HEALTHY MINDS
PARTNERSHIP ROADMAP

A guide for schools looking to increase access to specialty behavioral health services for students and families.

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EXECUTIVE SUMMARY

Purpose

The purpose of this document and supporting materials is to help communities across Idaho jump start partnerships between schools and specialty behavioral health providers to increase access to services. We have taken lessons learned from several school partnerships in the Treasure Valley and have done our best to share candid observations, tips/tricks, and helpful resources from our work. Our hope is that your community can take this information to meet the needs of your students and families.

Partnership

This guide is designed to highlight opportunities to partner between schools and specialty behavioral health providers. We recognize that there are many other types of partnerships that can help address provider shortage and access issues in behavioral health. We have decided to shine a spotlight on this approach as we push further upstream to give people the tools to cope with mental health and substance use issues earlier in their lives.

We cannot emphasize the value of partnership and collaboration enough. As you read and work through this roadmap, please consider your partners and how we can all do better in serving the needs of students and families by working together.

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BACKGROUND

The Need

You probably don't have to go much further than a school administrator or counselor's office to understand that there is an access issue for youth behavioral health clinical services. We know that so many schools are stretched too thin by trying to manage the crisis and ongoing support needs of students, not to mention the related impact on performance, behavioral disruptions, and family life. It is also clear that the entire state of Idaho struggles to meet the mental health and substance use treatment needs of communities. In fact, the entire state is considered a shortage area for behavioral health providers. With the stress on schools, the lack of appointments for external agencies, and transportation issues for students, it is no wonder that many children and young adults go without the specialty behavioral health services that they desperately need.

On the other hand, students who do access specialty behavioral health services may have to be pulled out of school for a half-day each week while their parents must miss work or other obligations to take them to appointments. Neither situation is ideal and points to the need for new and innovative solutions.

The Process

In the Fall of 2016, the Behavioral Health Integration Workgroup of the Southwest Health Collaborative began exploring opportunities to increase access to behavioral health services for children and youth. Inspired by innovative partnerships in the area, with an emphasis on a novel program developed by Terry Reilly Health Services for the Caldwell School District, the group sought to assist additional local schools in program development and evaluation to document the process for other schools across the state. This included everything from interviews with key program personnel to meeting observations to review of documents generated through the partnership.

The Result

The information captured from this work has been distilled into the **Healthy Minds Partnership Roadmap.**

It is a roadmap for you and your community to work together to address the needs of students. Please note that this will not replace your obligation for services identified in an IEP, but based on our work with various schools, this option can be a crucial tool in your work to enhance the lives of students and staff by supporting their intellectual and behavioral growth and health.

QUICK REFERENCE GUIDE

We know that health does not just happen in a doctor's office and that one of today's biggest concerns is youth behavioral health. In fact, many teachers, counselors and school staff report that today's students display symptoms of mental, behavioral, and developmental disorders. To provide better care for students and improve health outcomes, the **Healthy Minds Partnership Roadmap** provides details to help schools/school districts build partnerships with specialty behavioral health providers to meet students where they are and not just in a doctor's office.

KEY COMPONENTS OF A SUCCESSFUL SCHOOL – SPECIALTY BEHAVIORAL HEALTH PROVIDER PARTNERSHIP:

- Commit school leadership time to develop the partnership
- Pick the right specialty behavioral health provider/agency as a partner
- Talk through details early and often (space, resources, technology, referrals, communication flow, consent to treat, etc.)
- Set clear expectations for the specialty behavioral health provider about their role as a service provider in a school setting
- Schedule regular meetings between leadership and specialty behavioral health provider to coordinate care of students

The table on the following page acts as a quick reference to help your school/ school district develop key partnerships to improve the health outcomes of students.

***Refer to the complete HEALTHY MINDS PARTNERSHIP ROADMAP for more information on each step.**

TIMELINE	ACTIVITY	KEY STAKEHOLDERS	ACTION ITEMS
6 months before services are to be implemented	**READINESS** Determining where to begin: • Asking key questions • Establishing a time frame	• **School lead**	• **Complete "Readiness Worksheet for School Teams"** to review availability and support of key staff at the school and district level
4 months before services are to be implemented	**PLANNING** • Picking your specialty behavioral health provider partner	• **School lead** • **School counselors** • **School administration** • **Specialty behavioral health provider**	• **Review the differences** between various types of providers • **Conduct interviews** with specialty behavioral health providers • **Plan to meet monthly** with the specialty behavioral health provider team to co-design the program
3 months before services are to be implemented	**WORKING TOGETHER FOR STUDENTS** • Developing agreements • Establishing workflows • Working through logistics such as summer coverage, staffing, and communication	• **School lead** • **School counselors** • **School administration** • **Specialty behavioral health provider**	• **Develop Memorandum of Understanding** • **Create clear workflows** for successful partnership • **Determine youth behavioral health provider access** to school space and resources • **Set expectations** for crisis situations • **Create schedule** for students to see provider • **Develop a consent packet/paperwork** • **Discuss how students are identified** for services • **Plan a weekly "huddle"** • **Discuss how to access and leverage data** • **Develop and share a communication guide**
2 months before services are to be implemented	**SPECIALTY BEHAVIORAL HEALTH CONSIDERATIONS** • Reimbursement • Collaboration • Documentation • Staffing	• **School lead** • **School counselors** • **School administration** • **Specialty behavioral health provider**	• **Determine billing flow** at the beginning • **Establish expectations** regarding consent and referral routing • **Refine details** around space, technology, office equipment, and referrals • **Consider saving 5-10% of youth behavioral health provider time** to deliver pro-bono services
Meet **2-3 times per semester** in the first year	**EVALUATION** • Tracking your data	• **School lead** • **Specialty behavioral health provider**	• **Review metrics** for program evaluation regularly • **Communicate** about what is going well and what can be improved at regular intervals

READINESS

Key Questions

We know that youth behavioral health is a priority for many schools and communities across Idaho. However, before embarking on a journey to create a partnership with behavioral health, there are several key questions that you must address with your leadership and staff. Please take time to think about the questions/issues below. The appendix includes a worksheet to aid in the initial planning discussions *(Appendix A: Readiness Worksheet)*.

"One of our students had avoided school regardless of the supports that were put into place. This year [with specialty behavioral health services], his attendance has improved significantly. The referrals for behavior are of a different nature also. In the past, the issues were of disrespect and outward behavior toward other students. Now they are about work avoidance. Increased attendance and more appropriate behavior are steps in the right direction."

— LOCAL MIDDLE SCHOOL PRINCIPAL

DO YOU HAVE SUPPORT FROM YOUR SCHOOL DISTRICT LEADERSHIP, SCHOOL LEADERSHIP, AND COUNSELING PROGRAMS?

