

## **Best Practices in School Partnerships with Community Providers**

### **When and how to use out-of-school resources:**

- 1) Learn resources in the community
- 2) Invite them to share info with the schools (on a recurring basis if needed)
- 3) Educate about limitations that community providers have within the school setting
- 4) School staff should evaluate the needs of students in the schools to help identify when out-of-school resources are needed. Consult with community partners when needed
- 5) Establish a way for schools and providers to interact, share knowledge and language

### **How time for communication gets built into billed services:**

- 1) Communication for certain programs/services is already included in billing
- 2) Systemic, non-client specific communication is non-billed but necessary for relationship
- 3) Need further discussions to develop a way to bill communication, consultation, collaboration that currently does not exist for individual therapy services

### **Clarify procedures and provide samples of multi-organizational consent to share information:**

- 1) Explain differences between each organization to better explain the need for multi-organizational consent
- 2) Legal guardian must be part of the process and educate them about why multi-organizations could/should be involved
- 3) Give legal guardian choice to sign individual Releases of Information in event that not all organizations are needed or are involved with every child or family
- 4) Educate legal guardians about their rights, what can and cannot be exchanged and necessity of sharing information
- 5) Keep information private and protected even when consents or ROIs are provided and only share what is necessary to accomplish the shared goal
- 6) Discuss limitations and appropriate venue for sharing information with other agencies

### **Provide language and explanation for treatment plans and coordination/collaboration:**

- 1) Have standardized risk procedures in place and who is included
- 2) School discussions around treatment plans, what are on them, time frames, if billed to MO HealthNet, etc.
- 3) Educate schools about how coordination occurs without sharing details of progress notes
- 4) Defined feedback loop for schools and community providers to ensure outcomes, referral status, treatment being offered, etc. is shared
- 5) Districts should have some standard expectations for all community providers with ability to be flexible when necessary