referrals.

- Making quarterly presentations at faculty meetings to update and troubleshoot with staff on the referral process, school-wide trends, and resources/resource gaps.

- Establishing strong communication systems to facilitate collaboration, including clear lines of communication among providers and school staff, shared responsibility for follow-up between meetings, and an inclusive email list for meeting updates, school-wide events, etc.

- Keeping a record of students served and their status, which the team reviews monthly to improve accountability and a shared sense of purpose.

Getting Started: Setting-Up for Success

Preparing Your School for COST

Taking the time to understand your school's current organizational culture and student support systems is an important first step. This is especially important if one of the COST leaders is from a partner organization, and therefore, less immersed in the school culture.

Building COST is a complex task. While everyone is in favor of the idea of coordinating services to better support students, the practices and systems needed for this level of collaboration require a shift in how people traditionally operate in schools. As with any change, it is critical to be both strategic and persistent.

The following section is designed to assist new and veteran COST leaders to "set-up for success." Building COST consists of three main steps: assessing the school culture and readiness for COST, introducing COST to the school, and building the COST team. While the steps are presented in chronological order for a brand new initiative, COST leaders may tackle several of these steps at the same time, or it may be necessary to return to different steps at various times due to changes in leadership and staff turnover, or as part of a continuous improvement effort.

Assessing School Culture and Readiness

For COST to become an integral part of the operational structure of the school, it must align with the school's organizational culture. However, organizational culture is hard to define. Some may define it simply as "the way we do things around here," while others say it is their organization's "overall character or personality." Organizational culture is found in formal and informal policies, in written, spoken, and unspoken norms. What is agreed upon, is that organizational culture is real. It is usually unique to an organization or school, and it is a powerful lever for guiding behavior. Therefore, assessing how the current organizational culture will both support and hinder the creation of COST is an important step in planning implementation, in strengthening an existing team, and in gaining buy-in from key stakeholders. Here are a few issues and questions to consider when trying to assess the organizational culture of your school:

Key Stakeholders and Potential Champions. What does your school's principal know about COST? Who are some of the key staff members or providers that will need to participate in COST for it to be effective? Who else will you need to enlist in order to implement COST successfully? Are there currently any champions of COST in your school that can help orient others and provide recruiting support? If not, try to identify who you want to recruit to become those champions.

Case Study: Preparing and Launching COST Version 2.0

When a new COST Coordinator, Ms. Valdez, came to Maven Middle School, she found that although the school had a COST team, the entire process lacked structure and coordination, which meant that students were not being supported well enough to succeed. So she started back at the beginning – assessing the school culture and mapping the current systems in order to identify needs and priorities. She talked to administrators, teachers, and student support staff about the existing processes for identifying and supporting students.

The biggest gaps she identified in the system were in the basic COST components: a centralized referral system, organized COST meetings, and a tracking system. She also found the need for school staff to be engaged in and educated about the COST process and supports. Over the next year, Ms. Valdez re-introduced the school to COST, and built a structure to address all of those needs. For example:

- She centralized the referral process so that all concerns came to COST first, then they were triaged, and later they progressed to an SST or IEP if needed.

- She adapted the COST referral form to include the interventions that had already been tried in the classroom in order to support a shifting paradigm that emphasized a teacher's role in supporting struggling students.

- She structured the COST meetings by including a standing agenda, a note taker, clear assignments, and point people. To build a positive climate she got the team to take turns bringing food to the meetings.

- She recruited new partners to provide needed services, including mentors from local colleges, and created an attendance team to do home visits and work with families.

- She created various tracking tools, including a comprehensive COST tracker for interventions provided by the team and sign-in sheets for programs not previously monitored.

Re-starting COST took considerable education and relationship building with school staff and partners alike. Ms. Valdez worked with the administrative team to develop a clear and shared vision for COST and established a weekly meeting with the principal. She got to know the teaching staff, learning why they started teaching, what they liked about the school, and what support they needed. Then she progressed to questions about COST. What would make the process work for them? How to refer? What was the best way to communicate?

She also gained a lot of education in those formal and informal meetings by building the staff understanding of COST and shifting the culture to one of shared responsibility for the success of students. Teachers were now expected to try three interventions before referring a student to COST, and Ms. Valdez supported them with these strategies. As she recruited and orientated new partners, she stressed that the work of the team would entail both providing expertise and working directly with students and families.

Throughout it all, Ms. Valdez stayed positive and strength-based. Two years later, the school has a high functioning COST, increased resources, steady improvement in student outcomes, and a culture of shared responsibility for supporting student academics and well-being.

School-Wide Mission, Vision, and Goals. What is the vision and mission of your school? What are the goals outlined in your school site plan? What specific priorities does your school leadership regularly articulate to staff and providers? Are there any specific mandates affecting your school community and influencing its goals? These goals may or may not be explicit, but knowing what school administrators are focused on, and demonstrating how a COST infrastructure can support these goals, will help you gain buy-in from school leadership.

Shared Values in the School. Before you recruit COST members, spend some time getting to know the school staff and providers. What motivates them? What excites them about their work? What are the major values the school expects all staff and partners to share? Are they the same for the students? For example, in a school community with a strong emphasis on equity, COST can play a critical role in identifying school-wide issues, such as bullying or access to healthy foods, that are affecting some groups of students more than others. Once you have identified issues, COST can help build solutions to ensure that all students have equitable access to the support and resources needed for academic success.

Formal and Informal Protocols. Finally, consider the organizational protocols – both spoken and unspoken – that are active in your school. What are the expectations for time spent in meetings? Is there a morning bulletin? How do teachers use email? What are the mechanisms for informal communication among staff? How are partners involved in meetings and communication? When and how do administrators need to be informed about student incidents or issues? COST leaders should keep these protocols in mind when designing COST systems such as referral, intake, and tracking.

Mapping Existing Systems

Another piece in assessing school readiness for COST is mapping existing systems of student support. Whether your school has fledgling or well-developed systems, the goal of COST is to create a coordinated infrastructure for identifying, assessing, and supporting student needs. Its referral system, for example, should serve as the school's central referral system to assess student needs, and COST meetings should serve as the primary place to assign support to students.

The assessment should include mapping not only current partnerships and resources, but also the school's mechanisms for coordinating services, communication, and follow-up. Be sure to map the following student support systems, and look at how COST can connect systems and fill gaps:

- Student Support Teams
- Referrals for IEPs and other special education processes
- Disciplinary referral systems

This research will inform the development of a COST structure that is an essential part of the school's daily functions, rather than "one more meeting" for staff to attend during their busy days.
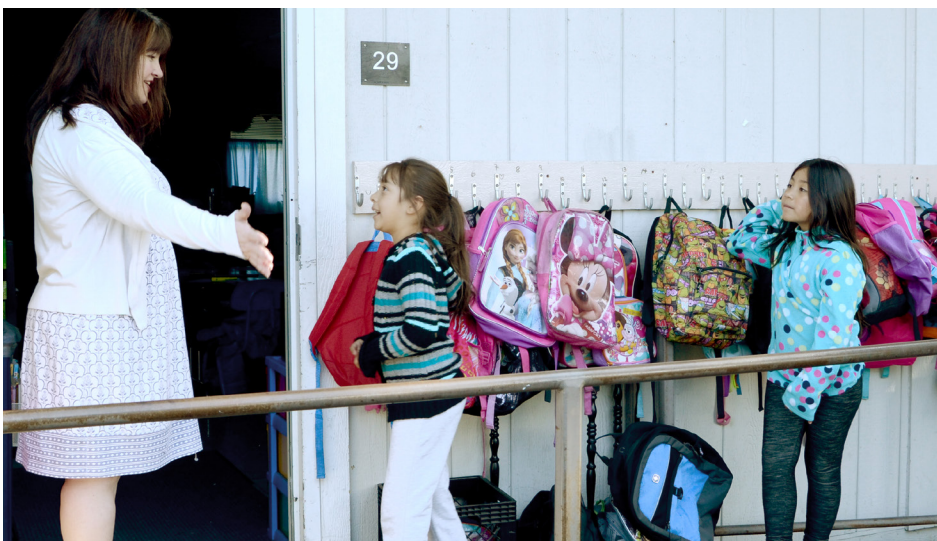
Introducing the School to COST

When first establishing COST at a school, there will be a need to orient key stakeholders and staff, and frame how COST will support the goals and values of the school community. It is important to help school staff understand that COST is not a stand-alone initiative, but rather a way to organize the resources of the school and its partners to better serve students and support the school's goals.

For example, the school may have a specific focus on closing an achievement gap between certain groups of students, or on promoting meaningful family engagement. Thinking about how COST can support these specific goals, and framing it in this way, will help gain buy-in and participation from the school community.

In this early stage, COST leaders are ambassadors of this new model, and should be strategic about how they introduce the concept to different stakeholders.