Before introducing behavioral health services in a school setting, carefully consider the impact on the schools and have several conversations about roles, responsibilities, and any potential feelings of being displaced. This allows school counselors to be part of the planning process and consider the support needed to better serve students. In addition, establishing a partnership requires close coordination and collaboration between both district administrators and school leadership (deans, principals, etc). Consequently, it is crucial that school counselors, district administration, and school leadership are "on board."

DO YOU HAVE THE SPACE TO HOST A PROVIDER?

This may seem like it is too much detail early in the process, but it can be a major stumbling block later. A provider needs a private space to see students and clients that is quiet but also not completely isolated from other staff for safety and liability issues. This means that administrative offices, repurposed classrooms, or converted library offices may be good fits. Stand-alone mobiles or outbuildings without regular traffic from the school are not good options.

WHAT IS THE ANTICIPATED SERVICE VOLUME?

When you start working with your behavioral health partners, you want to have a sense of how many hours/staff you'll need from them. In our experience, services tend to fill up quickly. We've detailed examples for full caseloads/staffing below:

- Elementary school (Spring 2017): 1 FTE social worker took one month to get to full caseload in a school of 500
- High school (Fall 2018): 1 FTE social worker took about three weeks to get to a full caseload in a school of 1,400

WHO ON YOUR TEAM WILL BE THE LEAD? WHO ELSE NEEDS TO BE ON YOUR CORE PLANNING TEAM?

It is important to identify a primary contact who will help manage logistics, scheduling, and be the "point person" as questions arise. This lead will interface with the program manager from the behavioral health agency. If you are looking to pilot and then expand to other schools, it may be ideal to identify someone with a district level position (counseling director, executive director, etc). However, a principal or school counselor may be a good option if they have the bandwidth to assist in transition to other schools.

DO YOU WANT TO FOCUS ON STUDENTS OR THE BROADER COMMUNITY?

You can consider adding on-site services for students exclusively or expanding specialty behavioral health services access to families or community members. Communities where there may be limited behavioral health services in general may benefit from expanding access, but you will then need to consider student safety and security.

Time Frames

You can implement any time. Some schools have chosen to use the start of the school year as their service start, while others have started mid-year. Regardless of when you choose to start, if your school district is new to this work, give yourself **4-6 months** to plan. That may seem like a lot of time, but we know that you have many other responsibilities and navigating this new terrain can take some time.

FALL START	MID-YEAR START
+ More time over the summer to meet/test workflows	+ Ability to test/see space while school is in session
+ Good access to parents and students at registration	+ School staff are not off for the summer during planning
− Busy start of the school year means referrals may not pick up as fast	− More difficult to plan/make time during normal school operations
− Not all relevant project staff may be available over the summer to provide assistance	− Potentially less access to parents

PLANNING

Picking Your Behavioral Health Partner

Depending on the size of your community, there may be many local specialty behavioral health providers... or just a handful. It is possible that you have an individual or agency in mind that you would like to work with, however we recommend interviewing several providers and/or agencies if at all possible. An example of a request for applications is included in the appendix *(Appendix B: "Request for Applications" Announcement).* You can customize these based on your school district's needs. The announcement requesting a specialty behavioral health provider at school can be distributed through your local behavioral health boards or counselor referral channels.

THE INTERVIEWS

At minimum, a practice administrator (program manager, clinic manager, etc.) should attend the interview. They will be able to answer questions about logistics, billing, agreements, timeline, etc. If the behavioral health agency has someone in mind for the clinician role, it is ideal to have that person attend the interview as well. However, many agencies will need to hire someone to fill the position. If you have a staff member or someone else that you think would be a good fit, please make recommendations. One school that we worked with made a hiring recommendation to their partnering agency and it has been a perfect match.

Consider who you would like to have from your team at your interviews. Plan to include the program lead and at least one representative from the school(s) where the services will be introduced. This may be a counselor, dean, or principal.

Ask questions about capacity to add services, timelines, and performance expectations. To streamline the process, make sure that this is a good fit up front. You may also want to have a discussion about the provider's capacity to provide pro-bono or reduced fee services. Sample interview questions are included in the appendix *(Appendix C: Interview Questions).*

DIFFERENT TYPES OF PROVIDERS

Federally Qualified Health Centers

Key Features FQHCs are comprehensive clinics that have special state and federal recognition. FQHCs have a unique role in their local neighborhoods. They are tasked with serving underserved populations.

This is most evidently reflected in their reimbursement model and their staffing models. The reimbursement model makes it easier to have increased availability while a program is building. The staffing model makes it easier to provide culturally appropriate services to

diverse populations. They are eligible for grants and other awards which can provide alternative funding options.

Private Specialty Behavioral Health Agencies

Private specialty behavioral health agencies, including both non-profit and for-profit organizations, typically deliver mental health and substance use services in a community. These may be large agencies with a regional or statewide presence or smaller, more local companies.

Key Features Private for-profit or non-profit agencies are businesses that provide various amounts of specialty behavioral health services. They can be very large with lots of locations and staff or small with one office and just a few staff.

For-Profit Agencies can often more quickly staff up or respond to opportunities as their owner(s) can quickly make decisions. They have reimbursement arrangements that pay when a service is provided. This can allow for a quick increase in staff when needed but can reduce their availability when a service program is just starting.

Not-for-Profit Agencies operate from a community mission perspective. They are eligible for grants and other awards, which can provide alternative funding options. They have reimbursement arrangements that pay when a service is provided. This can allow for a quick increase in staff when needed but can reduce their availability when a service program is just starting.

Yes... Another Meeting

We would recommend meeting at least once a month for four months before implementing the services. A monthly in-person meeting is in addition to site visits to the schools, interviews, and frequent email communication. The monthly meeting will allow you and your behavioral health partner to co-design your program, develop rapport and comfort between school staff (administrators and counselors) and the behavioral health provider, and address issues that may arise. Also, depending on your district or your partner agency's process for routing and review of business agreements, it may take nearly that long to put something in place.

WHO TO INCLUDE

For the most part, include the same people in your meetings as you did in your initial planning:

- School counselors
- School administrators
- District administrators (as needed)
  **Some district level staff want to be involved in planning meetings and others may not. Do what feels comfortable to you and your group.*

From the behavioral health agency, plan to include:

- The behavioral health provider that will be working at the school
- An administrator or program manager that will be supervising program implementation

Ensure that someone in leadership from both agencies — with the ability to make decisions — joins for the first few meetings. This will allow you to be more active and flexible instead of waiting to check with supervisors to make changes.

Lastly, if there is anyone in neighboring communities that has done similar work before, try to have them join you for the first meeting or two. You will likely save yourself some time with their direction and experience.

