

You've got the MOU, now what do you do ?

1. Onboarding the partner

It is recommended that all community partners providing continuous services within a school, that they undergo an orientation to key district or school procedures and policies

- Crisis intervention / response plan
- Suicide intervention / prevention protocol
- Child abuse / neglect procedure
- building systems / protocols

2. Procedures around how students access school-based behavioral health services

- It is recommended that each school has a designated contact person to whom families, students, and school staff can make a referral should said person believe a student is in need of a behavioral health referral (i.e. individual/family therapy services, psychological testing, etc. outside of an IEP).
- It is recommended that each district establish a protocol for families and students who request services, including the designated contact person, response time frames, required consent and familial participation (to be discussed below), and releases of information when applicable.
- It is recommended that when a referral is made for a school-based behavioral health services, the school care team or student assistance team meet to discuss if the team feels that school based health services are most appropriate for the child given the child's academic and psychosocial needs or if a referral for out of school behavioral health services would better fulfill the child's needs.
- It is strongly recommended that the school designee contact the child's caregiver/legal guardian is contacted to ascertain if the child is already receiving therapy and/or other behavioral health services and if or how those services might duplicate/compliment or contract school-based behavioral health services.
- It is strongly recommended that the school designee contact the child's legal guardian to obtain any needed releases of information for any internal and/or external providers of behavioral health services with the explanation and understanding of the potential limitations of the sharing of information to protect the child's and family's privacy.

3. When and how to use outside of school resources

- What are outside of school resources? Outside of school resources are behavioral health resources provided by a behavioral health professional outside of the school setting.
- Families may prefer the use of outside resources if the child already has an established relationship with an outside provider. Even if it is more convenient for school-based services, attachment and relationship issues should be investigated to put the best interest of the child first.
- Outside resources may be warranted based on the issues/diagnosis of the child and the specialization of the provider. For example, if the child has an eating disorder, a referral to a certified eating disorders specialist outside of the school if there is not one available through school based health services would be appropriate.
- Outside resources may be warranted based on the issue/diagnosis of the child, specialization of the provider, need for family involvement, and family's schedule. For example, if the child has experienced trauma, the provider is trained in Trauma-Focused Cognitive Behavioral Therapy, and the participating caregiver can only participate at a Saturday appointment, the designated school personnel would work to assist with finding a provider who can meet these needs.
- Outside resources may be used at times of transition, for example, a child may be transitioning from one school to another, either within the district or outside of the district, and benefit from an outside resource working in conjunction with a school resource to help ease the transition. For example, if a child is in elementary school and has been working with a school-based provider but is transitioning to middle school, and there is not a school-based provider at the middle school who meets the child's needs, the child may work with an outside resource during the last 6 weeks of school to help transition to an external provider who collaborates with the school-based provider to help ease the transition.
- Outside resources may also be used when it is appropriate and clinically indicated or requested to have separate resources for needed individual and family therapy. The family and providers should collaborate on which resource is best suited for the child's and family's needs to provide each time of therapy.
- Anytime an outside resource is used, if the child's behavioral health needs affect the child's functioning in school, it is strongly recommended that the outside behavioral health provider, with appropriate release of information, coordinate with the school, providing recommendations and exchange of information to better help the child succeed in school. This information is to be on a need to know basis within the scope of professional ethics for both the provider and school personnel.

- If the outside behavioral health professional needs to provide an occasional service in the school, it is strongly recommended that the behavioral health professional contacted the designated school personnel to arrange the time and place that would be least disruptive to the child's academic day, as well as, provide for time to engage in any consultative information in a dual fashion with the school.
- Managed Care Organizations (MCO's) have care management resources to assist children and families with navigating behavioral, medical, and psychosocial difficulties. The designated school gatekeeper, school counselor, school nurse, or other provider of school-based health services, as well as, other outside behavioral health professional, and caregiver/family member may request care management resources from the MCO to assist with coordination of services, provision of additional resources, referrals to providers or specialists, coordination of systems (such as child welfare, school, and healthcare), and other needs that may arise.

4. Role of the family

- It should be understood that the family is a vital part of the process in school-based behavioral health services.
- It is essential that the legal guardian provide consent for school-based behavioral health services.
- It is essential that the adult caregiver/legal guardian participate in the assessment process, preferably in person, but by phone or conference call if needed.
- Additional family participation in school based behavioral health services will vary based on individual child and family need.
- It is recommended that schools have published in an easily accessible format ways in which students and family members request behavioral health referral, assistance, and/or services with the designated school gatekeeper.
- Family members may also help drive policies or serve as part of committees or advisory boards as determined by each district or school-based service provider.

5. Ensure school-based behavioral health services are driven by student needs

- All school-based behavioral health services should be based on the individual needs of the child.
- It is recommended that school's implement district wide screenings for behavioral health needs, similar to district wide vision screenings in a way that decreases stigma and becomes part of the routine.
- It is recommended that consideration for the entire needs of the child are made; however, with these considerations, the focus of the purpose of school cannot be

lost, so plans for the appropriateness of school-based behavioral health services should include an assessment of the impact on the child's academic functioning.

- It is recommended that if a determination is made that school-based behavioral health services are warranted, the services are provided in such a way to least disrupt the child's school day, taking into consideration where they will most positively impact academic functioning and least negatively impact the child's school day.

Additional Considerations

- Behavioral health needs warrant referrals for outside or school-based behavioral health services. A behavioral health need typically focuses on the treatment of the underlying issue that is causing or contributing to the symptomatic behavior that is being observed in the child or for which the child is being referred to behavioral health services.
- Behavioral interventions do not warrant referrals for outside or school-based behavioral health services as they are interventions that may be handled through the schools disciplinary system, a student's individualized education program (IEP's), or 504 accommodations, or the school's additional systems of intervention individually or systemically. Behavioral interventions are defined as interventions that are designed to help a child better function in school, typically designed by school personnel.
- In general, it is recommended that children with individualized education programs (IEP's) who need additional school based behavioral health services, have these services added to their IEP's.
- If a child receives 504 accommodations for behavioral health reasons, and these accommodations include behavioral health services that are Medicaid billable therapy services, these services are eligible to be provided through school-based behavioral health services if provided by an eligible provider. In order to access these services, through an eligible provider, the student may still go through the process established by the respective school/district.
- If a child receives 504 accommodations for non-behavioral health reasons, and now appears to have a behavioral health need, it is recommended that the student go through the same access process that students without 504 accommodations use to access school-based behavioral health services; however, at any point, should it be necessary for the 504 accommodations to be modified, these considerations are strongly recommended as physical and behavioral health needs and services are recommended to be integrated.