

July 9, 2019 (rev. 9/10/19)



KANSAS STATE DEPARTMENT OF EDUCATION

MENTAL HEALTH INTERVENTION TEAM PROGRAM 2019-2020

Guidance Document

Contents:

- *Overview of Mental Health Intervention Team (MHIT) Program*
- *Responsibilities of school districts*
- *Accounting requirements*
- *Allowable expenditures*

Sample Forms:

- *State Reports*
- *Memorandum of Understanding (MOU) between school districts and mental health centers*
- *Sample forms for student referral, screening, and services*

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Mission

To prepare Kansas students for lifelong success through rigorous, quality academic instruction, career training and character development according to each student's gifts and talents.

Vision

Kansas leads the world in the success of each student.

Motto

Kansans CAN.

Successful Kansas High School Graduate

A successful Kansas high school graduate has the

- Academic preparation,
- Cognitive preparation,
- Technical skills,
- Employability skills and
- Civic engagement

to be successful in postsecondary education, in the attainment of an industry recognized certification or in the workforce, without the need for remediation.

Outcomes for Measuring Progress

- Social-Emotional growth measured locally
- Kindergarten readiness
- Individual Plan of Study focused on career interest
- High school graduation
- Postsecondary success

Kansas Leadership



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KANSAS COMMISSIONER OF EDUCATION
Dr. Randy Watson



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Brad Neuenswander

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A. OVERVIEW OF PROGRAMS

School District and Community Mental Health Center Intervention Program

1. Values and Goals:

The goal is to provide treatment and track the behavioral health needs of two groups of youth. One group will be referred to as the alpha group, and the second group will be referred to as the beta group. Simply stated, Community Mental Health Centers (CMHCs) in coordination and cooperation with the school districts will lead these efforts. We do not have the workforce capacity to set up parallel behavioral health systems in our state which would add inefficiencies and break the continuity of care. With this project, schools can primarily focus on education and CMHCs can focus on treatment and improving care. Schools and CMHCs will strive to meet the mental health needs of students by sharing and collaborating on this project.

The alpha group (Group 1) consists of youth who are Children in Need of Care (CINC) and in state custody. They have experienced multiple placements that may range from one end of the state to another or one end of a school district to the other with varying timeframes as short as just a few days. This group is often unintentionally forgotten but pose significant challenges to education and health systems in the communities where they reside through no fault of their own. The foster care contractors identified by the Department for Children and Families (DCF) would be engaged in this program for the alpha group.

The beta group (Group 2) consists of all other youth (Non CINC) who are in need of mental health support services.

2. Key Issues:

- a. Shortage of staff in necessary positions with degrees/training, i.e. school counselors, psychologists, social workers, especially in Western Kansas. Initial input from Western Kansas school superintendents is very supportive of the concept in order to provide broader based services in situations of small numbers of students in rural districts needing services, but not enough students in districts or special education cooperative to justify full-time staff position.
- b. An advantage exists if the mental health provider is NOT a school district employee, in that the building administrator is not in a position to assign additional duties, or to limit the services provided to students.
- c. Different needs of students can be coordinated by the CMHC with the added ability to provide services 24/7 and throughout the calendar year, not just the nine months of the school year or during school hours during the school week.
- d. A database has been established and maintained by KSDE to allow members of the Behavioral Health Intervention Team (BHIT) to access and enter information on the students' enrollment and behavioral health information, so the student can receive education or treatment attention as quickly as necessary. For students in the alpha group, appropriate staff at child welfare contract agencies also would access and enter information.

3. Assumptions:

- a. The key staff of a Behavioral Health Intervention Team (BHIT) would include some combination of bachelors or masters level behavioral health liaison positions employed by the schools, and masters level clinical therapists and case managers employed by the CMHCs.
- b. The district should hire personnel with a Bachelors level or higher degree (Masters Degree preferred). School Liaisons should be qualified in behavior intervention, such as school counselors, school social workers, psychologists, or other related field. The important issue is to get qualified staff who can make this program successful by coordinating between the school district and the community mental health center.
- c. It will be important for each school district and cooperating CMHC to work together to identify needs specific to that area and districts so that unique and individual needs of the community can be addressed.

4. Roles and Responsibilities of each Team Member:

a. General Duties of School Liaison:

The **School Liaison** with the school district will be responsible for:

- i. Identifying appropriate referrals for the team to engage.
- ii. Acting as a liaison between the district and the CMHC and being the point person for communication between the two groups.
- iii. Helping the CMHC staff understand and negotiate the school district system and procedures.
- iv. Triage prospective referrals and deciding with the CMHC staff how to prioritize interventions for identified students.
- v. Helping the school personnel understand the role of the CMHC staff in this project.
- vi. Facilitating connections between the identified students' families and the CMHC staff.
- vii. Trouble shooting any problems that arise and work with the CMHC to resolve them.
- viii. Gathering outcomes to monitor the effectiveness of the program.
- ix. Follow up with child welfare contacts if a child has moved schools to get educational history.
- x. Be an active part of the school intervention team and relay information back to CMHC staff.

[Sample position description and duties for School Liaison personnel:](#)

(Note: School Districts can edit/determine their position description based on the district's social emotional support system and general duties list in 4a above.)