WORKING TOGETHER FOR STUDENTS

Agreements

Both the school and the behavioral health agency rely on each other for close coordination and collaboration. An agreement will help you better understand expectations for your relationship as you move forward. An example of a memorandum of understanding is provided in the appendix *(Appendix D: Memorandum of Understanding)*. These agreements should cover the following areas:

- Information exchange
- Space agreement
- Performance measures (if any)
- Crisis services for students
- Responsibilities for obtaining consent and completing necessary paperwork
- Any pro-bono or in-kind services
- Technology or security requirements
- Review timelines

Workflows

The school team and the behavioral health team will be working together very closely. This is especially true for the school counselor, the specialty behavioral health provider, and any school administrators who manage behavioral issues. Being clear about how you want workflows to go will make the partnership much better. A workflow example is provided in the appendix *(Appendix E: Workflow)*.

Don't just form the partnership and expect services to fall into place. While building these workflows should be intentional, be flexible and communicate about what needs to change to better serve students. It may be worth developing a procedure manual as the services expand to more schools in your community or as your site is established to make sure that there is consistency and continuity.

ACCESS TO BUILDING AND SERVICES

It is important to work together to identify what type of access the behavioral health provider will have to the school space. This will dictate service hours and ability of the clinician to manage contact hours. It should also be clear whether the clinician will be treated as a part of the school team. Does he or she have a school badge? Is he or she on the school email distribution list for important announcements? Is he or she included in staff trainings or school events like pep rallies? Who does the provider notify when they are sick and will not be coming in?

CRISIS SITUATIONS

Be clear on what you expect the specialty behavioral health provider, the school counselor, and the administration to do in the case of a crisis. This includes suicidal ideation, violence, and abuse (both on campus and off campus, outside of school day, etc). We know that these can be incredibly high stress situations for everyone involved. Talking about them ahead of time will help everyone know their role. Understand that a specialty behavioral health provider from an outside agency may have different expectations of what they should do in these situations. This may or may not work for your team. Talk about it and work together to maximize your resources to better assist the student in need.

INCLUDING GUARDIANS AND FAMILY

Schools and behavioral health agencies understand that while working with children and young adults, you also must engage guardians and family. However, not being clear on who manages communication, outreach, and engagement with a student's support system could cause confusion due to over or under communication. Make sure you talk about who calls home in what situations, and what information gets shared when families are involved in student treatment and support.

PULLING STUDENTS OUT OF CLASS

You will want to talk about your staff's preference for scheduling student specialty behavioral health services. Should appointment times be shifted so that students are not missing the same class in middle and high schools? Should you schedule the same appointment time each week for consistency for the student? You may want to include teachers in this discussion as well as any support staff that may be running hall passes. They may have important insights into the logistics of pulling a student out of class and instructional needs for the students you serve.

"We have made a decision that services make such a significant difference for our students that they take priority. Our clinician works to vary which classes students are pulled from weekly. The intent is not to pull from the same classes routinely."

— LOCAL MIDDLE SCHOOL PRINCIPAL

GETTING CONSENT TO TREAT

When you do identify a student who needs services, it is important to discuss what documentation your specialty behavioral health provider may need to begin treatment. Releases for treatment and consents will need to be signed by the guardian. Be clear about who is primarily responsible for getting this paperwork to the guardian and following up. An example consent packet and referral workflow are included in the appendix *(Appendix F: Consent Packet and Appendix E: Workflow).*

REFERRALS

Talk with your team about how students are identified for specialty behavioral health services. Who should be making referrals from the school team? Will you accept outside referrals (e.g. from a primary care provider)?

Talk to the specialty behavioral health provider/agency about what they need from your team to appropriately engage the student to start. What about other students who are already seen by the provider or will be in the future? Review the list of different types of referrals below and discuss how you will manage each:

1. **Medical Providers:** One community has started distributing a contact list for partnerships in their area to local pediatric and family practice clinics. This way, if they see a child who needs behavioral health support, they can call the right person at the agency to get them connected to services. An example contact list is included in the appendix *(Appendix G: Pediatric Referral Sheet).*
2. **School Referrals:** Administrators, school counselors and school social workers identify students who would likely benefit from specialty behavioral health services. Oftentimes, that referral starts with teacher concerns. Once identified, the school administrator, school counselor or social worker talks with the student to determine if they are interested in the services. Parent contact is made prior to sending an information packet home with the student so the parent is not caught off-guard by the paperwork.

3. **Self-referrals:** As the word gets out, you may receive emails from students or notes asking if they can be seen by the specialty behavioral health provider. Some students are 18 years old and able to sign the consent for treatment on their own, so the school counselor or social worker can help them complete the paperwork. If the student is a minor and seeking self-referral, the need for consent from guardians is discussed.

Be sure to discuss the best way to communicate with the student when a referral is made so that they understand the connection.

ASSESSING NEEDS

Student support needs may shift over time, whether that is week-to-week or month-to-month. Think about how you will provide opportunities for your school counselor and the specialty behavioral health provider to coordinate around students who may need to be seen right away, those who are doing better, or when families may need to get involved. One successful model has been to plan a weekly "huddle" between the school counselor and specialty behavioral health provider to review the caseload and look for any opportunities to enhance appropriate access to services for students.

SCHOOL DATA FOR TREATMENT

Think about how you can work with a specialty behavioral health provider to get permission to share disciplinary, attendance and academic performance data to help better understand students' goals and needs. You could generate a release for guardians to voluntarily sign or allow the students to voluntarily share their progress. Engagement with the school may be one of the targets for specialty behavioral health providers to indicate how students are doing. With this information, the behavioral health provider may be better able to align goals for the school, student, and family.

Summertime

Come up with a plan for summer as early as possible. Just because students are on break it does not mean that their behavioral health needs are also on break. Whether it is working in a summer school site, setting up transportation, or designing other creative solutions to connect students to the specialty behavioral health services, make sure you talk about how to work together over the summer. This will likely mean different solutions for elementary, middle, and high school levels. Don't just think about resources with the school or behavioral health provider, look to community resources to come up with a plan.

For example, some schools may work with the summer school program to host group therapy sessions or accommodate individual therapy. Other schools may opt to work with specialty behavioral health providers to schedule transportation through Medicaid or another funding source. In Idaho, Medicaid provides non-emergency medical transport to help patients get to their appointments. Finally, this may be the perfect time to engage with parents by hosting family sessions or group parenting classes while students are also receiving services. This helps overcome the transportation barrier and helps connect with the family as a whole.

"Through this partnership, we have seen a young lady establish a positive relationship with an adult on our campus. This has allowed her a voice that she had not had prior. Her grades have gone from all failing to passing. She is utilizing the clinician to work with administration to support her. The turnaround has been significant."

— LOCAL MIDDLE SCHOOL PRINCIPAL

Staffing Coverage

Your team and students will hopefully develop a very close relationship with the behavioral health provider. This is the goal of fostering this partnership, but it can mean that there is a vacuum when the specialty behavioral health provider is not there either short-term or long-term. Come up with an agreement with the specialty behavioral health provider for coverage and communication to students when the provider is out. This includes sick time and vacation as well as vacancies in the position. Continuity of services is essential for students, so make a plan that ensures support of the specialty youth behavioral health provider.