Here are some examples of how you might begin a conversation about COST with various staff or partners, depending on their priorities:

• COST improves student achievement by reducing barriers to learning.
• COST is a one-stop shop for getting your students the resources they need.
• COST works as a team to link students to academic, health, and family support.

• COST supports our equity work by creating a way to make sure that all students have access to the support and opportunities they need to be successful.
• COST is a new structure for coordinating the resources we have on campus and in the community to ensure that students, families, and teachers have the support they need.
• COST is bigger than the sum of its parts – we can make an impact together that we could never achieve individually.

Building the COST Team and its Capacity

Once there is support from key stakeholders (and hopefully a few new champions), the COST leader is ready to begin building the COST team. An ideal COST team has representation from the different student support staff and providers on campus. Size, membership, and even structure will vary, but in order to be effective, the team should reflect a cross-section of the critical programs serving students, and aim to give equitable voice to the different staff and programs. There are four basic elements to building a strong COST team.

Select and Recruit Members

When building a COST team, take inventory of the different staff, providers, and partners providing services to students and families on campus. Collaborate with the principal and other key school leaders to determine who should be part of the team. Aim to invite representatives from different stakeholder groups that will be committed to the COST model. Student support staff such as school counselors, clinical case managers, and administrators are usually crucial to COST, however, don't forget about other staff such as parent liaisons or afterschool providers who work with many students and families in the school community but may not be as visible during the traditional school day.

Consider inviting staff such as:

- Principal or other administrator
- Counselors
- Teacher representatives for grade levels, departments, SSTs, 504, etc.
- School nurse
- School psychologist
- Special education staff member
- Parent liaison
- Social workers or clinical case managers
- Afterschool providers
- Family resource staff (on or off campus)
- School health center staff
- Other student or family support providers (school-based or community-based)
- Unconventional roles, for example, a teacher who serves as a tutor, a sports coach who is involved in the school community, etc.

Each member is a building block of COST. When getting starting, it is a good idea to begin with members who are most aligned with the approach, then build on that foundation to recruit others who are potentially valuable to COST but are not yet completely on board. The recruitment stage is a good opportunity to share the vision, team-orientation, and expectations of COST members. So be intentional about how people are oriented as they are invited to join the team.

Build the Capacity of COST Members

The beauty of COST is that it brings together diverse members of a school community to work together to support students and families in new ways. As with any new team, members may need coaching and support around how to work together. Some members may need encouragement about what insights and expertise they bring to the team, while other members may need encouragement to keep an open mind to the different supports and services that might be useful to a student. Whether there is one COST Coordinator or a shared coordination model, the COST leader can inspire, encourage, and challenge team members to reach new heights as service providers.
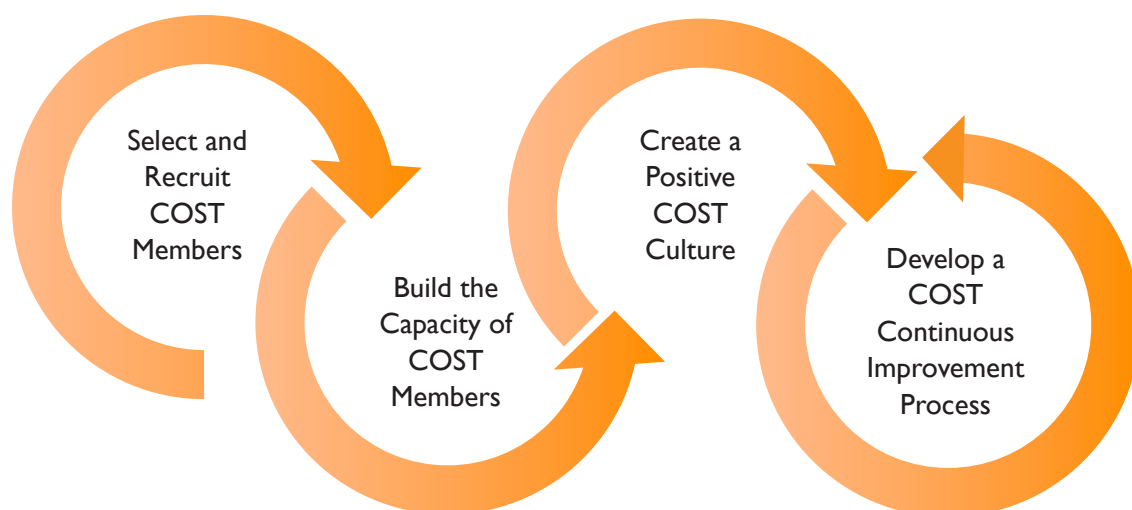
COST also serves as a learning community itself with members doing collective work and learning best practices from one another. When team members feel confident about their abilities, have confidence in each other, and are working toward common goals, COST can achieve a "unity of will" that overcomes obstacles and accomplishes results.

Create a Positive COST Culture

This may be the most powerful step in maintaining an effective COST and preventing burnout. A positive COST culture is one of both mutual accountability and positive reinforcement. In addition to developing strong protocols and systems, COST leaders should work to create a trusting, productive environment where the perspectives of all members are valued. COST culture should reinforce the shift from individual responsibility to collective action. The leaders always work to strengthen the culture within the team while deepening alignment with the school culture.

Select and Recruit COST Members

Build the Capacity of COST Members

Create a Positive COST Culture

Develop a COST Continuous Improvement Process

COST can facilitate accountability by recognizing the contribution of individual members toward shared outcomes for students, and for the team overall. The COST leader uses the impact of the team's work as a way to acknowledge both effectiveness and collaboration. Bringing up the names and faces of the students that COST has successfully supported provides a powerful reminder of the value of teamwork. COST leaders model positive reinforcement and encourage team members to give one another reinforcement to promote team chemistry. As team identity builds, team members will remind each other of their impact, and further strengthen the morale and cohesion of the team.

Develop a COST Continuous Improvement Process

Once COST starts coordinating and delivering services, how do you know if it is working? And how can COST improve to better serve your school's students? As with any major intervention strategy, COST teams should engage in a continuous improvement effort that examines how the team can function more effectively. This step is

different in nature than the evaluation process of service delivery, which is focused on tracking service delivery and student outcomes. While that information is helpful in gauging the team's effectiveness, the continuous improvement process focuses on assessing and improving the team dynamics and structure.

The continuous improvement process can help the team improve communication, strengthen systems, and identify areas of improvement.

Every COST should design its own evaluation process to reflect the unique work of the team. Here are some questions to consider:

- How representative is COST of different student and family support services?
- How well is COST leveraging the diverse perspectives and experiences in the team?
- How well is COST understood by the school community? What are the trends in referrals – do some teachers refer more than others, and how appropriate are the referrals?
- How well are we using the COST meetings to implement the key functions (for example, new referrals,

follow-ups, school-wide trends) strengthening COST systems? How smoothly are the meetings conducted?
- How well are we tracking services and coordination?
- What is the process to assess the effectiveness of the COST service coordination and delivery?
- How do we use qualitative and quantitative information to tell the story of the impact of COST on students and families? Are students and families being asked how COST impacts their lives?
- What is the process for identifying resource needs? How well are we identifying school-wide trends or gaps? How are we addressing them?

Including all COST members in the design of the evaluation process will promote accountability and foster sustainability. A strong COST will be intentional in building, improving, and sustaining the team along with coordinating and enhancing services.

Implementing The COST Service Delivery Components

This section outlines the five components of a COST service delivery system. These are the core processes that COST develops and improves over time to ensure that students are identified and connected to resources. Those services lead to results, and the team improves its own processes and collaboration. While these steps are written chronologically, these systems are often developed simultaneously, and should be revisited and refined.

1. Building a School-Wide or Universal Referral System

A key ingredient to service coordination success is a clear referral system that is easy for all members of the school community to use – teachers, support staff, administrators, security, partners, parents, and youth.

A COST referral system should:

- Be the single initial referral point for concerns about a student's academic, social-emotional, physical, and family well-being. Once reviewed in COST, the referral may be sent to another support team, such as SST or the behavioral health team.

- Have a standardized referral form. This form should be easily understandable, accessible within the school (at the front desk, teachers' lounge, family resource center, online, etc.) and translated into different languages, if necessary.

- Be brief enough so that the time it takes to complete a referral does not deter school community members from using it.

- Be confidential to protect student information (see HIPAA/FERPA notes in the Tools section for more information).

- Include information about what

follow-up the person completing the referral should expect so that the school community members know their referral has been received. This follow-up may be a standardized note in their mailbox confirming that COST received the referral. The note may also indicate further action (such as the date the referral will be reviewed by COST, a request for a follow-up meeting with the person who made the referral, or in some cases, reasons why a referral was not appropriate). Follow-up may also be in the form of a brief check-in by the COST leader, in which case, similar information might be shared. Referral systems work best when the person making the referral knows that it will be received, read, and followed-up on in a reasonably prompt manner.