SAMPLE

Job Title: School Liaison

Position Function: The purpose of the Behavioral Health School Liaison is facilitating the implementation of a school-based behavioral health model. The liaison will be a pivotal member of the school behavioral health team that works collaboratively to address the needs of students in the foster care system, as well other students identified as needing additional behavioral health support. The work of the liaison may extend beyond the school setting to include community and residential settings.

Essential Performance Responsibilities:

- a. Serves as the primary liaison to community mental health partners, family caregivers, child welfare agencies, and school site administration
- b. Collaborates with school administrators and community mental health partners to establish a school based behavioral health team model
- c. Assists the behavioral health team in implementing data based screening and referral protocols to ensure timely access to school based and/or community based behavioral health services
- d. Assesses student and family needs for the purpose of developing and implementing behavioral health support plans
- e. Provides quality assurance in the referral process to the community mental health providers
- f. Supports students and families with accessing and navigating community mental health services and other community based resources and services
- g. Maintains accurate records for the purpose of progress monitoring and complying with district and state reporting requirements
- h. Provides consultation to school administration and counseling staff on interventions for students experiencing behavioral and emotional barriers to learning
- i. Assists school administrators with the development of student safety and re-entry plans
- j. Ensures that school based interventions and services are trauma informed, culturally and linguistically appropriate
- k. Provides professional development and coaching to administrators, teachers and counselors on trauma informed and culturally responsive services and supports within the behavioral health model
- l. Provides support in crisis response
- m. Trains and supervises behavioral/mental health interns to provide effective services and supports
- n. Participates in district in-service and professional development meetings
- o. Conducts classroom observations of students for the purpose of data collections and fidelity of implementation of the treatment plans
- p. Attends team meetings to participate in the problem solving model for students and families
- q. Works within the MTSS framework to facilitate pre-screening; consult with teachers and staff and provides services to alleviate issues impairing a student's ability to be successful in the regular classroom
- r. Provides direct services and check-up supports to students on caseload assigned from reassignment hearings

- s. Completes accident/incident reports for students/staff
- t. Compiles data for statistical purposes
- u. Maintains confidentiality regarding educational records
- v. Maintains a daily log of school/staff visits and documentation
- w. Utilizes existing technology effectively in the performance of duties

Qualification Profile:

- a. The district should hire personnel with a Bachelors level or higher level degree (Masters preferred). School Liaisons should be qualified in behavior intervention, such as school counselors, school social workers, psychologists, or other related field.
- b. Social work experience in K-12 settings preferred
- c. Experience leading professional development and training with teachers and counselors
- d. Flexible, solutions oriented, collaborative and responsive to crisis situations
- e. Possess and utilize excellent interpersonal skills and professional judgment
- f. Demonstrate collaborative and consultative skills

- b. The **Clinical Therapist** at the CMHC will be responsible for:
 - i. Helping the school liaison identify appropriate referrals to the program.
 - ii. Triage with the School Liaison to prioritize treatment interventions for identified students.
 - iii. Working with the School Liaison to connect with the families or child welfare contacts to get appropriate consent to treat.
 - iv. Conducting a clinical assessment of the identified student and make appropriate treatment recommendations.
 - v. Engaging with the student, family or child welfare contacts in clinical interventions as identified on the treatment plan. Provide individual and family therapy.
 - vi. Administer scales or tests to detect areas of concern with depression, anxiety, self-harm or other areas as identified.
 - vii. Making referrals to other treatment modalities as appropriate.
 - viii. Communicating with school personnel who are involved in the student's life to help them understand the diagnosis, family circumstance and suggested interventions as is appropriate.
 - ix. Gathering outcome data to monitor the effectiveness of the program.
 - x. Coordinating with the Case Manager to identify ways for them to support the student and family.
 - xi. Providing therapy services as determined by the student's treatment plan.
 - xii. Maintaining the treatment plan and necessary treatment protocols required by the CMHC.

- c. The **Case Manager** at the CMHC will be responsible for:
- i. Working with the School Liaison and Clinician to identify students and triage priorities for treatment.
 - ii. Outreach to students, families and child welfare contacts to help engage in treatment.
 - iii. Participate in the treatment planning process.
 - iv. Communicate with the Liaison and school personnel when appropriate about student needs, interventions and progress.
 - v. Help maintain communication between all entities including family, student, school, clinician, child welfare and community.
 - vi. Maintain the treatment plan and necessary treatment protocols required by the CMHC.
 - vii. Make referrals to appropriate community resources.
 - viii. Help to re-connect students and families when they are not following through with the treatment process.
 - ix. Help the families negotiate barriers to treatment.
 - x. Engage with the student in the classroom, the home or the community to help build skills wherever needed.