Communication

We recommend developing a communication guide for everyone's reference. In the partnership between schools and specialty behavioral health providers, it may be challenging to know who to contact if an issue arises or if you have a question, especially if you have multiple contacts for administrative issues, clinical issues, and referrals.

Example:

FOR QUESTIONS ABOUT…	CONTACT
School facility issues	Name, phone number, e-mail & work hours
Coordinating the provider's schedules	Name, phone number, e-mail & work hours
New referrals	Name, phone number, e-mail & work hours
Behavioral health program administration	Name, phone number, e-mail & work hours
School program administration	Name, phone number, e-mail & work hours
School counselor contact	Name, phone number, e-mail & work hours
Behavioral health provider contact	Name, phone number, e-mail & work hours

INFORMATION FOR SPECIALTY BEHAVIORAL HEALTH PROVIDERS

Reimbursement

At new service locations, it is difficult — even impossible — to deliver sustainable services if you can't get paid. The good news is that most payers are reimbursing for the specialty behavioral health services provided to students just like they would any other treatment for which you would expect to be paid. Consider reaching out to Optum, Blue Cross of Idaho, Select Health and others to let them know what you are doing. Thus far in the pilot, specialty behavioral health providers have had success in getting paid. It is important to note these services are not school based, but a partnership between schools and external providers to enhance access to care.

Collaboration

It is important to think about the partnership between the specialty behavioral health provider and school as not just another satellite site, but a daily coordination and collaboration between agencies. This means that you and your staff will need to dedicate time and energy to working together with the school. In early planning, allocate at least 10 hours a month to develop the partnership and work out logistics (more time if hiring a new clinician). Soon, you should be able to scale back program administration time (unless your service sites are rapidly expanding) to about 4-5 hours per month per school. Also note that the provider on your team will need time to coordinate with the school as he or she works to navigate school schedules, new referrals, crisis services, and communication with families. Remember that you can use collateral contact opportunities to help support this work. Finally, our school partners have told us that it is important to have the specialty behavioral health provider be a true part of the school team, whether that is dressing up on spirit days or being on the school-wide email list. Budget time for your staff member to attend staff trainings at the school, presentations, and other school events. This will help the provider to become a part of the school team.

Documentation

Your specialty behavioral health providers and agencies are savvy to documentation and rules and regulations, so we won't go through every piece of paper that needs to be signed. However, we will highlight two components that are slightly different than the typical work you do.

CONSENT TO TREAT

Parents or guardians will typically be present for the first appointment when you see students. However, in the schools setting, this may not be true. Think through how you will involve the parents or guardians.

You will need to develop a consent packet for the school to give to guardians or students to complete. In our experience, the school has managed following up on this and has tracked completion. However, it is crucial that you still have the appropriate consents on file to provide services *(Appendix F: Consent Packet).*

UNACCOMPANIED YOUTH

One significant challenge we have faced in getting students who are most vulnerable into specialty behavioral health services at the school is that of managing consent for unaccompanied youth. Children and adolescents who are unaccompanied may be among those who most need support, but there are clear laws and provisions that dictate the conditions necessary for the treatment of youth. Refer to the resources below and to your organization's HIPAA officer for more details. Talk with your payers and local policy makers about how to solve this problem.

Communicating with a Patient's Friends, Family, or Others Involved in a Patient's Care
(www.hhs.gov/sites/default/files/provider_ffg.pdf)

Consent for Treatment of Minors in Idaho
(www.hollandhart.com/consent-for-treatment-of-minors-in-idaho)

HIPAA and Disclosure to Family Members and Others Involved in the Patient's Care
(www.hollandhart.com/hipaa-and-disclosure-to-family-members)

Key Questions for Your School Partner

SPACE

Specialty behavioral health providers are accustomed to having quiet, comfortable office spaces that are conducive to a treatment environment. Make sure that you are clear with your school partner about the type of space your team needs. Many schools may be tight on space and it is important that you work together to identify a good option for everyone. Some districts rely on mobile units to expand capacity. Be clear if you do consider this option available, your specialty behavioral health provider should not be the only one in the mobile.

To consider: Noise during passing periods, if parents/guardians are coming to appointments and how to accommodate, privacy for student in accessing the space, safety and support if there is a crisis.

TECHNOLOGY

Work closely with the IT manager for the school district to discuss network access and technology needs. The specialty behavioral health provider will need to have good access to documentation and billing systems, especially if the specialty behavioral health provider is on-site more than 0.5 FTE. Make sure that the network security requirements meet the standards of your organization.

To consider: Mobile technology, landlines versus mobile phones for contact, secure printing if needed.

OFFICE EQUIPMENT/SUPPLIES

The specialty behavioral health provider will be working out of another site's space and may need to use their supplies and resources, from paper to furniture. Talk about this ahead of time to avoid conflicts over resources. Be clear about which organization is responsible for providing what.

To consider: Desks and chairs, printing, office supplies.

REFERRALS (INTERNAL AND EXTERNAL)

Your organization is accustomed to seeing clients from a variety of referral sources. However, the school may want to limit on-site clients to only

the students that they send to you. Talk about who you will see and how they will be referred. We have found that local pediatricians have been interested in referring directly to on-site specialty behavioral health providers (see Appendix G for an example of a contact page distributed to local primary care providers). Talk about who you will see and where referrals will be coming from.

To consider: Who else in the community may refer? Do you want to advertise or otherwise promote the services?

The Right Fit for Clinicians

In our experience, specialty behavioral health providers who like to work with children and families are very excited about the opportunity to fill this position. However, behavioral health organizations have also said that fit is absolutely crucial.

Some of the features that make clinicians a good fit in this program:

- **Highly independent:** Instead of working in your offices with colleagues and a supervisor, this clinician will be off-site for the majority of their work time.
- **Self-driven:** Again, this clinician will be working off-site with major demands being made on them to collaborate, innovate, and deliver high quality services for students and their families. The clinician in this position should be very motivated and driven to serve children and young adults.
- **Good problem solvers:** This is a highly dynamic practice environment involving more moving pieces (school rules, peer dynamics, school resource officers, changing schedules) than a typical office.
- **Collaborative:** Because there are multiple partners working together to get students to the right place, coordinating with teachers, administrators, school counselors and social workers, parents, and school resource officers is crucial.

If your agency is considering hiring a new provider, ask the school if they have anyone they would recommend. They might have someone in mind who is interested in transitioning into this work.

Pro-Bono or Sliding Scale

Many students and families struggle to pay for specialty behavioral health services whether or not they have coverage. It is important to communicate how you can accommodate families of various means, as well as to be clear with the school regarding how you can help students who do not have a very high deductible plan or may be age 18 without Medicaid. Do not count on all students being able to pay through insurance coverage — many are in situations that make cost a barrier. Consider saving 5-10% of slots for pro-bono services or developing a special fee schedule to support students and families.