The COST team should be pro-active in ensuring that everyone in the school community is aware of COST and knows how to use its referral forms. The whole team can play a role in the community-wide education. Discuss, as a team, where referral forms should be available to make sure everyone in the school has access to and easy use of them. Ensure that there is a clear and confidential way to return referrals to a designated mailbox or COST member. Divide the task of checking in with every staff member and partner to introduce and troubleshoot the

Related Tools
- Form: COST Referral Tracker
- Form: COST Referral Follow Up Note
- Tip Sheet: Confidentiality and Information Sharing

COST

referral process, and also take advantage of faculty meetings, partner meetings, parent nights, and other events to ensure that all members of the school community know about the referral process for COST. Reinforce the referral system at any and every opportunity.

2. Setting-Up an Effective Intake and Assessment Process

After referrals are made, COST needs a process to assess referrals and gather additional information about each student's situation that may be helpful for the team's response. This may involve reviewing the referral form, interviewing the referral party, and checking in with the student, family, and/or other support providers. Ideally, the COST Coordinator or a designated team member should have a procedure in place that ensures referrals are reviewed on a daily basis. The COST intake and assessment process serves two important purposes: triage and meeting preparation.

Triage. First and foremost, this is a triage process. It ensures that referrals about urgent student needs do not go unaddressed between meetings. While it should be emphasized that COST referral forms are not appropriate

for student emergencies or crises (a follow-up referral can be made afterwards), a successful COST will be the first point of contact for crises, either through the referral form or an in-person request. If a student or family is in crisis, COST members can work together to provide immediate support, and then bring the case to the team for longer-term support. On the other end of the spectrum, in large schools with a high volume of referrals, COST may need to prioritize discussing the most complex student cases at team meetings, and work individually with providers to ensure that students with more straightforward needs are connected to appropriate supports.

Meeting Preparation. The intake and assessment process also provides background information for the regular COST meetings. When an initial review has been done prior to the meeting – by the COST Coordinator or team members – the team will be better equipped to use meeting time to discuss supports and solutions.

Here are some questions to consider when building a process to assess referrals as they come in:
- How often will referrals be collected? Who will review them?

- What will the protocol be if a referral is for an emergency situation?
- Will all referrals be discussed in COST? If not, what will the procedure be for screening which referrals to bring to COST and which to immediately refer to an individual provider?
- What type of records will be kept on referrals that come in?

3. Creating Regular Meetings with a Consistent Structure

How do you make a one-hour meeting so efficient and effective that members are excited to attend every week? That is the question COST leaders need to keep in mind when designing the structure of the meetings. Having clear objectives, a consistent meeting structure, and strong facilitation are key places to start.

Remember that there are usually multiple objectives at COST meetings, namely to coordinate services for students, identify school-wide needs and gaps, and build collective working relationships among members. The following strategies will help COST meetings support those core objectives.

Set a Regular Weekly or Bi-weekly

Meeting Time. A regular meeting time ingrains COST as part of its members professional routines. Some schools even manage to keep their COST meetingat the same time and day from year to year for continuity. In large high schools, where scheduling can be particularly difficult, COST meeting times can be creatively organized, for example, reviewing referrals by grade level so deans, administrators, etc. can attend for the time relevant to the students they support.
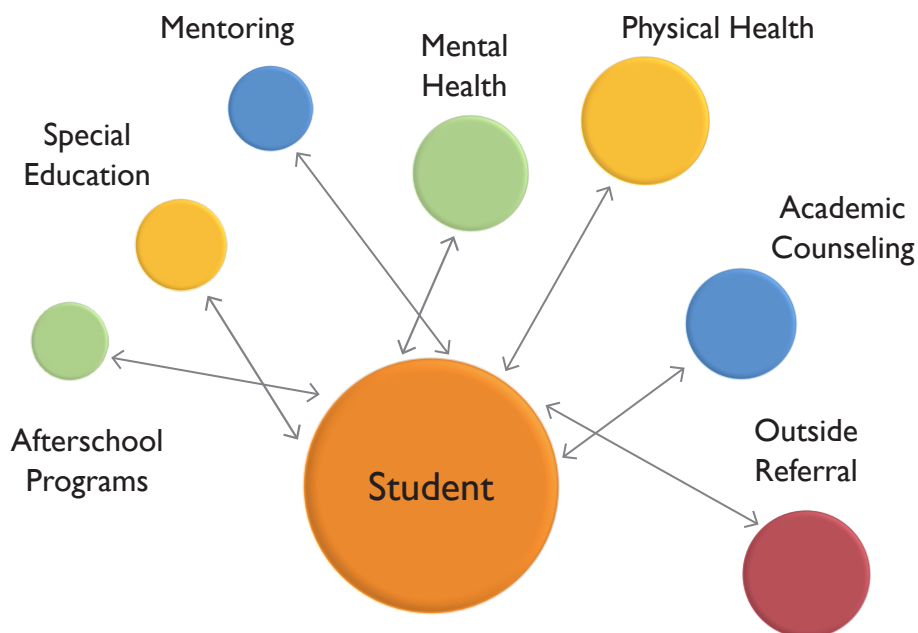
Develop Team or Group Agreements. Developing group agreements should be done at the first or second COST meeting. Agreements should include the standard guidelines for how people interact, for example, one person talks at a time, disagree with ideas, not with people, but they should go deeper as well. What kind of atmosphere does the team want to create, and how will they know when they have achieved it? What will help members to thrive on this team? How will the team deal with conflict when it arises? How will decisions be made? Effective group agreements are revisited constantly – put them on the agenda, reflect on how the team is doing on the agreements, pick one to focus on for a specific period of time, ask new members to contribute to them, etc.

Keep a Standing Agenda. Having a consistent agenda format improves the quality and efficiency of meetings. Team members know what to expect and get familiar with the flow of the meetings (for example, reviewing referrals, follow-up discussions, team improvement conversations). Given the complexity of COST, standing agendas can have flexibility built in. For example, a one-hour meeting could include time slots for four new referrals (ten minutes each), two follow-up cases (five minutes each), and ten minutes to discuss a systems topic, such as referral trends, resource gaps, or communication among COST members. Some teams find it useful to put their group agreements on the agenda, or meeting objectives, either overall for the team or specifically for that day's meeting.

Start and End Meetings on Time. As simple as this is, it can go a long way to ensure that members continue to participate on COST. Establishing strict and clear time management protocols not only helps the team review multiple referrals but will help members feel that there are fair and regular procedures for meetings and reviewing cases.

Maintain a Culture of Respect Where all Opinions Are Heard and Valued. Again, this sounds like a simple principle, but it takes conscious attention from the COST leaders/facilitators and the team as a whole. Building on the group agreements, a COST leader should establish an atmosphere of respect among all members so that everyone feels

Before COST

Mentoring

Mental Health

Physical Health

Special Education

Academic Counseling

Afterschool Programs

Student

Outside Referral

valued and is comfortable contributing their thoughts and perspectives. Basic facilitation techniques, such as round-robins, sticky dots, open brainstorms, appreciation activities, and even talking sticks, will help ensure that all members are able to engage.

4. Ensuring Collaborative Service Delivery

COST encourages collaboration, not only in the development of coordinated service plans and resources, but in their delivery as well. Once a referral is reviewed and assigned in COST, the members who are part of that student's service plan are responsible to coordinate among themselves. This is the most complex component of COST because it involves members seeing themselves as a cohesive team, and making the time to coordinate their efforts. The coordination work is not explicitly visible at the COST meeting but it underlies the core values and brings the collective spirit to COST.

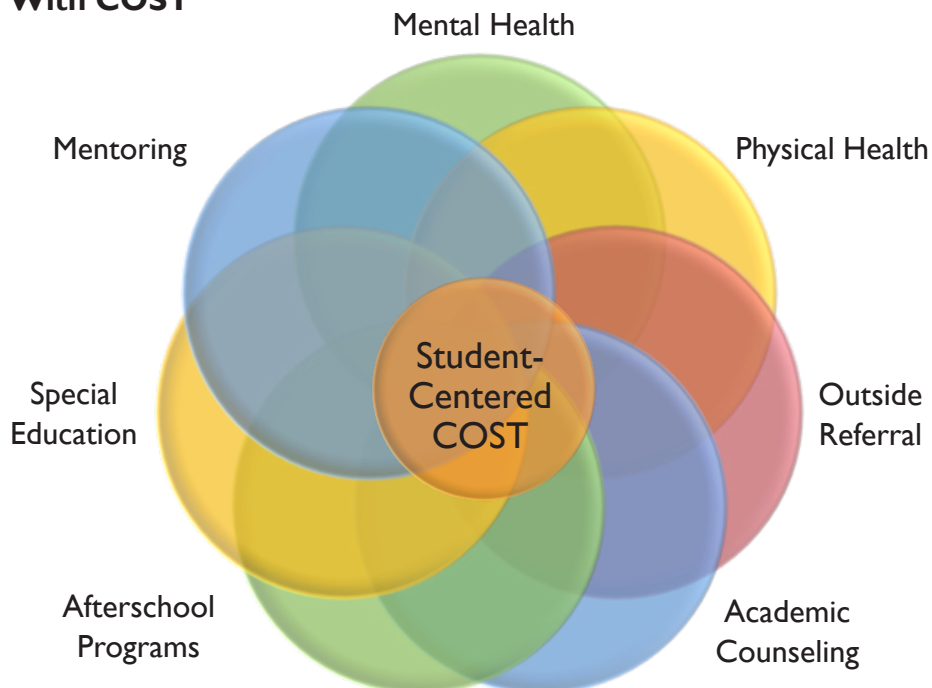Some best practices of collaborative service delivery include:

- Assign a point person, or case manager, for the team who holds ultimate responsibility for coordinating the team.
- Hold regular check-ins among members of the student's "service team."
- Evaluate and adjust interventions and support strategies.