B. MAJOR RESPONSIBILITIES OF SCHOOL DISTRICTS

1. Accounting of expenditures. This would include the School Liaison payments and school district payments to local Community Mental Health Centers (CMHCs).
2. Reporting both financial and program information to the Kansas State Department of Education.
3. Work with the CMHCs to provide appropriate space in the school buildings for student counseling sessions.
4. The **School Liaison's** general duties in the school district will be responsible for:
 - a. Identifying appropriate referrals for the team to engage.
 - b. Acting as a liaison between the district and the CMHC and being the point person for communication between the two groups.
 - c. Helping the CMHC staff understand and negotiate the school district system and procedures.
 - d. Triage prospective referrals and deciding with the CMHC staff how to prioritize interventions for identified students.
 - e. Helping the school personnel understand the role of the CMHC staff in this project.
 - f. Facilitating connections between the identified students' families and the CMHC staff.
 - g. Trouble shooting any problems that arise and work with the CMHC to resolve them.
 - h. Gathering outcomes to monitor the effectiveness of the program.
 - i. Follow up with child welfare contacts if a child has moved schools to get educational history.
 - j. Be an active part of the school intervention team and relay information back to CMHC staff.

C. ACCOUNTING REQUIREMENTS

1. School districts shall keep separate accounting records for the following:
 - a. Mental Health Intervention School Liaison expenditures (Salary and Fringe Benefits)
 - b. School District Payments to Community Mental Health Centers

Grants will be recorded under the **Gifts and Grants** (Code 35) fund - USD budget document.
Revenue Code - 3227 Mental Health (School Liaison)

3228 Mental Health (Community Mental Health payment)

The 25% local match can be paid out of the school district's general (Code 06) or supplemental general (Code 08) funds. At Risk funds (K-12) (Code 13). Expenses paid out of the at-risk fund must be for students identified as at-risk under the state guidelines.

2. Records should be available for audit by the Kansas State Department of Education.
3. Allowable expenditures for these funds are outlined below in the **Allowable Expenditures** section of this guidance document.
4. If the school liaison's salary is prorated between other duties, records should be available to determine the time spent on the school liaison duties.

D. ALLOWABLE EXPENDITURES

1. Mental Health School Liaison Program

The district should hire personnel with a Bachelors level or higher degree (Masters preferred). School liaisons should be qualified in behavior intervention, such as school counselors, school social workers, psychologists, or other related field. The important issue is to get qualified staff who can make this program successful by coordinating between the school district and the community mental health center.

Expenditures for this program are restricted for the payment of salary and fringe benefits as outlined below:

- a. Salary
- b. Fringe Benefits - Include amounts paid by USDs on behalf of employees; these amounts are not included in the gross salary, but are in addition to that amount. Include group insurance, social security, unemployment compensation and worker's compensation.

E. MEMORANDUM OF UNDERSTANDING BETWEEN SCHOOL DISTRICTS AND COMMUNITY MENTAL HEALTH CENTERS (CMHC)

A sample **Memorandum of Understanding** is shown in **Appendix D** on pages 19-25. This form may be modified to meet the requirements needed by school districts and community mental health centers.

Once a school district is approved for a grant, the district and community mental health center must have a **Memorandum of Understanding** signed by both parties and submitted to KSDE prior to receiving any funds.

F. REPORTING REQUIREMENTS

Progress reports will be required during the year at the end of each semester. A financial report will also be required on the end-of-the-year program report which will be due June 30, 2020.

- July 1, 2019 to June 30, 2020 (End-of-year Program Progress Report and Financial Report)

The reports have been developed and are shown in **Appendix A** on page 15-16. Any modifications to these reports will be sent to school districts as soon as they are available.

G. PAYMENT INFORMATION

1) School District Liaison Grant:

School districts will be able to request monthly payments to cover anticipated expenditures for each month. The requests will be completed using a form developed by the School Finance team and will follow the same format as federal funds payments. Excess revenue during the month should be held to a minimum and will be used for the following month's payment of expenditures. The form will include cash on hand at the beginning of the month, the estimated expenditures anticipated for the month, and the payment requested to meet those obligations.

The payment and form will be coordinated by the School Finance team.

Payment Request contact: Christie Wyckoff | (785) 296-6321 | cwyckoff@ksde.org

See **Appendix C** on page 18 for sample **Payment Request Form**.

2) School District Grant for Payments to Community Mental Health Centers for Uninsured/Underinsured Students:

School districts will receive 25% of this grant beginning on October 15, 2019. The following quarterly payments will be November 15, 2019, February 15, 2020, and the final payment on April 15, 2020.

NOTE: USDs will receive these payments and then send the funds to their contracting Community Mental Health Center.

H. PROGRAM REQUIREMENTS | MENTAL HEALTH INTERVENTION TEAM PROGRAM

GRANT REQUEST INFORMATION

1. The program will be open to all Unified School Districts in Kansas.
2. School districts in the program during the 2018-19 school year will receive 75% of the Liaisons salary and fringe benefits for the number of Liaisons hired during 2018-19 school year, providing the district requests those Liaisons for 2019-20. The budget request will be based on the 2019-20 salary and fringe benefits. The remaining 25% will be financed with local funds.
3. With the additional funds available for expansion of the MHIT program, all school districts may apply, including the districts in the program during 2018-19.
4. School districts may cooperate with other districts. If schools choose this option, one of the districts will be designated as the fiscal agent, which will hire the Liaison(s) and handle all the financial arrangements and payments.
5. Approved programs will receive state grants in the amount of 75% of the cost of School Liaison's salary and fringe benefits. The remaining 25% will be financed with local funds.
6. School Liaisons which serve in more than one capacity shall be prorated and the time working in the MHIT program will be eligible for funding under this grant.
7. Applications will be submitted to the Kansas State Department of Education by 5:00 p.m. June 14, 2019.
8. The applications will be reviewed by an independent team.
9. Grant applications will be approved by the State Board of Education at their July meeting.
10. Items in the application will include the number of Liaisons requested, the name of the buildings to be served by the grant, an agreement signed by the USD and the local Community Mental Health Center (CMHC) serving the district, and the explanation of the need for the program in their district.
11. In addition to this grant, payments for the CMHCs will be made to the USD and then paid to the CMHC by the USD.