EVALUATION

Tracking Your Data

For the purposes of this work, this data set has been compiled to help better understand the impact of provisioning behavioral health services in school settings.

DATA ELEMENT	DESCRIPTION	PARTY RESPONSIBLE
Behavioral disruptions	**Reports of behavioral issues tracked by school (disciplinary actions, suspensions, etc.)**	**School**
Academic performance	**Academic performance measure for student in year prior to treatment (if available) and for year during treatment**	**School**
Staff satisfaction	**Qualitative and quantitative report of staff satisfaction (counselors, administrators, teachers, specialty behavioral health providers) should be obtained and reviewed regularly**	**School & specialty behavioral health agency**
Clinical outcome data	**Aggregate reports of student functioning on a standard measure (PH-9, GAD7, etc.) can be tracked over time to monitor improvements**	**Specialty behavioral health agency**
Requests for appointments and capacity	**Ability of students to access appointments should be tracked and monitored by both the school and the specialty behavioral health provider**	**School & specialty behavioral health agency**

You may choose to track this data as you work to implement and maintain your program. It is not required and can certainly be modified. However, we highly encourage you to monitor impact on students, access to services, and staff satisfaction in one way or another. This will help your team make adjustments as needed to better serve students, staff, and families. Finally, the data may be used in the future to identify funding sources and grant opportunities.

READINESS WORKSHEET

Who is on our support team? Is there anyone not involved who should be?

Who is our team lead?

Do we want to provide services focused on students or the broader community?

How many students/clients do we think will need services?

Do we have space to host a specialty behavioral health provider?

What is our goal for implementation of services (time)?

How frequently should we meet as we plan?

"REQUEST FOR APPLICATIONS" ANNOUNCEMENT

Nampa School District Behavioral Health Partnership

The Nampa School District is working with the Southwest Health Collaborative, St. Luke's Foundation, and the Blue Cross of Idaho Foundation to enhance access to behavioral health services for students. We are in the process of identifying potential partner agencies in the community to help us provide services to our students.

Required Capabilities

Cultural Competence and Bilingual

The Nampa School District serves a diverse community of families and children. It is crucial that clinicians possess appropriate cultural competence and language abilities to serve Hispanic students and families.

Service Requirements

Clinicians will be expected to provide mental health and substance use services in both individual and group settings. Services will be open to students and families.

Service Location

Organizations will be expected to accommodate the provision of services both at the school and in the community/home.

Staffing

Approximately 1-2 FTEs are anticipated in the first year of activity.

Billing

Organizations will be expected to bill for services. The Southwest Health Collaborative will provide technical assistance as appropriate.

Schedule

Clinicians should anticipate working a flexible schedule to accommodate family services after work hours.

Important Information

The purpose of this project is to establish durable partnerships that are not tied to limited grant funds. Organizations should expect to be responsible for their own billing and staffing. The Nampa School District will assist by providing space and scheduling support.

Interviews

Interviews will be conducted by the Nampa School District 5/24-6/7. Contact NAME to schedule. We request that both the clinician and an operations director attend to help us assess fit and feasibility.


EMAIL


PHONE

INTERVIEW QUESTIONS

TOPIC	QUESTIONS
Capacity	• Will you be hiring on a new provider or shifting responsibilities for an existing provider? • How much provider time can you commit for our start date? • If we see an increased need for provider time, how much and how quickly could you scale up services in our school(s)? • If we decided to add additional schools, would you be able to add providers to meet their needs?
Timeline	• How quickly could you begin seeing students at our school(s)? • Would you be able to meet for at least one hour per month and be available by email to coordinate in advance of implementing services?
Billing	• Do you feel comfortable billing for services in this partnership?
Provider Match	• Do you anticipate that your provider would be full-time working with students? • What qualities would you look for to place a provider in this role? • (Conditional) Would the provider for this partnership speak Spanish?
Logistics	• What resources/supplies would your specialty behavioral health provider need to see students at the school(s)? • How do you envision partnering to manage referrals and obtaining consents to treat? • Could you dedicate staff time (not billing hours) to attending school events (registration, rallies, teacher work days)? • Who would be our lead contact in your organization? • Would you be willing to sign an MOU if you were selected as our partner agency?
Services	• Do you offer family services and CBRS? • How would you connect families to services through your partnership with our school?

MEMORANDUM OF UNDERSTANDING

Memorandum of Understanding

School District and Behavioral Health Agency

This Memorandum of Understanding is entered into on this day, July 31, 2017, by and between the following two entities:

1. SCHOOL DISTRICT
   ADDRESSS

2. BEHAVIORAL HEALTH AGENCY
   ADDRESSS

WHEREAS, SCHOOL DISTRICT and BEHAVIORAL HEALTH AGENCY are in agreement about the need to increase access to behavioral health services for at-risk youth.

NOW, THEREFORE, SCHOOL DISTRICT and BEHAVIORAL HEALTH AGENCY agree to the following:

This MOU is to serve as the operating agreement between both parties for the purpose of providing and coordinating behavioral health and prevention services to students.

BEHAVIORAL HEALTH AGENCY will follow all policy and regulatory requirements for SCHOOL DISTRICT in working with the school and with students. SCHOOL DISTRICT will provide written documentation of such requirements upon completion of this agreement.

BEHAVIORAL HEALTH AGENCY offers these services to students at schools selected by SCHOOL DISTRICT as a part of their community provider services.

INTENDED RESULTS

BEHAVIORAL HEALTH AGENCY and SCHOOL DISTRICT share a commitment to building a delivery system that increases youth access to behavioral health services and prevention collaboration and formal partnership. Intended outcomes of this partnership include:

1. Quicker and easier access for students identified for behavioral health counseling;
2. More efficient use of resources;
3. Stronger linkages to community partners;

GENERAL TERMS AND CONDITIONS

The purpose of this MOU is to formalize terms and conditions under which the parties shall work together to support the provision of behavioral health and prevention services responsive to the needs of youth and families within the SCHOOL DISTRICT. The MOU sets the framework for coordinated practices in the following areas:

1. Separate responsibilities of BEHAVIORAL HEALTH AGENCY and SCHOOL DISTRICT;
2. Integrated roles and responsibilities at schools served;
3. Space and facilities;
4. Management of life-threatening emergencies, including privacy considerations; and

5. Exchange and disclosure of student information, subject to constraints of privacy considerations and safeguards.

RESPONSIBILITIES OF THE PARTIES

BEHAVIORAL HEALTH AGENCY and SCHOOL DISTRICT agree upon the following general framework for separate responsibilities and contributions to the partnership.

