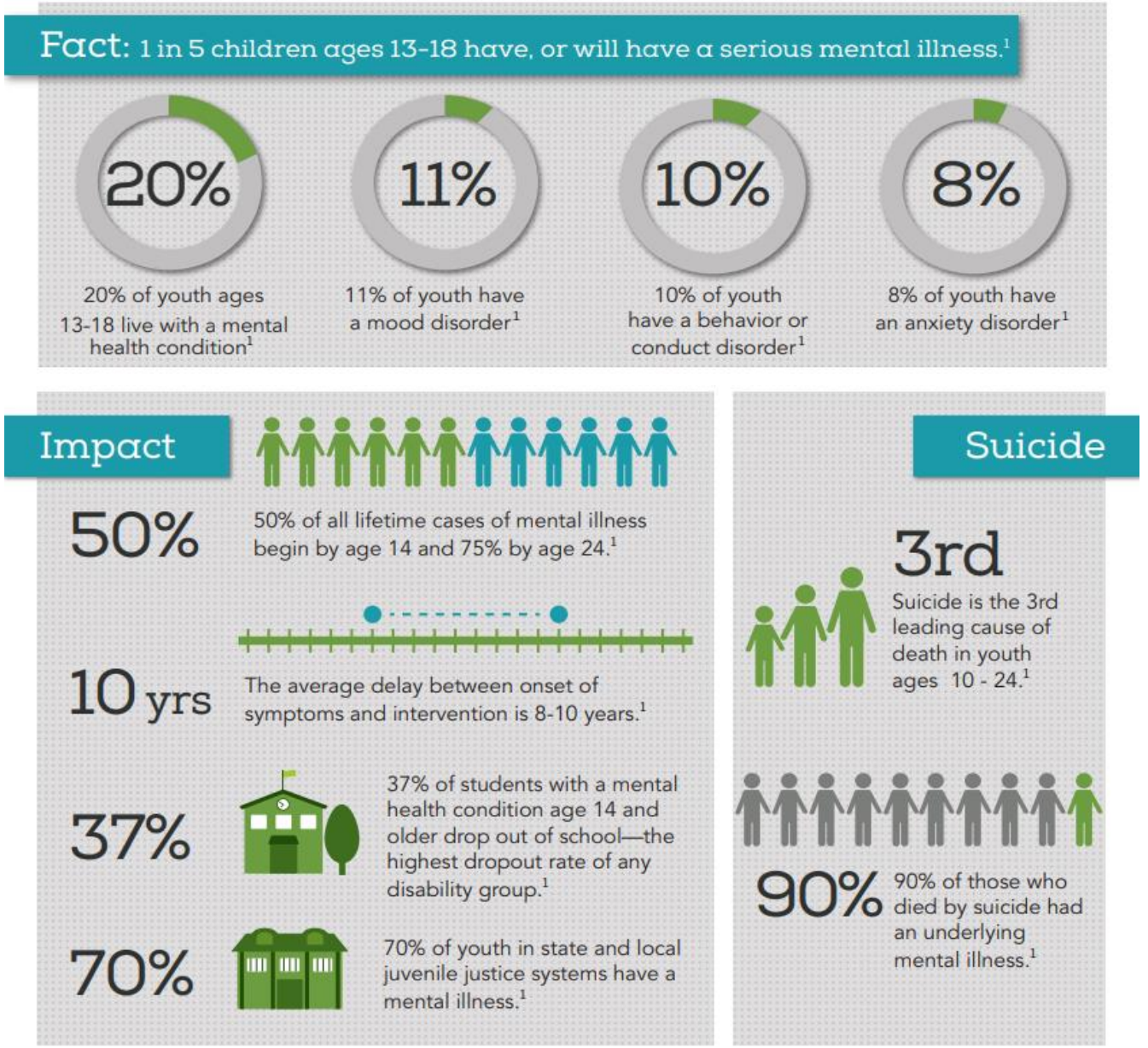
Pathways to Partnership: Behavioral Health Providers and School Districts

Theresa T. Rulien, PhD, President/CEO, Child Guidance Center

Leslie Lynch, MS, Chief Program Officer, Chrysalis Health

Patricia Medlock, Deputy Assistant Secretary, Office of Community Services, Florida DCF

Why Talk About Behavioral Health Partnerships?



Evaluation

- Our evaluation included looking at partnerships between community providers and close to 20 different districts across the state.
- Our teams put together responses to the following questions for our evaluation:

Pathways to Partnership
How are partnerships initiated between the school district and community behavioral health organizations?
What are the requirements to partner with the district?
What types of services are offered through these partnerships?
Are services provided on campuses?
How are these services funded within each school district?
What is the process for identifying students in need of behavioral healthcare services within each school district?
How are referrals made and tracked within each school district's partnership model?
How are caregivers involved in the process of accessing behavioral healthcare services for their children within each school district?
How are the effectiveness and outcomes of these partnerships measured and evaluated?
What challenges or barriers have been encountered in implementing and maintaining these partnerships, and how are they addressed?