I. Grant Request Application Information

2019-20 Mental Health Intervention Program

1. The number of Liaisons and buildings to be served by this program.
2. The number of students in each building to be served by this program.
3. The estimated cost of the salary and fringe benefits of the Liaisons.
4. The percent of students that qualified for free lunches in each building contained in the application based on the 2018-19 school year and the overall district's free lunch percent.
5. The estimated number of foster students in each building contained in the application and the overall number of foster students in the district.
6. A signed Collaboration Agreement between the USD and the CMHC serving the district. In addition, a **memorandum of understanding** (MOU) must be completed and submitted to the Kansas State Department of Education, once the unified school district is awarded a grant. The MOU must be signed and submitted prior to receiving grant funds. (sample MOU in MHIT Guidance Document – page19-25)
7. A written summary of the need for this program based on such items as the estimated number of students needing mental health services, suicide/ideations data, and data from the CMHC on the need for the program for students in the district.
8. Certify that the USD will require training of Liaisons for the online student data system and updating student information in the system.
9. Certify that all accounting requirements and progress reports will be completed.

Additional information to be submitted

1. The estimated number of students needing mental health services in the new buildings requested.
2. Provide any data on suicide/ideations available for the new buildings requested.
3. Any data from the CMHC on the need for this program in your district.
4. Summary of justifications for needing this program.

This Agreement is required in the Application.

MENTAL HEALTH INTERVENTION PROGRAM COLLABORATIVE AGREEMENT

1. Purpose of the Agreement:

USD # and Name of School District _____ and Community
Mental Health Center name _____ have agreed to work together to
provide treatment and track the behavioral health needs of youth enrolled in USD# _____.
This agreement describes their understanding of and commitment to this collaborative
effort.

2. Scope and Duration:

This agreement will guide the collaboration for the period beginning _____ and
ending _____. USD # _____ will hire and/or assign employees to the School
Liaison position, to fulfill the roles and responsibilities outlined in the MHIT Program and
School Liaison Guidance Document for School Districts.

Community Mental Health Center name _____ will hire and/or assign employees
to the Clinical Therapist positions, to fulfill the roles and responsibilities outlined in the MHIT
Program and School Liaison Guidance Document for School Districts.

Community Mental Health Center name _____ will hire and/or assign employees
to the Case Manager positions, to fulfill the roles and responsibilities outlined in the MHIT
Program and School Liaison Guidance Document for School Districts.

USD # and Name of School District _____ and Community Mental Health Center name _____ will work together to meet the requirements of KSDE, including uploading student data in the database system and reporting requirements as outlined in the guidance tool. USD # and Name of School District _____ and Community Mental Health Center name _____ agree to execute a Memorandum of Understanding (MOU) to establish an official partnership once the application has been approved by KSDE.

Each participating organization has agreed to commit resources for the collaboration and support of those employees hired to fulfill their requirements as outlined in the Guidance Document.

This agreement was adopted by designated representatives from USD # and Name of School District _____ and Community Mental Health Center name _____ on _____ (mm/dd/year). The signatures of the Superintendent of the School District and Executive Director of the Community Mental Health Center below represent the interest and full commitment of their organizations to participate actively in the Mental Health Intervention Team Program.

_____ Superintendent	_____ Date
_____ USD # and Name	
_____ Executive Director	_____ Date
_____ Community Mental Health Center	

There will be 2 reports for 2019-20, on December 20 and June 30.

APPENDIX A – Proposed Progress Report (Sample shown below)

Kansas State Department of Education – School Finance

Page 1 of 2

FY2020 MENTAL HEALTH INTERVENTION TEAM PROGRAM PROGRESS REPORT

- To be completed jointly by the USD and CMHC

Due Date

Reporting Period: _____ through _____		Number of students served	Percent of students served
1.	How many students received services by the CMHC during this reporting period? (Students would only be counted once) Number of Students Served		
2.	Number of students referred for services to the CMHC... Intake has been completed, <i>but</i> ongoing services have not begun. Number of students		
3.	Number of students referred for services to the CMHC... Intake is planned but has not been completed. Number of students		
4.	How many students (K-12) who received services by the USD and CMHC showed improved school attendance following start of services? Number of Students With Improved School Attendance		
5.	How many students (K-12), after receiving services, have shown improved behavior? (such as fewer or no office referrals, discipline reports, detentions, visits to school counselors, social workers, school nurses.) (Optional - Breakdown of these categories may be reported on question 11) Number of Students Showing Improved Behavior		
6.	How many students (K-12), after receiving services by the CMHC, have shown improvement of academic performance/ increased engagement in learning?		
7.	How many students who received services by the USD and CMHC have officially dropped out of school according to the law after receiving the services? Number of Students <i>Officially</i> Dropping out of school <i>after</i> Receiving Services		
8.	How many students who received services by the USD and CMHC moved out of the school district after receiving the services? Number of Students Moving out of the school district after Receiving Services		
9.	How many foster students received services by the CMHC during this reporting period? (Students would only be counted once) Number of Foster Students Served		