Responsibilities of BEHAVIORAL HEALTH AGENCY

BEHAVIORAL HEALTH AGENCY agrees to:

1. Provide administrative oversight of their employees providing services at school locations, managing the scope of services and performance expectations as identified in the above goals.
2. Obtain written permission from parents prior to meeting with students, including a signed release of information between SCHOOL DISTRICT and BEHAVIORAL HEALTH AGENCY.
3. Communicate regularly with building level administration regarding scheduling and services being provided to students on SCHOOL DISTRICT campuses.
4. Provide the following scope of services: outpatient individual and family psychotherapy, in addition to assessment and referral for additional services if necessary.
5. Meet with SCHOOL DISTRICT Administration quarterly to evaluate services, MOU and to make adjustments based on needs and priorities.
6. Will retain, keep current and provide a copy of professional liability insurance in the amount of $1,000,000.
7. BEHAVIORAL HEALTH AGENCY will be responsible for working with parents/guardians of clients to determine insurance eligibility, bill all sessions to the appropriate insurance, collect payment, and in some cases, determine eligibility for a sliding scale program, which can reduce or eliminate payment on the part of the parent/guardian.

Responsibilities of SCHOOL DISTRICT

SCHOOL DISTRICT agrees to:

1. Identify students for behavioral health services and refer to BEHAVIORAL HEALTH AGENCY for individual/family/group therapy as appropriate and with multiple options offered to families.
2. Provide space and facilities support for mental health clinicians in agreed upon schools, during agreed upon times.
3. Meet with BEHAVIORAL HEALTH AGENCY Administration quarterly to evaluate services, MOU and to make adjustments based on needs and priorities.
4. Train BEHAVIORAL HEALTH AGENCY clinicians to be providing services within the school with appropriate site specific training regarding facilities, emergency procedures, and reporting structure.

OUTREACH, SCREENING AND REFERRAL

The process for outreach, screening, and referral will be outlined below:

1. Teacher identifies student who may be eligible for psychotherapy services, and contacts a SCHOOL DISTRICT School Counselor or Social Worker.
2. Social Worker or School Counselor meets with student, confirms need for services, fills out SCHOOL DISTRICT referral sheet, and makes attempts to obtain new client paperwork packet from parent/guardian.
3. Once new client packet is received by BEHAVIORAL HEALTH Clinician, student will be placed on

Clinician's schedule.

4. Student will first receive a Comprehensive Diagnostic Assessment, to confirm student's suitability for psychotherapy, to determine appropriate treatment goals, and to assess for any additional services student may benefit from.
    a. If it is determined that student could benefit from additional services, student parent/guardian will receive communication from BEHAVIORAL HEALTH AGENCY informing them.
    b. Parent/Guardian will then receive information about at least three (3) agencies in the area that can meet these needs.
5. Student receives psychotherapy for the prescribed period of time deemed necessary by the Clinician
6. Students can be discharged from care for the following reasons:
    a. Student has three consecutive (3) no shows to psychotherapy appointments.
        i. No student will be discharged for this reason without first collaborating with a School Counselor or Social Worker.
    b. Student has met all treatment goals determined by Clinician and student at the beginning of treatment.
        i. No student will be discharged for this reason without first collaborating with a School Counselor or Social Worker.
    c. Student is unsuitable for treatment due to non-cooperation with Clinician and/or treatment.
        i. No student will be discharged for this reason without first collaborating with a School Counselor or Social Worker.
    d. Student presents as a danger to the safety of Clinician.
        i. No student will be discharged for this reason without first collaborating with a School Counselor or Social Worker.

EXCHANGE OF STUDENT INFORMATION AND PRIVACY CONSIDERATIONS

Responsibilities of both parties

BEHAVIORAL HEALTH AGENCY and SCHOOL DISTRICT will not use or disclose students' personal behavioral health information in a manner that would violate the requirements of the HIPAA privacy rule. Additionally, SCHOOL DISTRICT will not use or disclose students' personal and/or educational information in a manner that would violate the requirements of The Family Educational Rights and Privacy Act (FERPA).

The parties agree that personal behavioral health information in records maintained at school will not be released to school personnel without required minor or parental consent.

EXECUTION OF MEMORANDUM OF UNDERSTANDING

The parties agree that:

1. The parties to this Agreement are not partners or joint venturers with each other and nothing herein shall be construed to make them partners or joint venturers or impose any liability as such on either of them. Neither party shall receive any compensation from the other party for services related to this agreement. This Agreement shall not be construed to be an exclusive Agreement between BEHAVIORAL HEALTH AGENCY and SCHOOL DISTRICT, nor shall it be deemed to be an Agreement requiring SCHOOL DISTRICT to refer students to Provider for health care services.
2. Each party shall indemnify and hold harmless the other party and its officers, directors, shareholders, employees, agents, and representatives from any and all liabilities, losses, damages, claims, and expenses of any kind, including costs and attorneys' fees, which result from the duties and obligations of the indemnifying party and/or its officers, directors, shareholders, employees, agents, and representatives under this Agreement.
3. This MOU is expressly subject to and shall not become effective or binding on any party hereto until it has been fully executed by all parties.
4. The MOU shall be binding on all parties, their successors and assigns.
5. All parties shall review terms and conditions of the MOU during the spring quarter of each academic school year. Amendments to the MOU negotiated during the spring quarter affect terms, conditions and binding agreements for the following school year.
6. The term of this MOU shall commence on August 16, 2017 and shall continue for a period of 10 months. Thereafter, this MOU shall continue unless otherwise terminated pursuant to this paragraph. This MOU may be terminated without cause by BEHAVIORAL HEALTH AGENCY or SCHOOL DISTRICT upon 30 calendar day's written notice.

IN **WITNESS WHEREOF,** the parties have caused this Memorandum of Understanding to be executed.

FOR SCHOOL DISTRICT:

_____ _____

Superintendent Date

FOR BEHAVIORAL HEALTH AGENCY:

_____ _____

State Director Date

Addendum #1 to Memorandum of Understanding (MOU) Between SCHOOL DISTRICT and BEHAVIORAL HEALTH AGENCY

1. Student in Crisis Protocol

If a student is already a client with BEHAVIORAL HEALTH AGENCY, the school counselor/social worker/administrator agrees to contact the BEHAVIORAL HEALTH AGENCY Clinician to let him/her know the student is in crisis. The school counselor/social worker/administrator agrees to provide the immediate mental health supports necessary for the student. The BEHAVIORAL HEALTH AGENCY clinician agrees to meet with the student and/or family at the soonest available appointment.
If a student is not a current BEHAVIORAL HEALTH AGENCY client, and in a mental health crisis, a signed parental consent form is required before a referral can be made. The school counselor/social worker/administrator agrees to provide the immediate mental health supports necessary for the student. The school counselor/social worker/administrator can contact parents on an emergent basis and receive consent. The BEHAVIORAL HEALTH AGENCY clinician will meet with the student and/or family at the soonest available appointment.

