

Coordination of  
Services Team (COST)

# COST Tip Sheets



# 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.





# 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.





# Standing Agenda Items for COST Meetings

## 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

# About Us

As part of Alameda County Health Care Services Agency, the Center for Healthy Schools and Communities (CHSC) has worked for over 20 years with school districts, community partners, youth, families, and policymakers to build school health initiatives that create equitable conditions for health and learning. Together we have developed 28 school health centers, expanded behavioral health supports to over 190 schools, built and lead operations of the REACH Ashland Youth Center, supported youth wellness and family partnership initiatives, and implemented targeted equity strategies for youth furthest from opportunity. Our school health programs and partnerships address urgent health and education inequities and create opportunities for all young people to cultivate their strengths, resiliency, and promise. We focus on supporting the physical health of students – knowing that students can't learn if they are sick, hungry, or absent from school. But we also focus on other aspects of wellness that youth and families need to thrive: social, emotional, spiritual, intellectual, environmental, and occupational. For more information about CHSC's work, please visit our website at [achealthyschools.org](https://achealthyschools.org)



## How It Works

Look for the School Health Works icon anywhere on the CHSC website to find resources, tools, guides, and videos to help health and education leaders to build school health initiatives.

[achealthyschools.org/resources](https://achealthyschools.org/resources)