10. Provide any written information of the successes for students for the Mental Health Intervention Program not covered in the questions above. (attach separate sheet)
11. Provide any written information of any recommendations for improvements needed to help students in meeting the goal of improving their social/ emotional wellness and outcomes. (attach separate sheet)
12. Provide any written information that demonstrates measures that may help evaluate student needs that are receiving services through this program. This could include the number of suspensions/expulsions from school, law enforcements contacts, or suicide attempts of these students. (attach separate sheet)

I hereby certify this information is correct to the best of my knowledge.

_____ Signature of School Liaison	_____ USD #	_____ Signature - CMHC designee
_____ Date		_____ Date

Submit report electronically to KSDE by _____.

- Scan completed and signed report into a PDF document and attach to email to the following:

To: Craig Neuenswander craign@ksde.org

cc: Veryl Peter vpeter@ksde.org

T:MHIT/Reports/MHIT Progress

APPENDIX B – FINAL EXPENDITURE REPORT (Sample)

KANSAS STATE DEPARTMENT OF EDUCATION - SCHOOL FINANCE

FINAL EXPENDITURE REPORT: Mental Health Intervention Program

Reporting Period: July 1, 2019 through June 30, 2020

USD Number:

USD Name:

School Liaisons		
Salaries	Fringe Benefits	Total
		\$0.00

Community Mental Health Center			
Amount Received from KSDE		Amount Sent to CMHC	

<input type="text"/>	<input type="text"/>
Signature (USD contact)	Date submitted

<input type="text"/>	<input type="text"/>
Name of USD Contact Person	Email Address and Job Title

Please submit report electronically to KSDE no later than: **June 30, 2020**

After signing, scan to a pdf document, and attach final report to an email:

To: Craig Neuenswander, Director, School Finance cneuenswander@ksde.org

cc: Veryl Peter vpeter@ksde.org and Christie Wyckoff cwyckoff@ksde.org

T:MHIT/Reports/MHIT Program Application FY20

APPENDIX C – Payment Request Form (Sample)



Division of Fiscal and Administrative Services

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MENTAL HEALTH INTERVENTION GRANTS

School Liaison Grant Payment Request Form

School Year: 2019-20

Due on the 20th of each Month

USD Name	USD No.
School Liaison Grant Amount	_____
Previous Payments	_____
Remaining Balance Available to Request	_____
<u>Monthly Payment Request</u>	
1. Cash Balance On Hand	_____
2. Estimated Expenditures for Next Month	_____
<i>Total Payment Request</i>	_____
	<i>(Line 2 subtracted by Line 1)</i>

***Submit completed form by the 20th of each month to
Christie Wyckoff, School Finance, via email cwyckoff@ksde.org***

APPENDIX D – MEMORANDUM OF UNDERSTANDING

**CONTRACTUAL AGREEMENT
BETWEEN
UNIFIED SCHOOL DISTRICT NO. ____
(CMHC)**

THIS AGREEMENT effective this ____1st____ day of ____, 20__, by and between Unified School District No. ____, _____ (hereinafter referred to as "USD ____") and _____(CMHC), Inc. a Kansas non profit corporation (hereinafter referred to as “_____”).

WHEREAS, pursuant to K.S.A. 72-8201, USD ____ is a Kansas unified school district possessing the usual powers of a corporation for public purposes which provides educational services to its students; and

WHEREAS, _____(CMHC) is a Kansas not for profit corporation providing mental health services to children and their families, including certain students of USD ____; and

WHEREAS, _____(CMHC) and USD ____ have concluded that it is in their mutual best interest to work collaboratively in the provision of certain behavioral, emotional, and academic services to students of USD ____ who are also clients of _____(CMHC); and

WHEREAS, USD ____ agrees to provide space to _____(CMHC) employees to work with those referred for services; and

WHEREAS, USD ____ possesses and maintains certain records and information related to its students as part of the provision of educational services; and

WHEREAS, _____(CMHC) possesses and maintains certain records and information related to its clients as part of the provision of mental health services; and

WHEREAS, _____(CMHC) and USD ____ have determined that their shared objectives to make a positive meaningful change in the lives of students of USD ____ who are also clients of _____(CMHC) will be significantly enhanced and furthered by and through an arrangement in which the parties share and exchange certain information, on a limited basis; and

WHEREAS, _____(CMHC) and USD ____ have concluded that USD ____ students identified by USD ____, in its discretion, as being in need of mental health care services would derive substantial benefit from an assessment by a provider or a qualified mental healthcare professionals, such as _____(CMHC); and

WHEREAS, _____(CMHC) has agreed that should USD ____ refer a student for a mental health assessment, _____(CMHC) will provide such assessment within a reasonable period of time under the circumstances; and

NOW, THEREFORE, in consideration of the mutual promises, covenants and conditions set forth herein, the Parties hereto agree as follows:

Section 1: **Term.** This Agreement shall be effective _____(start date) and shall end on _____(end date) subject to the provisions of this Section and Section 9. Thereafter, the terms of this Agreement may be renewed, in writing, on an annual basis, by agreement of the Parties.