2. Pro Bono Student Psychotherapy Process: SCHOOL DISTRICT

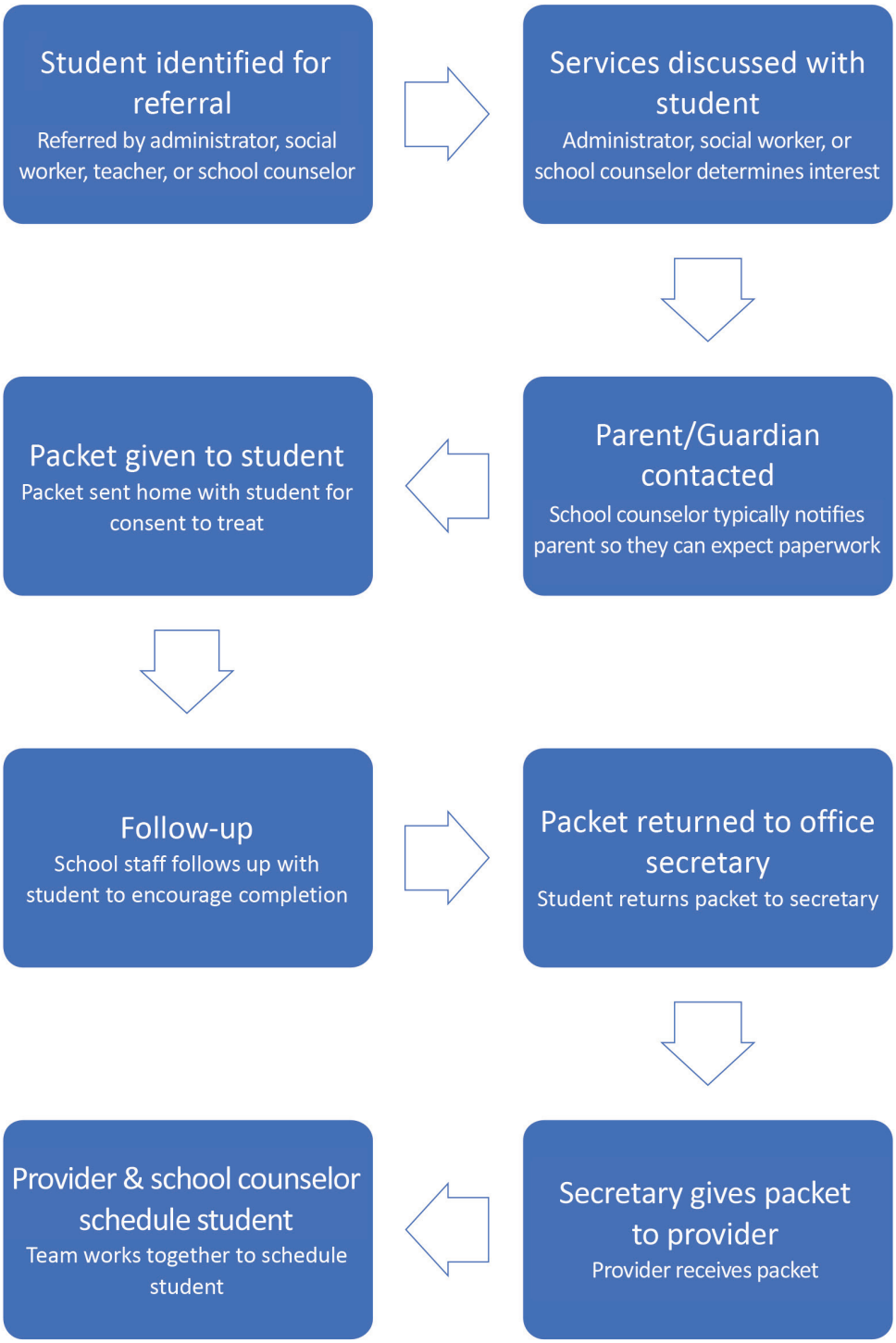
Students without insurance or students with mental health benefits that are cost-prohibitive for them and their families may be eligible for pro bono services with BEHAVIORAL HEALTH AGENCY. Three appointment slots for pro bono clients will be allowed per week per full-time clinician load.

- Intake paperwork is completed and sent to intake at BEHAVIORAL HEALTH AGENCY.
- If client is uninsured, or has private insurance that requires payment, intake will contact parent to let them know that paperwork has been processed, and the expected amount of payment.
- If parent is unable to pay, intake will notify Regional Manager who will determine if client is approved for pro bono or partial payments.
- If approved, clinician and intake will be notified and will determine if there is room in the schedule for a pro bono client upon working with schedule and at the recommendation of school counselors/social worker.

All terms and provisions from the original MOU also apply to this addendum.

IN WITNESS WHEREOF, the parties have caused this Addendum #1 to the original Memorandum of Understanding to be executed.

WORKFLOW


Student identified for referral
Referred by administrator, social worker, teacher, or school counselor
Services discussed with student
Administrator, social worker, or school counselor determines interest
Parent/Guardian contacted
School counselor typically notifies parent so they can expect paperwork
Packet given to student
Packet sent home with student for consent to treat
Follow-up
School staff follows up with student to encourage completion
Packet returned to office secretary
Student returns packet to secretary
Secretary gives packet to provider
Provider receives packet
Provider & school counselor schedule student
Team works together to schedule student

CONSENT PACKET

SCHOOL LETTERHEAD

Beginning the [DATE] school year, [BEHAVIORAL HEALTH AGENCY] and [SCHOOL] have teamed up to integrate mental health services in the school. The clinician providing these services at [SCHOOL] is [CLINICIAN].

Parent consent is required prior to your child receiving any services through [BEHAVIORAL HEALTH AGENCY]. Enclosed is a registration packet that includes three forms: Client Information Form, Authorization and Consent to Treat Form, and Authorization for Use and Disclosure of Protected Health Information. This form allows for communication between [BEHAVIORAL HEALTH AGENCY] and our [SCHOOL] team. The forms also include information about your insurance provider. If you have questions about coverage and billing please call [BEHAVIORAL HEALTH AGENCY] intake coordinator [COORDINATOR NAME] at [208-###-####].