Core Components of Partnership

Through our findings, we identified 5 core components of partnership. They are:

Access Point for District

Requirements for Provider Partnership

School Responsibilities

Provider Responsibilities

Accountability, Effectiveness and Outcomes Measurement

Access Points

Access points include:

- SEDNET (Statewide Multiagency Network for Students with Emotional/Behavioral Disabilities)
- District Departments
  - Department of Mental Wellness
  - Department of Equity and Wellness
  - Student Services
  - Department of Mental Health
- District Initiated Committees
- Individual Districts/Schools via Outreach
- Community Partnerships
- RFPs (Requests for Proposals)

Requirements for Provider Partnership

Requirements for Providers Include:

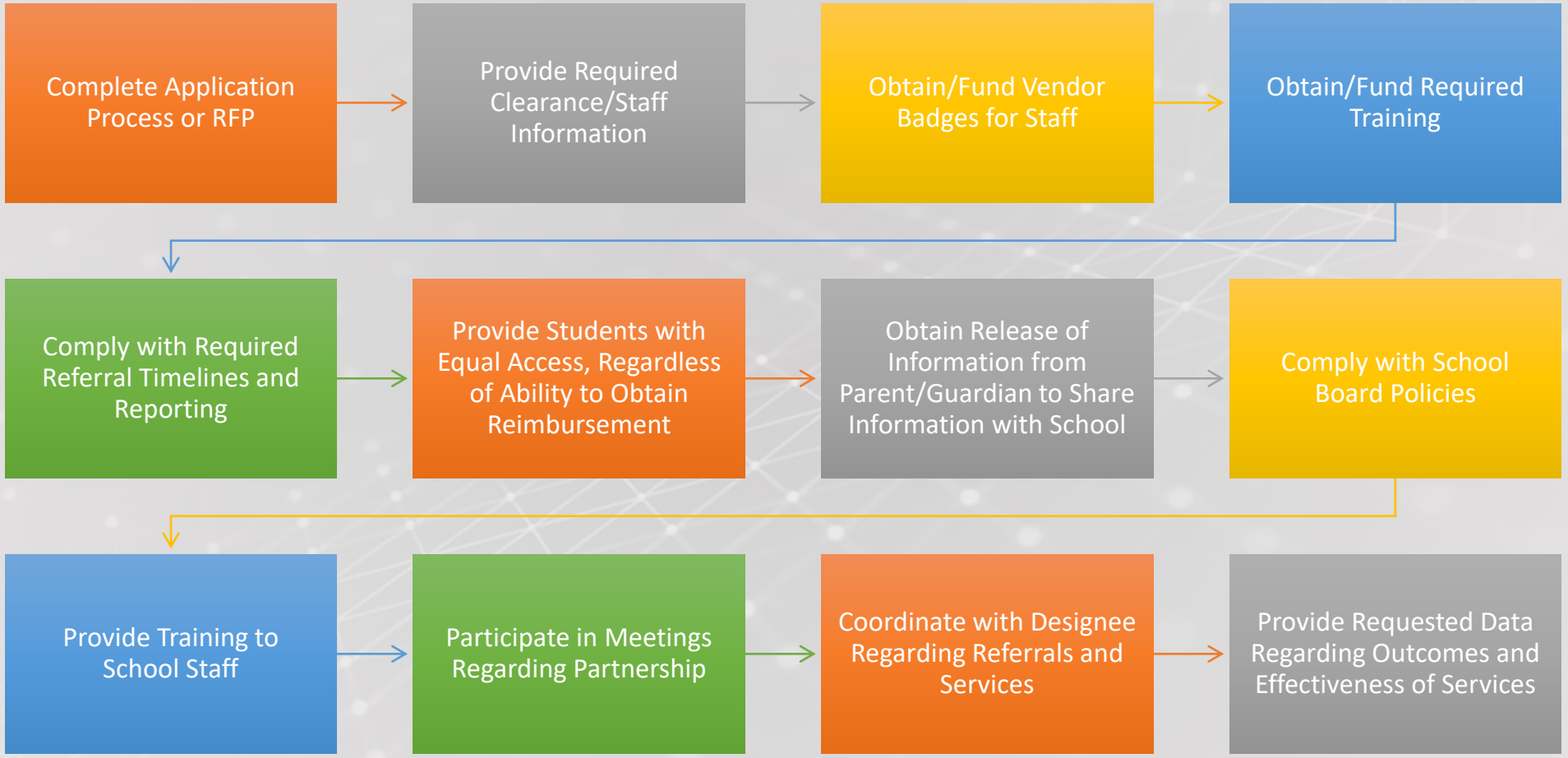
- Memorandum Of Understanding
- Contract via RFP
- Contract with Managing Entities
- Financial Stability
- Contracted with all Payers and Community Funders
- Level 2 Background Screening
- Vendor Badges
- Master’s Level or Above, or Registered Interns Only
- Liability Insurance
- District-Assigned Training (1-3 hours)