Section 2: **Mutual Agreement – Independent Contractor.** The parties agree that in the performance of its obligations under this Agreement, ____ (CMHC) is an independent professional mental health care provider offering services to USD ___ students as set forth in its Articles of Incorporation. As such, ____ (CMHC) is not an agent or employee of USD ____. USD ___ shall neither have nor exercise any control over the professional judgment or practice of ____ (CMHC) and its employees.

Section 3: **Purpose and Scope.** Information Sharing and Referrals.

The parties intend to share, on a limited basis, confidential information regarding USD ___ students and in some cases, their families.

- (a) For its part, ____ (CMHC) warrants that prior to sharing such information, it will obtain an appropriate release of information executed by the legal guardian of the student in accordance with applicable state and federal law. ____ (CMHC) further agrees to provide a copy of any such release to USD ____.
- (b) The aforementioned releases will be sent to a centralized location designated by USD ___ and USD ___ will indicate in _____ that the release has been completed.
- (c) The parties understand that the releases of information may be revoked by the legal guardian of the student at any time. Upon notice of revocation, all information sharing between the Parties will be terminated with regards to that student.
- (d) ____ (CMHC) further agrees to limit its access to and use of information to the information provided by the Parties as more fully set forth in Section 4.
- (e) ____ (CMHC) warrants that it will not download or save any of the data or other information provided by USD ___ in connection with this Agreement.
- (f) USD ___ shall facilitate referral of students identified in need of mental health services as appropriate through referrals to the CMHC. CMHC will outreach the families or guardians to determine if mental health services are needed and/or desired.

Section 4: **Purpose and Scope. School Liaison**

- (a) The School Liaison with the school district will be responsible for:
 - (1) Identifying appropriate referrals for the team to engage.
 - (2) Acting as a liaison between the district and the CMHC and being the point person for communication between the two groups.
 - (3) Helping the CMHC staff understand and negotiate the school district system and procedures.
 - (4) Triage prospective referrals and deciding with the CMHC staff how to prioritize interventions for identified students.

- (5) Helping the school personnel understand the role of the CMHC staff in this project.
- (6) Facilitating connections between the identified students' families and the CMHC staff.
- (7) Troubleshooting any problems that arise and work with the CMHC to resolve them.
- (8) Gathering outcomes to monitor the effectiveness of the program.
- (9) Follow up with the child welfare contacts if a child has moved schools to get educational history.
- (10) Be an active part of the school intervention team and relay information back to CMHC staff.

Section 5: Purpose and Scope. Clinical Therapist

- (a) The Clinical Therapist at the CMHC will be responsible for:
- a. Helping the School Liaison identify appropriate referrals to the program based on one or more areas of concern:
 - i. Harm to self or others
 - ii. Trauma experience or history of trauma
 - iii. Emotion management
 - iv. Stress management
 - v. Anger management
 - vi. Impulse control
 - vii. Increasing social skills
 - b. Triage with the School Liaison to prioritize treatment interventions for identified students.
 - c. Working with the School Liaison to connect with the families or child welfare contracts to get appropriate consent to treat.
 - d. Conducting a clinical assessment of the identified student and make appropriate treatment recommendations.
 - e. Engaging with the student, family or child welfare contact in clinical interventions as identified on the treatment plan. Provide individual and family therapy.
 - f. Administer scales or tests to detect areas of concern with depression, anxiety, self-harm or other areas as identified.
 - g. Making referrals to other treatment modalities as appropriate
 - h. Communicating with school personnel who are involved in the student's life to help them understand the diagnosis, family circumstance and suggested interventions as is appropriate.
 - i. Gathering outcome data to monitor the effectiveness of the program.
 - j. Coordinating with the Case Manager to identify ways for them to support the student and family.
 - k. Providing therapy services as determined by the student's treatment plan.
 - l. Maintaining the treatment plan and necessary treatment protocols required by the CMHC.

Section 6: Purpose and Scope. Case Manager

- (a) The Case Manager at the CMHC will be responsible for:
- a. Working with the School Liaison and Clinician to identify students and triage priorities for treatment.
 - b. Outreach to students, families and child welfare contacts to help engage in treatment.
 - c. Participate in the treatment planning process.
 - d. Communicate with the Liaison and school personnel when appropriate about student needs, interventions and progress.

- e. Help maintain communication between all entities including family, student, school, clinician, child welfare and community.
- f. Maintain the treatment plan and necessary treatment protocols required by the CMHC.
- g. Make referrals to appropriate community resources.
- h. Help to re-connect students and families when they are not following through with the treatment process.
- i. Help the families negotiate barriers to treatment.
- j. Engage with the student in the classroom, the home or the community to help build skills whenever needed.

Section 7: Licensure and Certification.

- (a) ____ (CMHC) shall maintain any certification, registrations, or licenses as required by law and shall remain in good standing in their profession during the term of the contract. Additionally, ____ (CMHC) shall inform USD ____ of any changes to such certifications, registrations, or licenses to the extent such disclosures or documents are not confidential, privileged, or otherwise immune to disclosure under state or federal law.