If you have any additional questions, feel free to call your child's school counselor:

[SCHOOL COUNSELOR], [SCHOOL COUNSELOR CONTACT INFORMATION]

Client Information Form

Today's Date: _____

_____

Client Name (First) (Middle Initial) (Last)

_____ _____ Gender: M F

(Date of Birth) (Social Security Number)

Relationship Status: Single Married Divorced Separated Widowed

IF CLIENT IS A MINOR:

_____ _____

(Mother/Guardian's name) (Phone)

_____ _____

(Father/Guardian's name) (Phone)

Child Resides With: _____

_____

(Address) (City) (State) (Zip)

_____

(Mailing Address) ☐ Same as Above (City) (State) (Zip)

_____ _____ _____

(Home/Cell Phone Number) (Work Number) (Email Address)

_____ _____ _____

(Emergency Contact Name) (Phone Number) (Relationship)

_____ _____

(Employer/School) (Phone Number)

_____ _____

(Primary / Referring Physician) (Phone Number)

_____ _____

(Insurance Company) (Policy Number)

Is English your primary language? YES NO

Can you read/understand the English Language? YES NO

Can your legal guardian read/understand the English language? YES NO

Any Known Food/Drug Allergies: _____

How did you hear about [AGENCY]: _____

Client Information Form

Authorization and Consent To Treat

_____ (Initials)

RIGHTS AND RESPONSIBILITIES STATEMENT

I understand (1) my treatment rights; (2) my treatment responsibilities; and (3) AGENCY responsibilities as outlined.

_____ (Initials)

FINANCIAL RESPONSIBILITY STATEMENT

I hereby authorize my insurance benefits to be paid directly to AGENCY. I hereby authorize the release of pertinent medical records to the insurance company. I have read and understand my obligations and I acknowledge that I am fully responsible for payment of any services not covered or approved by my insurance carrier(s).

_____ (Initials)

HIPAA: NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

I understand the procedure for accessing my medical records and filing a HIPPA violation complaint.

_____ (Initials)

CONSENT TO PHONE MESSAGES

I authorize AGENCY to leave voicemails regarding appointments and treatment.

_____ (Initials)

CONSENT TO TREAT

By signing below I authorize and choose AGENCY to provide evaluation, diagnostic procedures and treatment, to me or my minor child. The frequency and type of treatment services will be decided between my AGENCY Treatment Team and me.

I understand the purpose of any procedures prescribed will be explained to me and are subject to my verbal agreement.

I understand there are potential risks and benefits to accessing mental health treatment. I understand that AGENCY staff will work with me to achieve maximum benefit but there is no guarantee that my mental health will improve.

- A maximum benefit of improved mental health, comfort, and improved functioning in the community as well as decreased symptoms of my mental illness will occur with consistent participation in treatment.
- Risks of treatment may include uncomfortable feelings or memories. Please discuss any concerns or issues related to treatment with your Therapist.
- Please note our services are considered treatment services only. We do not provide custody or visitation evaluations. We do not make recommendations regarding residential time, visitations or custody. We do not act as character witnesses in any way.

I understand that I have the right to refuse services at any time.

I understand that there are other providers in the community that can assist me with my mental health needs.

I understand I can access 24-Hour Behavioral Health Crisis Services for Adults or Children by calling:
(800) 292-0973 (Option 6) or 855-202-0973 (Medicaid Clients Only)

I understand that I may access advocacy services by calling Disability Rights Idaho, statewide toll-free Number:
1-866.262.3462 (TDD/Voice)

I understand that I may access legal assistance through Idaho Legal Aid. Their website is idaholegalaid.org

_____ _____

Participant or Parent/Guardian Signature Date

Client Information Form

COM-HPA-1011.02.B

Consumer Name: _____ ID#: _____

DOB: _____ Insurance ID#: _____

Authorization for Use and Disclosure of Protected Health Information

I authorize the use, disclosure and/or exchange of my protected health information to:

SCHOOL

(Agency or Person to whom the requested use, disclosure and/or exchange will be made) effective on the date of my signature.

Reason for information to be released or exchanged: **Coordination of Care**

I understand that the information in my medical record may include information relating to treatment of drug or alcohol abuse, sickle cell anemia, psychological or psychiatric impairments, sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), AIDS related complex (ARC) and/or human immunodeficiency virus (HIV).

I consent to the release of information or records created by or disclosed to AGENCY pertaining to: (check all that apply)

_____ Crisis Plan	_____ Physician Notes	_____ Medical Reports
_____ Service Notes	_____ Psychiatric Evaluations	_____ RN Notes
__x__ School Records	_____ Discharge Summary	_____ Assessments
_____ Psychological Evaluation/Assessment	_____ Medications	_____ Treatment Plans
_____ Psychological Summary	_____ Guardianship Paperwork	

__x__ Written & verbal communications pertinent to Treatment

_____ Other (Please be specific):

_____

_____

This form implements the requirements for consumer authorization to use, disclose and exchange health information protected by the federal health privacy law (45 C.F.R. parts 160, 164), the federal drug and alcohol confidentiality law (42 C.F.R part 2), and state confidentiality law governing mental health, developmental disabilities, and substance abuse services.

Once information is disclosed pursuant to this signed authorization, I understand that the federal health privacy law (45 C.F.R. Part 164) protecting health information may not apply to the recipient of the information and, therefore, may not prohibit the recipient from redisclosing it. Other laws, however, may prohibit redisclosure. When this agency discloses mental health and developmental disabilities information protected by state law or substance abuse treatment information protected by federal law (42 C.F.R. Part 2), we must inform the recipient of the information that redisclosure is prohibited except as permitted or required by these two laws.

I understand that I may refuse to sign this authorization form. Refusal to sign will not be a condition to obtain treatment, payment for or coverage of services, or eligibility for benefits or enrollment.

I understand that, with certain exceptions, I have the right to revoke this authorization at any time. If I revoke this authorization, I must do so in writing. I understand that the revocation will not apply to the information that has already been released in response to this authorization.

I have had the opportunity to read and consider the contents of this authorization. I confirm that the contents are consistent with my direction and a copy of this form is as valid as the original to allow release of my records.

Client Information Form

If not revoked earlier, this authorization expires on: _____ (date) not to exceed one year of signature.

Signature of Consumer: _____Date: _____

Signature of legally responsible person: _____Date: _____

Staff/witness signature:_____Date: _____

PEDIATRIC REFERRAL SHEET

Healthy Minds Partnership Schools

Below is a list of schools in the area who are working with local behavioral health agencies to deliver on-site treatment. Please contact the individual listed next to the school where your patient is a student to send a referral.

School	Agency Partner	Contact
Nampa High School	Pathways	Norma Jimenez, Intake Coordinator Ph: 208-459-1039 Fax: 208-459-1038
West Middle School	Pathways	Norma Jimenez, Intake Coordinator Ph: 208-459-1039 Fax: 208-459-1038
Lewis and Clark Elementary School	Terry Reilly Health Services	Laura Alvarez, LPC Ph: 208-649-1119
Melba Elementary School	Terry Reilly Health Services	Melissa Smith, LPC Ph: 208-495-2508 x 1027
Star Elementary School	Terry Reilly Health Services	Sara Iwersen, LPC and Malia Murphy, LMSW Ph: 208-855-4116
Endeavor Elementary School	Terry Reilly Health Services	Kathryn List, LMSW Ph: 208-468-4629 x3932