- Provide peer support and shared problem-solving around student needs.
- Support each other by reducing isolation and recognizing successes.
- Provide a unified voice to advocate for recommended strategies, resources, etc.
- Provide professional development and coaching to individuals and the team as a whole to build their capacity to work collaboratively.

5. Establishing a Tracking System for Evaluating Success

After COST assigns a student case to a team member or service team, tracking the outcomes of that referral and the student's progress is critical. At a minimum, the COST team should track which member of the staff has been assigned to follow-up, when and how they have connected with the student, and what supports have been provided. COST may use paper-based or electronic tracking tools to follow the progress of referrals, and to record meetings between staff and the student, as well as meetings between team members. Written tracking sheets can be a helpful way for the COST leader to ensure that COST members follow through with referral plans designed during meetings.

With COST

Student-Centered COST

Mental Health

Mentoring

Physical Health

Special Education

Outside Referral

Afterschool Programs

Academic Counseling

⚙️ **Related Tools**

- Form: COST Referral Tracker
- Form: COST Tracking Student Contact and Coordination
- Form: COST Client Evaluation

NOTE:

For confidentiality reasons, these tracking sheets should not contain any information about the student's case. They are used to track coordination of services, not the progress of the case itself.

The next stage in evaluation and tracking is more complicated: tracking student progress. Ideally, this entails identifying measureable outcomes for each one of a student's presenting issues, and a clear method of assessing progress on those outcomes throughout the year. For example, if one presenting issue is chronic absence, the measureable outcome might be a 10% reduction in absences or a month with fewer than three missed days, and the measurement would be their attendance record. If another presenting issue is withdrawn behavior, the clinician might identify four target outcomes, and the measurement would be the clinician's report of progress on the outcomes. To protect confidentiality, the clinician would not share the diagnosis, treatment goals, specific interventions, or response to interventions, but they would share that they were working with the student on a specific number of outcomes, and on how many they have shown progress on. Regardless of whether the student is being served by a large team or an individual provider, tracking and reporting on progress toward outcomes enables the team to leverage their diverse expertise to adjust and tailor interventions to increase impact or meet changing needs.

One of the other critical functions of a COST, where so many perspectives are present, is the identification of emerging needs or school-wide trends that need addressing, such as cyber-bullying or incarcerated parents. A consistent tracking system helps teams synthesize the main reasons for COST referrals, and in conjunction with their own observations, guide discussions of school-wide needs and prevention/early intervention strategies.

The COST Tools

The following tools can help you start to improve COST. All of the tools included in the COST Toolkit are available online at: achealthyschools.org/schoolhealthworks

Handouts (PDF)

1. COST Overview
2. COST vs. SST

Tips Sheets (PDF)

3. Confidentiality and Information Sharing
4. Leading COST without a Dedicated Coordinator
5. Standing Agendas for COST Meetings

Training Materials (PDF)

6. Introduction to COST: Building Communities of Care
7. Crafting an Elevator Pitch Activity
8. COST Mock Scenario Activity

Forms (Word)

Available online as editable Word documents:

9. COST Client Evaluation
10. COST Confidentiality Form
11. COST Meeting Agendas
12. COST Referral Form
13. COST Referral Tracker (xls)
14. COST Referral Follow-Up Note
15. COST Rubric
16. COST Tracking: Student Contact and Coordination (xls)

Coordination of Services Team (COST)

Overview

COST

A Coordination of Services Team (COST) is a strategy for managing and integrating various learning supports and resources for students. COST teams identify and address student needs holistically and ensure that the overall system of supports works together effectively.

A COST is a multidisciplinary team of school staff and providers who:

- create a regular forum for reviewing the needs of individual students and schools overall;
- collaborate on linking referred students to resources and interventions; and
- support students' academic success and healthy development.

The Benefits of COST

COST creates a space for school staff, administrators, and partners (who may normally work in silos) to collaborate regarding students most in need of extra supports, and to build tailored interventions that utilize the full scope of resources available in the school and community. It also provides a critical setting for staff and partners to reflect on the landscape of academic and social-emotional supports available for all students in a school community, and identify ways to improve school-wide allocation of resources to promote academic success and healthy development.

COST improves coordination, communication, and collaboration across disciplines, which leads to improved:

- Capacity to tailor interventions to each student's unique needs.
- Efficiency and use of limited resources.
- Sense of belonging and quality of services among providers on the team.
- Range of universal and prevention services.

COST Leadership

As members of a team of multidisciplinary professionals working together in new ways, COST colleagues become agents of change within a school. Typically, a designated staff person, such as an assistant principal, counselor, or community school coordinator, assumes the responsibility of a COST Coordinator. The Coordinator leads the COST meetings and builds COST infrastructure, i.e., referral, tracking, and evaluation systems that support the team's success.

What do COST teams do?	What is the COST make-up?
COST teams perform four major tasks: 1. Identify students through a school-wide referral system. 2. Assess referred students and explore strengths and supports needed. 3. Coordinate efforts to link students to appropriate supports, track progress, and tailor interventions over time. 4. Expand the learning supports at the school, make recommendations about resource allocation, and recruit new resources.	COST make-up varies by school. Possible members include: • Designated COST Coordinator • School administrators • School counselors • School nurse • School psychologist • Special education staff member • Teacher representatives for SST, IEP, 504 • Afterschool providers • Parent liaison • School Health Center staff • Social workers or clinical case managers • Other student or family support providers

Components of the COST Delivery System

Diagram: Circular flow with five components:
1. Universal Referral
2. Intake & Assessment
3. Regular COST Meetings
4. Collaborative Service Delivery
5. Tracking & Evaluation

The Five Components of a COST Service Delivery System

Five core components make up the COST service delivery system and maximize a school's capacity to support student success and well-being.

1. Universal Referral

All COST teams need a way to consistently identify students and families that may be struggling and needing additional social-emotional, health, or academic supports. COST creates a central school-wide referral system: teachers, administrators, parents, providers, and students can easily refer or self-refer.

2. Intake and Assessment

After referrals are made, COST teams need a process to assess referrals and gather additional information about the student's situation that may be helpful for the team's discussion. Typically, the COST Coordinator, or designated leads, follows up with the person making the referral and/or the student and family, both to prepare for the meeting and to identify immediate student needs that cannot wait until the next meeting.

3. Regular COST Meetings

Regular meetings with a standing agenda are critical for COST success. Team members come together, review and triage referrals, develop coordinated service plans, and follow up on previously referred students. Meetings are also a forum to strengthen communication and collaboration and to identify school-wide needs and resource gaps.

4. Collaborative Service Delivery

COST encourages collaboration not only in the development of coordinated service plans and resources, but in the delivery as well. Members work together outside of the meetings to align their efforts, address changing needs, and improve outcomes for their shared students, while building a culture of teamwork.

5. Tracking and Evaluation

Tracking delivery of services and student progress can be one of the most challenging aspects of service coordination. At a minimum, a COST Coordinator should track which staff have been assigned to follow up, and when and how they have connected with the student. The next step is to track student progress, while respecting confidentiality rules and integrating with overall school assessment methods. Finally, COST teams should design their own evaluation process to improve team functioning and effectiveness.

COST vs. SST

COST

Coordination of Services Team	Student Success Team
Purpose	**Purpose**
A multidisciplinary team of adults work collaboratively to: • triage referrals for student support services and assess student support needs • develop and monitor coordinated interventions and supports at the student/site level • facilitate communication between school staff and providers in order to link students/families with supports	A group of adults, responsible for the success of an individual student, work collaboratively to: • develop a strength-based plan • provide academic, social-emotional, and behavioral support and interventions • support the student to achieve educational success
Participants	**Participants**
• Site administrators • Counselors • Community partners • Special Education staff • Afterschool Program staff • Parent Support staff • Attendance staff • Nurse	• Site administrators • Teachers • Student's support providers • Student's parents • Student (depending on age)
Timelines	**Timelines**
Next COST meeting, revisit referrals made.	Every 6 to 18 weeks, reconvene SST team to review success of interventions/supports.
For Who	**For Who**
Collaborate and coordinate services across the school site for all students.	Collaborate and coordinate supports and interventions for an individual student.
Numbers	**Numbers**
Multiple students per COST	One student per SST

Confidentiality and Information Sharing

School staff members working across different disciplines such as school nurses, school health center staff, guidance counselors, principals, and/or afterschool program directors employed by a community-based agency may have initial questions and concerns about what information about student cases is appropriate and legal to share within a multidisciplinary team meeting. It is essential that all COST members, not only the leaders, be fully informed and remain aware of the various confidentiality provisions that state and federal laws mandate for education and health care providers, most notably FERPA and HIPAA.