Section 8: Liability for Loss.

- (a) ____ (CMHC) shall not be liable or obligated to USD ____ for losses or damages incurred by USD ____ under this Agreement, unless such damage arises from any willful act or omission or negligence of ____ (CMHC), its officers, employees or agents, in which event ____ (CMHC) shall be liable to USD ____ for such losses or damages sustained there from.
- (b) USD ____ shall not be liable or obligated to ____ (CMHC) for losses or damages incurred by ____ (CMHC) under this Agreement, unless such damage arises from any willful act or omission or negligence of USD ____, its officers, employees or agents, in which event USD ____ shall be liable to ____ (CMHC) for such losses or damages sustained there from; provided that USD ____ in no event shall be subjected to any liability greater than found in the Kansas Claims Tort Act, K.S.A. 75-6101 et seq., and amendments thereto. Obtain proper Releases of Information authorizing USD ____ and ____ (CMHC) to exchange information.
- (c) Each party shall be responsible for damages resulting from the acts and omissions of its employees.
- (d) No Third Party Beneficiary Rights. No third party may enforce or rely upon any obligation of, or the exercise of or failure to exercise any right of the parties herein. This Agreement is not intended to create any rights of a third party beneficiary.

Section 9: Assignment or Risk and Professional Obligations. This Agreement is subject to the laws, rules, and regulations imposed by governmental authorities or professional associations for ____ (CMHC) employees or agents providing services under this Agreement. ____ (CMHC) shall also maintain, at ____ (CMHC) expense, comprehensive general liability, malpractice and professional insurance, in amounts not less than one million dollars (\$1,000,000.00). Such insurance coverage shall explicitly cover all duties expressed in Section 3 above. ____ (CMHC) will provide a copy of insurance policy upon request of USD ____.

Section 10: **Confidentiality.** Except for those billing activities permitted under law, neither party shall release any information about a student nor his or her medical care or treatment to any third party unless required under law. ____ (CMHC) and USD ____ agree to adhere to all confidentiality statutes, rules, ordinances and regulations related to the disclosure of records or confidential information pertaining to students and families, including but not limited to the provisions of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA).

Section 11: **HIPAA Compliance** In instances where ____ (CMHC) receives Protected Health Information (PHI) from USD ____, ____ (CMHC) agrees that it shall:

- (a) Comply with the applicable provision of the Administrative simplification section of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. 1320d through d-8 (HIPAA), and the requirements of any regulations promulgated there under.
- (b) Not use or further disclose any PHI concerning a patient other than as permitted by this Agreement, the requirements of HIPAA and/or applicable federal regulations. ____ (CMHC) shall implement appropriate safeguards to prevent the use or disclosure of a patient's PHI other than as provided for by this Agreement.
- (c) Promptly report to USD ____ any violations, use and/or disclosure of a student's PHI not provided for by this Agreement as soon as practicable, upon becoming aware of the improper violation(s), use and/or disclosure.

Section 12: **Dispute Resolution.** In the event of a conflict or dispute arising under the execution or performance of the terms of this Agreement, the Parties agree to meet and confer in good faith, in order to identify and resolve the conflict, prior to seeking alternative methods of conflict resolution.

Section 13: **Non-Discrimination.** The Parties agree that they shall not discriminate against anyone on the basis of race, age, gender, national origin, religion or disability in execution of the duties and obligations herein.

Section 14: **Non-Solicitation.** During the term of this Agreement and continuing for [12] months after the termination of this Agreement, neither party shall directly or indirectly, for its own account or for the account of others, urge, induce, entice, or in any manner whatsoever solicit any employee directly involved in the activities conducted pursuant to this Agreement to leave the employment of the other party or any of its affiliates.

Section 15: **Insurance.** ____ (CMHC) agrees to maintain general liability, professional liability and worker's compensation insurance for all ____ (CMHC) employees who perform services in connection with ____ (CMHC) obligations hereunder and shall further designate USD ____ as a named insured under such policies. ____ (CMHC) will provide documentation of such liability insurance to USD ____.

Section 16: **Notices.**

- (a) All notices sent to USD ____ must be in writing and (i) hand delivered, (ii) sent by first class mail, postage prepaid, or (iii) sent by overnight delivery service, to:

Unified School District No. ____
ATTN:

- (b) All notices sent to ____ (CMHC) must be in writing and (i) hand delivered, (ii) sent by first class mail, postage prepaid, or (iii) sent by overnight delivery service, to:

CMHC Name
ATTN: CMHC Contact Address

- (c) For purposes of this Section, the date of delivery shall be considered the date upon which the notice was received by the party. In the case of notice sent by first class mail, receipt will be presumed to be the third (3rd) day after the date of post mark.

Section 19: **Governing Law.** This Agreement shall be governed by Kansas law, and if any provision herein is found to be in conflict with any Kansas law or regulation, it is the intent of the parties hereto that such provision shall have no force and effect, and the remainder of the Agreement shall be valid as though such conflicting provision has not been written or made a part hereof.

Section 20: **Severability.** If any provision herein is found to be in conflict with any Kansas law or regulation, it is the intention of the parties hereto that such provision shall have no force and effect, and the remainder of the Agreement shall be valid as though such conflicting provision had not been written or made a part hereof.