School Responsibilities

School Responsibilities Include:

- Approve Staff Accessing Students on Campus
- Validate Staff is Approved Before Entry is Allowed
- Obtain Release of Information from Parent/Guardian Before Referring Student
- Assign Point Person for Referral and Coordination with Provider
- Provide Referrals
- Provide Private Space

Provider Responsibilities



Accountability, Effectiveness and Outcomes Measurement

Accountability, effectiveness, and outcomes measurement seems to be lacking in most districts. In more developed partnerships, accountability is demonstrated in the following ways:

- Required Response Time to Referrals Measured via a Portal
- Required Treatment Summaries Indicating Number of Sessions and Outcome of Treatment
- Significant Data Entry into Managing Entity or District Portals Including Referral Date, Commencement of Services Date, Assessment Data, Number/Types of Services Provided, Sessions Missed, Outcomes of Services
- CFARS, or Other Evidenced Based Assessment, Scores Measured at Admission and Discharge
- Parent and Community Stakeholder Satisfaction Surveys
- Increase in Number of Days in School, Decrease Suspensions, Increase Promotions to Next Grade Level

Barriers

Barriers to successful partnership include:

- Site Based Management, Changes in Leadership, School Staff not Always Informed
- Lack of Consistency for Policy and Procedure Development for Multi-County Providers
- District Initiatives Not Always in Sync with Schools' Goals
- Schools/Districts Offer Employment to Provider Staff
- Variation in Staff Level Approval (Master's Program Interns, Registered Interns, Licensed)
- Parental Consent is not Always Obtained by School
- Administrative Burden for Providers Is not Always Contemplated
- Confidential Space is Difficult to Secure
- School Schedules Dictate Child's Ability to be Seen
- Difficulty Obtaining Parental Consent to Release Information Back to the School

Case Study: Duval County Full-Service Schools

CGC pioneered the Full-Service Schools (FSS) program in Duval County

CGC and other providers in the FSS program receive a certain amount per therapist per year based on a projected service coverage expectation.

Administrative staff are not paid for directly, but there is an administrative overhead charge to offset at least a portion of these costs.

United Way acts as the manager of the program and is an intermediary for finances and reporting. It contracts directly with the funding parties Kids Hope Alliance (KHA) and Duval County Public Schools (DCPS).

All providers are expected to bill client insurances when possible and reinvest in the program.

Providers are required to track and report to United Way monthly and in detail by funding party.

Case Study: Duval County Full-Service Schools, Continued

- **Access:**
  - Parents/guardians refer as well as the school administration including teachers, guidance counselors, principals, etc.
- **Requirements:**
  - Full-Service School programs place a full-time therapist in each school.
  - Providers are the agencies who responded to the RFP, were selected and currently have contracts to provide therapy. This occurs every 3 years.
  - Each contract provides a specific number of therapists assigned to specific schools.
  - Funding has changed over the course of the past 20+ years. At this point the funding comes from the DOE money allotted to the district and is braided with City Of Jax dollars coming through the Kids Hope Alliance (like a children's commission).
- **Barriers:**
  - We have always been able to utilize grad school interns until this past year. It has created a problem in 2 specific areas:
    - We lose the ability to provide services to approximately 20 clients per intern/year.
    - We lose the ability to provide a training ground for Master level interns which severely prohibits the ability to train and grow new therapists affecting the already strained workforce.

Case Study: Broward County Public Schools

Access Point for District

Broward County Public Schools Behavioral Health Partnership Committee

Broward Behavioral Health Coalition (Managing Entity)

Requirements for Provider Partnership

Detailed Application

Demonstrate Financial Stability

Demonstrate Clinical Competence

Accept all Referrals, Regardless of Ability to Pay

Presentation/Interview with the Committee

School Responsibilities

Submit Referrals through BASIS

Monitor Agency Staff

Require Agency Badge

Ensure Agency Staff is Approved

Provider Responsibilities

Submit all Staff Resumes and Clearances

Obtain Schoolboard Training (2 hours)

Picture ID

Respond to Referrals within 2 days in BASIS

Provide Updates at 9 days, 15 days, and 30 days in BASIS

Attend Partnership Meetings

Maintain School Resource Locator and Agency Staff List

Accountability, Effectiveness and Outcomes Measurement

Provide Outcome Information as Requested

Final Thoughts Recommendations

Standardization of the Partnership Process May be Impossible and Possibly Inappropriate

Agree that Goals of Partnerships Include:

- Improved Access to Services
- Early Identification of Needs
- Improved Social/Emotional/Educational Functioning and Outcomes
- Reduce the Need for Higher Levels of Care

Adoption of Core Components in Partnerships

- Access, Requirements, Responsibilities, Accountability
- Recognition of Administrative Burden for Community Providers

Benefits of Engaging Community Providers

- Year-Round Services
- Individual Therapy/Family Therapy
- In-Home Services
- Community Providers are Accountable to Funders, Accreditation Entities, and Licensure Requirements