FERPA controls the disclosure of information on the "education record" of children. These are defined as written records, files, documents, or other materials that contain information about the student and are maintained by the education institution or person acting for the institution (Guteman & MacFarlane, 2009). FERPA does not cover oral communication, and therefore may not apply to most information shared during a COST meeting.

However, it is important that all COST members be aware that written parental consent is required before any part of a child's education record (such as grades, immunizations, etc.) be shared with COST members who do not have a "legitimate educational interest" in the child's well-being.

Health care providers who operate under HIPAA function under different confidentiality restrictions, which include health providers, such as school-based health center staff and licensed clinical social workers. All individually identifiable health information in all forms, including oral communication, is protected and cannot be shared without parental consent. For the purpose of COST meetings, this means that any provider operating under HIPAA must be aware that they are not allowed to share health information with school providers about a child's situation or case without parental consent, unless in the case of an emergency.

In order to manage successful COST meetings that protect student privacy, COST leaders should be aware of the various information confidentiality constraints that various team members operate under, and they should discuss concerns about information sharing with individual members. As a general rule, COST members should avoid producing lengthy case notes during meetings or discussing unnecessary aspects of a student's case in large COST meetings. Discussing specific aspects of a student's mental health or physical health treatment plan, for example, are usually not relevant or appropriate for COST. The overarching purpose of COST, as a reminder, is to assess student cases and make appropriate referrals to needed support. COST leaders should consult with their agency and/or district supervisors about any areas of ambiguity or concerns about confidentiality and information sharing.

Tip Sheet

Leading COST without a Dedicated Coordinator

Coordination of COST

Managing the referral process, facilitating the weekly COST meeting, supporting members to work collaboratively, and tracking the delivery of services and progress of individual students is essential to success. Many schools have a designated COST Coordinator who is responsible for the administrative aspects of COST. At other schools, the coordination duties are shared among a small core group of people. For example, the principal or assistant principal partnered with a community school coordinator, mental health clinician, counselor, or parent liaison. However, as members of a team of multidisciplinary professionals working together in new ways, all COST members become active leaders of change within a school.

While having a dedicated COST Coordinator is ideal, with strong infrastructure, a COST can be successful under collaborative leadership. The following are tips for managing an effective COST across the five service delivery components.

Universal Referral

The whole COST team can play a role in ensuring that everyone in the school community knows how to use the referral system. Divide the task of checking in with staff members and partners to introduce and troubleshoot the referral process. Design a system for collecting referrals that is clear and consistent, but shared among designated team members.

Intake and Assessment

The COST intake and assessment process serves two important purposes: triage and meeting preparation. The team should determine a process for screening referrals and deciding if they need immediate response, can wait for a COST meeting, or can be given directly to a provider without team discussion. Alternate responsibility for the various intake and assessment tasks among team members. These responsibilities include:

- Conducting an initial review of incoming referrals (daily if possible)
- Gathering additional information about each student's situation that may be helpful for the team's response by interviewing the referral party, checking in with the student, family, and/or other support providers
- Taking point if the referral is for an emergency situation

Regular COST Meetings

Having consistent, structured meetings will contribute greatly to an effective COST, with or without a dedicated coordinator. Regular meetings, standing agendas, rotating roles (including bringing snack), and a template for notes are all helpful in reinforcing this structure. Share responsibility for preparing and running the COST meetings:

Set-up for the year

- Regular meeting time and place
- Standing agenda
- Communication protocol for meeting reminders, notes, announcements, etc.

Logistics

- Send meeting reminders
- Prepare agenda and sign-in sheet
- Copy or email previous meeting minutes
- Summarize updates for events, news, etc.

Follow-up on previous referrals

- Update tracking spreadsheets
- Follow-up with case leads for students to be discussed

Intake for new referrals

- Meet with teacher/staff who referred each new referral to be discussed
- Prepare list of new referrals and intake information

Meeting roles

- Facilitator
- Time-keeper
- Note-taker
- Process checker

Collaborative Service Delivery

The most important strategy for fostering collaborative service delivery, regardless of the COST leadership model, is to assign case leads to coordinate services for every referral reviewed by the team. They are supported by clear communication protocols for coordinating services, follow-up, check-ins with the student's "service team," individual team members and school staff, referrals for outside services, etc. In some cases, the COST may decide to form a task force or committee to address high priority issues like attendance or school climate. Provide peer support and shared problem-solving around student needs outside the COST meetings.

Tracking and Evaluation

COST teams need a system for tracking referrals and documenting student progress. Create tracking tools early on, such as a "COST Tracker" with referrals and the basic interventions provided. Then make them easily accessible so that every team member is responsible for tracking the services and progress of the students they support.

Tip Sheet

Standing Agenda Items for COST Meetings

COST

Welcome

- Introduction of (new) members, resources, and guest presenters
- Share school vision, goals, and important updates
- Develop or revisit group agreements and COST protocols
- Team-building activity or icebreaker
- Agenda review and meeting roles

New Referrals: Coordination of Services for Individual Students

- Try to ensure equal time for each student
- Present student referral and assessment information, include prior interventions
- Discuss possible supports and resources
- Assign point people for chosen interventions
- Identify coordination strategies among providers
- If there is no full-time COST Coordinator, assign a lead "case manager"

Follow-Up on Previous Referrals

- Present student's case – original referral, interventions that were tried, current status
- Evaluate assigned services and results
- Adjust services based on changing needs

Systems Conversation

- Discussion of school-wide need or gap
- Evaluation of COST processes, communication, outcomes, rubric, etc.
- Increase utilization of COST by teachers through outreach and marketing
- Review new services/partners, protocols, COST tools, etc.

Closing

- Revisit parking lot items
- Urgent announcements
- Emerging school-wide issues for future discussion

Introduction to COST: Building Communities of Care

Coordination of Services Teams (COST) Toolkit

Presented by
The Center for Healthy Schools and Communities

Date

CENTER FOR HEALTHY SCHOOLS AND COMMUNITIES

Welcome

At the Center for Healthy Schools and Communities (CHSC), our vision is for ALL youth in Alameda County to graduate from high school healthy and ready for college and career.

Partnership with [School District]

CHSC has partnered with the district to:
- Build a continuum of health and learning supports for youth and families
- Link school and community health services

Goals for Today

- Understand the components and benefits of the Coordination of Services Team (COST)
- Explore strategies for preparing your school and COST members for success
- Gain skills and concrete tools for starting or strengthening a COST-type team at your school

Agenda

1. Welcome & Introductions
2. What is COST
   - What, Why, Who – The Basics
3. Mock COST Meeting
4. COST Components
   - Five Components of a Service Delivery System
   - How is COST Flexible?
5. Getting Started
   - Setting-Up for Success
   - COST Toolkit
6. Wrap Up & Next Steps

Opening Question

- Are you currently able to support the academic, physical, social-emotional, and basic needs of all of your students? If not, why?

What is a Coordination of Services Team (COST)

What is COST?

Coordination of Services Team – COST – is a proven **strategy** for coordinating learning supports and resources for students.

- Students with needs get appropriate services
- System of student support is well coordinated

What is a COST team?

COST is a multidisciplinary team of school staff and providers who:

- Create a regular forum for looking at the needs of individual students and the school overall
- Collaborate around linking referred students to resources and interventions
- Support students' academic success and healthy development

What do COST teams **do**?

COST teams perform four major tasks:

- Identify students through a school-wide referral system
- Assess referred students, explore strengths and supports needed
- Coordinate ongoing efforts to link students to appropriate supports, track progress, and tailor interventions over time
- Expand learning supports of the school

What are the Benefits of COST?

COST Teams improve coordination, communication, and collaboration across disciplines, which leads to **improved**:

- Capacity to tailor interventions to student needs
- Efficiency and use of limited resources
- Sense of belonging and quality of services among providers on the team
- Universal and prevention services

Connection to Response to Intervention (RtI)

Crisis Intervention
Therapy
Wrap-Around Services

Case Management
Social Skills Groups
Information & Referral
Afterschool Programs
Parent Workshops
Student Workshops

Tier 3
Treatment
few students

Tier 2
Early Intervention
some students

Tier 1
Promotion of Healthy
Social Emotional Development
& Prevention for *all students*

Health Education & Promotion
Positive School Environment
School Nursing
Suicide Prevention
Trainings/Workshops
Parent Workshops
Youth Development
Health Screenings
Immunizations

Positive School Climate and Behavioral Supports

Mental Health Consultation

Restorative Justice

Family Engagement

Assessment and Training

What is the COST make-up?

- School Administrators
- School Counselors
- Teacher Representatives for SST, IEP, 504
- School Nurse
- School Psychologist
- Special Education Staff Member
- Parent Liaison
- Social Workers or Clinical Case Managers
- Afterschool Providers
- School Health Center staff
- Other student or family support providers

Why are COST Leaders Important?

Cost leaders become change leaders by:

- Bringing together a team to work in new ways
- Challenging the team to create solutions and supports
- Guiding the team and setting high expectations

Why COST?

If your school had a COST, how would that help to address the challenges you shared earlier?

Mock COST Meeting

Mock COST Meeting

COST Meeting Agenda

- **Welcome**
  - Reminder of group agreements
- **Coordination of services for individual students**
  - James
    - Present student referral and assessment information
    - Discuss possible interventions and resources
    - Assign point people for chosen interventions
    - Identify coordination strategies among providers

Debrief

- What did you observe?
- How can this process improve educational outcomes for students?
- How can this process improve alignment between providers?
- What questions do you have?

COST Components

Five Components of a COST Service Delivery System

Five Components of a COST Service Delivery System
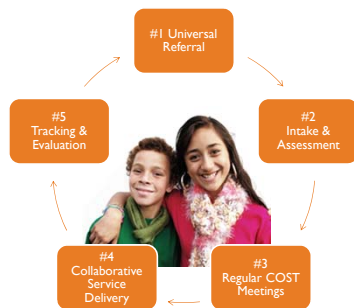
How is COST flexible?

- Names: CARE, CST, STAR
- Elementary, Middle, and High School
  - Size of team
  - Scope of responsibilities
  - Nature of services
  - Number of referrals
  - Time allocation in COST meetings (new referrals vs. follow-up)
  - Outreach to families

How is COST flexible?

If there's no full-time COST leader

- Shared coordination duties – administrators, special education or attendance staff, key partners
- Assign case lead to coordinate services
- Consistent structure
- Communication protocols

Quick Self-Assessment

Thinking of the five components of the Service Delivery System:

- What do you already have in place?
- What are your biggest needs?

Getting Started

Setting-Up for Success
Toolkit!!

Getting Started – Set-Up for Success

First Step - Align and Build Buy-In!

- Assess Organizational Culture
- Map Existing Systems
- Introduce COST to your School
- Build your COST Team

Preparing your School for COST

- Assess the **Organizational Culture** of your school
  - School-wide mission, vision, and goals
  - Shared values
  - Protocols – formal and informal
- Map existing systems:
  - SST, IEP, 504
  - Disciplinary system
  - Special education system

Preparing your School for COST

Introduce COST to your School

- Be ready to succinctly tell the purpose and value of COST with a thoughtfully structured pitch!
- *Elevator Speech Activity*

Building your COST Team

- Select and orient COST members
- Build the capacity of members
- Create a positive COST culture
- Develop continuous improvement processes

Brainstorm possible topics, activities or structures

Introduction to COST: Building Communities of Care

Thank you for your time!

The COST Toolkit and many more tools are available as part of our online toolkit *School Health Works* at achealthyschools.org/schoolhealthworks

Center for Healthy Schools and Communities
www.achealthyschools.org

CENTER
FOR HEALTHY
SCHOOLS AND
COMMUNITIES

Training

Crafting an Elevator Speech Activity

COST

Be ready to succinctly explain the purpose and value of COST with a well structured pitch!

Exercise 1

60-Second Version

Hi, I wanted to talk to you about the new Coordination of Services Team, or COST, that we are starting.

COST is (1-2 sentence description of COST) _____ _____

_____

_____

It will help us achieve (school/person's goal) _____

_____

by (1-2 sentences about benefits or needs that are being met) _____

_____

_____

_____

If you are having trouble getting started, try building from one of these lead-in sentences:

- COST improves student achievement by reducing barriers to learning.
- COST is a one-stop shop for getting your students the resources they need.
- COST works as a team to link students to academic, health, and family supports.
- COST is a way to make sure that all students have access to the supports and opportunities they need to be successful.
- COST is a new structure for coordinating the resources we have on campus and in the community to ensure that students, families, and teachers have the support they need.
- COST is bigger than the sum of its parts – we can make an impact together that we could never achieve individually.

Exercise 2

Two or Three Minute Version

1. Introduce yourself and use your quick description from the previous exercise.

2. Intriguing Opening
Get their attention with an interesting and relevant fact.

Example 1: Students at [school] are three times more likely to have asthma than students at the school one mile away. Do you know how much classroom time is lost because of that?

Example 2: On a given day, we have over 20 community partners on campus providing services to our students and families, including dental visits, dance classes, GED classes for parents, and more. And yet, currently, most of those resources operate in their own silos.

3. Why COST?
Explain briefly how COST is effective and an absolute necessity for the school.

Example: Through COST, we are able to support student success by looking at the full range of a student's needs. When students come to school well-fed, healthy, and with supportive relationships, they are going to be successful in the classroom and beyond.

4. Ask for Support
What do you want the person to do? Whether it's join COST or refer students, make sure you ask for concrete support at the end of your pitch.

_____

_____

_____

_____

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_____

_____

_____

COST Mock Scenario Activity

COST

Opening Scenario

James is a 17-year-old senior in high school. He never met his father and he was taken from his mother and placed in foster care when he was seven. James has been living with his adult foster brother who serves as his guardian, and is his only family. James' foster brother passes away unexpectedly in the middle of James' senior year. James is grieving, and has also become homeless. He has no income, no reliable food source, and no medical coverage. James goes to you, the School Counselor and COST leader/member, for support. What do you do?

COST Team Members

- Principal
- School Counselor
- College Counselor
- Parent Liaison
- School Nurse
- Resource Teacher
- Mental Health Clinician (CBO)
- Afterschool Program Coordinator

Present Referral to COST Team

Strengths

- Academically achieving – has a 3.2 GPA and is enrolled in advanced placement classes
- Motivated – he wants to graduate and go to college
- Social – he has friends
- He understands how to move in different contexts – code switching

Issues

- No family or support system
- Grief and loss
- Responsibe for a burial service
- Homeless
- Food instability
- No medical care
- Needs a job
- Wants to go to college, has a 3.2 GPA, but he is missing math credits for graduation
- Can't afford college

What Really Happened to James

After checking in with James, the COST Coordinator worked with the rest of the COST members to organize and take the following actions:

- The parent liaison helped find shelter for James, took him to the food bank, and helped him sign up for food stamps.
- The COST Coordinator and parent liaison contacted charities and church groups to pay for the burial service.
- The counselor provided therapy, and also worked with James on job searching and interviewing skills to help him be self-reliant.
- The nurse and the nutritionist provided nutritional and wellness support.
- The Health Center practitioners on campus signed James up for long-term medical care.
- The Coordinator, along with the college counselor and the assistant principal made sure that James had all the credits needed to graduate, take his SATs, and apply for college.

Upon graduation, James was accepted to a university with free room and board. He is majoring in broadcasting. He got a full-time job and a part-time job. He told the COST Coordinator that he felt proud that he was able to build a support system around himself and that he was ready to turn a new page in his life. As for the COST members, they feel they never could have made such an impact without working collectively.

Community Functioning Evaluation

COST

School-Aged Youth Version

Date Form Completed:	Client Name:	Gender:
Assessment Type: ○ Initial ○ End of School Year or 6 mos. review ○Discharge	Date of Birth: MM/DD/YY	Ethnicity:
Source of Information (check all that apply): ○ Parent/caregiver ○ Client ○ School staff ○ Other	Client ID #:	

OBSERVED STRENGTHS   Rating Scale: 0=Not True; 1=A little True; 2=True; 3=Very True

	0	1	2	3		0	1	2	3
Has positive relationships with adults	○	○	○	○	Is hopeful and optimistic about his/her future	○	○	○	○
Shows empathy, sensitivity and friendship skills	○	○	○	○	Expresses emotions (joy, anger, sadness, etc.) in healthy ways	○	○	○	○
Interacts positively with peers	○	○	○	○	Accepts and takes responsibility for actions	○	○	○	○
Resists negative peer pressure and dangerous situations	○	○	○	○	Welcomes opportunities to participate in structured activities	○	○	○	○
Thinks about decisions; can plan ahead and make choices	○	○	○	○	Motivated to do well in school	○	○	○	○
					Seeks help from adults and/or peers	○	○	○	○

PRESENTING CONCERNS   Rating Scale: 0=No problem; 1=Mild; 2=Moderate; 3=Severe Problem

ACADEMIC FUNCTIONING	0	1	2	3	EMOTIONAL & BEHAVIORAL FUNCTIONING	0	1	2	3
Attendance (truancy/tardy)	○	○	○	○	Anxiety/nervousness	○	○	○	○
Classroom behavior-acting out/defiant (externalized)	○	○	○	○	Concentration/attention span/focus	○	○	○	○
Classroom behavior–withdrawn (internalized)	○	○	○	○	Delusions/hallucinations	○	○	○	○
					Depression/sadness	○	○	○	○
					Hyperactivity	○	○	○	○
Disciplinary referrals (i.e. office referrals, suspensions)	○	○	○	○	Impulsivity	○	○	○	○
					Obsessions/compulsions	○	○	○	○
Academic skills	○	○	○	○	Oppositionality/defiance	○	○	○	○
Homework/academic motivation	○	○	○	○	Self-esteem/self-worth/self-image	○	○	○	○
SOCIAL RELATIONSHIPS					Self-injury/mutilation	○	○	○	○
Gang affiliation/involvement	○	○	○	○	Substance use/abuse (student)	○	○	○	○
Peer conflicts/difficulties	○	○	○	○	Suicidal ideation/attempt	○	○	○	○
Social skills/communication	○	○	○	○	Verbal abuse/aggression	○	○	○	○
Violates boundaries	○	○	○	○	Violent/harassment behaviors/assaultive	○	○	○	○
Experiencing challenges with sexual health, sexuality and/or gender	○	○	○	○	**HEALTH/BASIC NEEDS**				
EXPOSURE					Adequate sleep	○	○	○	○
Grief/loss/separation/bereavement	○	○	○	○	Basic needs (food/housing/transportation)	○	○	○	○
Immigration/legal status	○	○	○	○	Health issues (stomach/headaches/other)	○	○	○	○
Child abuse or neglect (victim)	○	○	○	○	Nutrition/eating habits	○	○	○	○
Community or domestic violence (witness/victim/perpetrator)	○	○	○	○	**LIVING ARRANGEMENTS & FAMILY FUNCTIONING**				
Unsafe neighborhood and/or school environment	○	○	○	○	Family economic situation	○	○	○	○
Other traumatizing experience or event	○	○	○	○	Parent/caregiver-child relationship	○	○	○	○
					Parent/caregiver mental health/subst. abuse	○	○	○	○
Have original symptoms decreased since intake? ○ Yes ○ No					Parent/caregiver physical health	○	○	○	○
					Stable home environment	○	○	○	○

Provider Name

Staff Number

Confidentiality Statement

I understand and agree that all information revealed to me in the course of my participation in the [insert school name] School Coordination of Services Team is strictly confidential. I agree not to discuss any of this information with non-staff members, unless required to do so by law.

I understand and agree to keep the identities of individuals and families who come in contact with the [insert school name] Coordination of Services Team confidential from any person or entity not having clear legal authority to have such information. I will hold all such information confidential whether I gain this knowledge entirely, or only partially, from my participation in COST.

I understand that the members of the [insert school name] Coordination of Services Team, including staff and service providers, will come from different professional backgrounds. Each may have their own standards and rules governing the sharing and disclosure of information. I agree to hold any information that I receive to the legal standard of confidentiality that would be required of the person who shares the information with me, if that standard is greater than that required by my own profession.

_____

Print Name & Title

_____

Signature & Date

COST Meeting Agenda Samples

COST

Elementary School COST Agenda

Date (first and third Tuesday of the month): October 7, 2014

Time: 9:00 am – 10:15 am

Roles

Facilitator:

Timekeeper:

Note Taker:

Outcomes

1. Review and formalize the COST referral process.
2. Review the COST rubric to be completed before the next meeting.
3. Identify and discuss new referrals for students requiring support.

Agenda

Time	Topic	Action Required
9:00-9:05	**Welcome (5 min)** • Review agenda • Assign meeting roles	Information and decision on roles
9:05-9:10	**COST Referral Process (5 min)** • Give feedback on the COST referral form and process for next year	Discussion and feedback
9:10-9:25	**COST Rubric (15 min)** • Review and discuss COST rubric • Clarify the process for completion by next meeting	Discussion and feedback
9:25-10:10	**New Referrals (45 min)** • Discuss and strategize new referrals • Clarify the next steps and assign a point person for each referral	Discuss strategies and assign point people
10:10-10:15	**Reflection and Closing (5 min)** • Plus/delta • Identify any topics for the next meeting	Reflection

Team Agreements 2013-14			
1. Focus on services, not process or politics	2. Assume positive intent	3. Maintain confidentiality	4. Collaborate, support each other, and celebrate success

Middle School COST Agenda

Date (first and third Tuesday of the month): October 7, 2014

Time: 9:00 am – 10:15 am

Roles

Facilitator:

Timekeeper:

Note Taker:

Outcomes

1. Review expectations, norms, and roles for monthly COST meetings
2. Strategize supports for high priority students from across each member's caseload
3. Reflect on process and plan the next meeting

Agenda

1. **Welcome (15 min)**

   Facilitator/Presenter: Assistant Principal
   - Review meeting agenda
   - Review of COST objective and expectations
   - Revisit norms and roles

2. **Group Discussion of High Priority Students (50 min)**

   Facilitator/Presenter: each COST member presents one student
   - Present one student each from your respective caseloads that fall into either:
     – Academics
     – Attendance/absenteeism
     – Behavioral or physical health concerns
   - Sort by referral reason
   - Strategize and determine next steps

3. **Closing (10 min)**

   Facilitator/Presenter: Mental Health Clinician
   - Review next steps
   - Reflect on process
   - Identify agenda items for the next meeting

Team Agreements 2013-14			
1. Focus on services, not process or politics	2. Assume positive intent	3. Maintain confidentiality	4. Collaborate, support each other, and celebrate success

High School COST Agenda

Date (every Tuesday): October 7, 2014
Time: 9:00 am – 10:00 am

Roles

Facilitator:
Timekeeper:
Note Taker:

Outcomes

1. Review expectations, norms, and roles for monthly COST meetings
2. Strategize supports for high priority students from across each member's caseload
3. Reflect on process and plan the next meeting

Agenda

Time	Topic	Presenter
9:00-9:05	**Welcome (5 minutes)** • Review agenda • Quick check-in	COST Coordinator
9:05-9:45	**New Referrals – 10 minutes per student (40 minutes)** Four new referrals • Present referral, previous interventions, and student response • Strategize possible supports and services • Decide on an action plan – student interventions and team coordination • Set point person and follow-up date	COST Coordinator
9:45-9:55	**Follow-Up on Prior Referrals (10 minutes)** • Present original referral, COST interventions, current status, effectiveness of supports, and changing needs • Strategize and decide on an adjusted action plan • Close case or set next follow-up date	Point Person
9:55-10:00	**Closing (5 minutes)** • Reflections or announcements • Identify any topics for the next meeting	COST Coordinator

Team Agreements 2013-14			
1. Focus on services, not process or politics	2. Assume positive intent	3. Maintain confidentiality	4. Collaborate, support each other, and celebrate success

COST Referral Form

COST

NOTE: If you suspect Child Abuse or Neglect YOU MUST notify CPS at 510-259-1800

STUDENT INFORMATION:

Student Name	School	Grade	Date of Birth	Sex

Is the student aware that you are making this referral? O Yes   O No

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name	Relationship	Street Address	Zip Code

Home	Work	Cell	Other

Primary language spoken at home?

Has the family been informed that you are making this referral? O Yes   O No   If so, who?

REASONS FOR REFERRAL: CHECK ALL THAT APPLY

Academic/School Needs	Emotional/Behavioral Needs	Social Needs	Health/Basic Needs
O Attendance/truancy O Academic concerns O Behavior in classroom O Suspensions O Expulsions O Learning difficulties	O Anger management O Self esteem/self image/self worth O Possible depression feelings O Suicidal thoughts or feelings O Self-injury/mutilation/cutting O Possible ADHD/attention issues O Violence-related issues O Trauma/possible PTSD O Grief-related issue	O Parent/family/child relationships/conflicts O Dating/partner issue O Gender/sex identity issue O Sexualized behavior O Sexual harassment O Gang involvement O Child in foster care O Peer conflict/bullying	O Eating concerns O Substance abuse/use O Basic needs: food, shelter, clothing O Health issues: vision, dental, stomach, headaches, etc. O Sexual health issue O Health insurance

Please provide a brief description of the reason for referral:

_____

_____

_____

Please list the interventions already tried:

_____

_____

ADDITIONAL SERVICES

District Services	Community Services
Does student currently have, or has student been referred to: SST O Yes O No O Unsure Active IEP O Yes O No O Unsure Special Education Assessment O Yes O No O Unsure SARB O Yes O No O Unsure SART O Yes O No O Unsure DHP O Yes O No O Unsure	Is the student on probation? O Yes O No O Unsure To the best of your knowledge, is the student and/or the family working with anyone else on this issue? (for example, therapy, outside community provider) O Yes O No O Unsure If so, who?

REFERRED BY

Name	Title	Date	Referred To

COST Tracker: Referrals and Follow-Up

(Password Protected)

#	COST Team Referral Date	Prior COST Referral?	Last Name	First Name	SEX	D.O.B	Grade	Teacher	Insurance Status
			Background Information						
1	1/15/2015	No	Gil	T	F	4/15/2006	3	Ms. Kim	Full-Scope Medi-c
2	10/1/2014	No	Smith	P	M		10	Mr. Lee	Uninsured
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

Referral Information			
Referral Source	**Reason for Referral**	**Details (from referral form)**	**Prior Interventions Tried**
Ms. Kim	Absenteeism, Behavior	Missing or late every week Behavior in class (withdrawn or agressive) Possible depression Suspended twice this year	Call home no answer, change seating, take away recess
Academic Counselor	Suspension, Academic	Failing three classes Learning difficulties	Referral to school health center, tutoring

Plan for Support Services	Point Person	Services Received				
		Attendance Liaison	Afterschool Program	Counseling	Parent Outreach	Mentoring
Parent liaison reach out to mom, possible counseling and attendance liaison	*Parent Liaison*	*1/24/2015*		*Pending*	*1/22/2015*	
SHC outreach to student, SST	*Acad Counselor*		*11/1/2014*	*Opened 12/4/2014*		*On List*

School Health Center	SST	Follow-Up		
		COST Meeting Date	Case Closed Date	Next Steps
		2/18/2015		
10/8/2014		12/6/2014		Follow-up on mentoring spring break credit recovery

Referral Follow-Up

COST

Name of Student Referred: _____

Referred by: _____

Thank you for the COST Team referral. Here is the current status:

☐ We need more information before the referral can go to the team.

_____ will follow up to schedule a brief meeting with you.

☐ The referral will be reviewed by COST on _____.

☐ We met with the student and have identified urgent needs. Their temporary case manager, _____, will follow-up with you within 2-3 days.

I'm available if you have any questions in the meantime.

Thank you,

_____   _____
 Name   Date

Referral Follow-Up

COST

Name of Student Referred: _____

Referred by: _____

Thank you for the COST Team referral. Here is the current status:

☐ We need more information before the referral can go to the team.

_____ will follow-up to schedule a brief meeting with you.

☐ The referral will be reviewed by COST on _____.

☐ We met with the student and have identified urgent needs. Their temporary case manager, _____, will follow-up with you within 2-3 days.

I'm available if you have any questions in the meantime.

Thank you,

_____   _____
 Name   Date

COST Rubric

COST

	N/A 0	Beginning 1	Developing 2	Accomplished 3	Exemplary 4	Score
#1. COST team has representation from all of the support services at the site.		Team includes service.	**All previous and:** Team includes some service providers (for example, social/emotional) and school administration.	**All previous and:** Team includes some service providers, school administration and staff, and some academic supports.	**All previous and:** Team includes both academic and social service providers, school administration and staff (regular education, special education, counselors, ect.)	
#2. COST meetings are well run and address a broad range of student issues.		• Team meets at a regularly scheduled time. • A clear agenda is set.	• Meetings include follow-up from the last meeting. • A range of issues for students are addressed. • There is a sense of collaboration at the meetings.	Meetings include a range of needs from early intervention to intense intervention (may include referrals for behavioral interventions, academic supports, health resources, SSTs, attendance, 504s, suspensions, etc.)	Meetings involve some discussion of themes arising from referrals (for example, a need for school climate work, issues of equity at the site, more writing support for 11th graders, bullying issues, etc.)	
#3. COST process is understood and utilized by the school community.		• Team members make referrals and understand the role of COST. • COST is a point of entry for some support services.	• School staff understands COST and makes referrals. • COST is the main point of entry for most ongoing (non-crisis) support services.	• Students and families utilize the COST process to access supports. • COST is the point of entry for all academic and nonacademic support services.	The community at large understands COST, makes referrals, and provides feedback on the process and team.	
#4. COST is an effective system for referrals to support services.		Some services get referrals through COST.	• Academic, behavioral, and other health supports get referrals through COST. • A point person is identified for each referral. • Referrals are generated by school staff in many roles (classified, teachers, administration, etc.)	• Clear criteria is set for referrals (for example, Tier 1 instruction is in place, two suspensions, SARB referral, outreach to family has been attempted, etc.) • Referrals link to appropriate services with a strong loop for follow-up in place. • Referrals are tracked over a short and long term. • Referrals are generated by students and families.	Referrals for offsite services are strongly linked to COST.	

	N/A 0	Beginning 1	Developing 2	Accomplished 3	Exemplary 4	Score
#5. We have a system for tracking referrals and documenting student progress.		We have a running list of students referred.	We have a list of the interventions we are doing with students.	• Our documentation includes interventions over time and tracks progress related to our interventions. • Documentation is easily accessible for those who need it.	What we are tracking relates to student, school, and district goals.	
#6. The whole school community knows the range of services available at our school.		We have an inventory of services onsite.	• Inventory includes a time/place for services. • Inventory is distributed to school staff.	The inventory of services is distributed broadly to the school community and the community understands how to access it.	School community provides feedback on the services available and collaborates.	
#7. We regularly incorporate student data into our COST referral process, using student data to identify needs and track progress.		We include basic interventions or supports already in place that are related to the initial referral.	We incorporate baseline student data into our initial referral process (for example, attendance reports, discipline referrals, past grade reports, past SSTs, etc.)	We track the impact of the referrals made through COST in relation to the reason the referral was made (for example, behavior referral – the behavior improved. Need for 504 plan – 504 plan written and implemented).	• We track the impact of the referrals made through COST in relation to academic achievement (for example, behavior referral over time, improved attendance, fewer discipline referrals, improved academics). • We share COST data and outcomes regularly with our community (staff, parents, student groups, etc.)	
#8. We utilize data from COST referrals to identify and increase the supports needed.		When we do not have needed services onsite we make referrals offsite.	We use COST data to identify gaps in resources.	• We reach out to additional resource providers to offer services at our site. • New providers understand our COST process and participate regularly.	We monitor how our resources are meeting our school community needs in a standardized and regular way.	

	N/A 0	Beginning 1	Developing 2	Accomplished 3	Exemplary 4	Score
#9. Community service providers are an integrated part of our school community.		• Service providers understand our basic school culture, how to sign in, where to go when they arrive, etc. • Service providers attend school-wide and other related events.	• Service providers attend COST meetings and receive referrals. • Providers are included in SSTs, etc., when relevant and possible, and are made aware of cancellations.	• Service providers actively participate in COST by offering suggestions, resources, and taking referrals. • Providers are given an orientation to our school/district goals and they understand how their work fits into our strategic plan. • Providers are regularly included in all staff communication.	Service providers regularly check in on how they fit into the larger view for our site (school improvement plan, school climate work, academic achievement, etc.)	

Notes:

Each level builds on characteristics of the previous category:

- *"Developing" includes all characteristics of "Beginning" + "Developing."*
- *"Accomplished" includes all characteristics of "Developing" + "Beginning" + "Accomplished."*
- *"Exemplary" includes all characteristics of "Developing" + "Beginning" + "Accomplished" + "Exemplary."*

Service providers/resources refers to all resources, both academic and nonacademic.

COST Tracking:
Student Contact and Coordination

COST

STUDENT NAME: Johnny T.   **GRADE:** 12TH

Directions: COST leaders will share this document with all COST members who have been referred to the student's case at the COST meetings. Each staff member should individually record all dates of contact with the student, as well as all dates when they met with other COST members to discuss case coordination. COST leaders also have viewing access to this document and will check periodically to track the progress of coordination.

COST COORDINATOR COMPLETES		ASSIGNED STAFF COMPLETE	
Referred By	**Referred To**	**Dates of Contact & COST Member Name**	**Dates of coordination by COST Members & Names**
Ms. Martin	Nurse Jones	Nurse J, 12/7/12	Nurse J & Mr. Smith, 12/18/12	
	Mr. Smith	Mr. Smith, 12/8/12		
		Mr. Smith, 12/9/12		
		Mr. Smith 12/12/12		
		Nurse J. 12/17/12		

About Us

The profound and persistent health and educational inequities in this country require innovative and collaborative solutions. Far too many communities suffer from poor outcomes due to an absence of supports and resources, or "opportunity structures," that enable children and families to thrive, such as quality schools, accessible health care, and economic opportunity. It is the leadership charge of the public sector to address these inequities by carefully targeting resources and supporting the voices of young people and their families. The Center for Healthy Schools and Communities is part of Alameda County Health Care Services Agency's answer to that charge – working across sectors to build School Health Initiatives that ensure all youth graduate from high school healthy and ready for college and careers.

COST

COORDINATION OF SERVICES TEAM **TOOLKIT**

School Health Works

CHSC's School Health Works website offers resources and tools for health and education leaders to build school health initiatives that transform public systems and support all children so they can thrive.

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