Section 21: **Assignment of Contract.** This Agreement may not be assigned by ____ (CMHC) without the prior written consent of USD ____.

Section 22: **Entire Agreement.** This Agreement contains the entire agreement between the Parties. This Agreement may not be modified except by later written agreement signed by both parties.

IN WITNESS WHEREOF, the Parties have executed this agreement at _____, Kansas on the date above first written.

BY: _____

BY: _____

NAME: _____

NAME: _____

TITLE: _____

TITLE: _____

DATE: _____

DATE: _____

Attest: _____

Clerk of Board of Education

###

OPTIONAL PROVISION

Review MOU suggestions below: Providing recordkeeping invoice and payment

Below is a sample policy which could be included in the Memorandum of Understanding (MOU) between the school district and the local community mental health center. This recordkeeping policy is optional and would need the agreement of both parties in order for it to be included in the MOU agreement.

***Section 5. Reports:**

No later than the 10th day of September, October, November, December, January, February, March, April, May and June, (CMHC name) will submit a report to (USD name) that contains the following information:

- a. Name of student served in the previous month;
- b. The date(s) services were provided;
- c. Amount of time services were provided on each date that services were provided.

Section 6. Compensation:

(USD name) will pay to (CMHC name) for the 2019-2020 school year the sum of (\$) in ten equal payments. Each payment will be made no later than ten days following the date the reports referred to in Section 5 are provided to (USD name) by (CMHC name).

Section 7. Sole Source of Funding:

The funding to pay (CMHC name) under the terms of the Agreement is limited to the funds (USD name) receives from the Commissioner of Education pursuant to the MOU, and payment to (CMHC name) will be made from no other (USD name) sources of funding. (USD name) will notify (CMCH name) as soon as (USD name) becomes aware that it will not receive funds from the Commissioner of Education pursuant to the MOU to pay (CMHC name). (CMHC name) will not be obligated to provide services under this Agreement on and following the date it receives notice that funds are not available to pay (CMHC name) for services.

***Excel report (see Section 5) COULD also include the following fields:**

- Month of report – Summary of minutes served by CMHC by Category
 - a. Student first name
 - b. Student last name
 - c. Date of birth
 - d. Date and time of service
 - e. Name of provider
 - f. Duration
 - g. Service description
 - h. Location were served

INTRODUCTION TO SAMPLE FORMS AND IMPLEMENTING THE MENTAL HEALTH INTERVENTION TEAM PROGRAM

The following pages include sample forms and documents used by unified schools districts during the pilot program in the 2018-19 school year.

These forms are intended only as sample forms and are not required to be used. Hopefully they will help new school districts to the program learn from the pilot districts.

The first section below: **IMPLEMENTING THE MENTAL HEALTH INTERVENTION PROGRAM** was developed based on the experiences of the pilot schools during 2018-19 to help new districts learn from those past experiences.

IMPLEMENTING THE MENTAL HEALTH INTERVENTION TEAM PROGRAM

1. **Presenting the program to staff.** It is important to provide information to the staff of the schools being served by the mental health intervention team program. This would include the principal, social workers, psychologists, counselors, and teachers. Letting them know how the program operates and that it is there to make their jobs easier by helping students with such issues as behavior issues, poor attendance, and poor academics. Teachers should be provided procedures to give feedback on students receiving services in this program and reporting student attendance, academics, and behavior of those students. Presenting the program to central office staff and the local board of education will allow them to answer questions on the services for students. In addition, the business office of the school district should be advised of the program, amount of the grant, and the allowable accounting and expenditures for the program. Taking the time to show the benefits of the program prior to the implementation of this program is an important initial step.
2. **Training of school liaisons.** Training of the school liaisons is another important aspect for the success of the program. Reviewing the expectations of the position, job duties, and techniques for selling the program are a few steps in this process. Training the liaison on the details of the online student data system can be accomplished by requesting training from KSDE IT staff.

IMPLEMENTING THE MENTAL HEALTH INTERVENTION TEAM PROGRAM (continued)

3. **Communication with the local community mental health center.** It is important to establish a good working relationship with the community mental health center staff, including the case managers and clinical therapists. By building a strong communication between the school and the CMHC, any issues which arise can be addressed. It is important to make sure the CMHC has adequate staff available prior to implementing the MHIT to ensure students referred for services with not have any wait time. A memorandum of understanding should be developed by the school district and community mental health center on the duties and outcomes expected. It should include how referrals to the community mental health center are made by the school district. If needed, it should address any summer services they plan to provide.
4. **Communication with other local agencies.** Building a working relationship with other local entities will ensure that students with mental health issues get the help they need. These entities may include the local hospital staff, law enforcement agencies, other local health agencies. Explaining the program to those agencies will result in better communication between the agencies, if a student encounters mental health issues addressed by those agencies.
5. **Communication with the community about the program.** In order to get information about the program to the general public and parents, it is important to develop a plan to let them know about the benefits of the services available to help their children.
6. **Providing services to students in the school.** One of the benefits of the program is to provide services in the school buildings. The planning process should include adequate and secure rooms to hold sessions with the student(s). Having the school liaison accessible to students will ensure their can visit the liaison when services are needed or the teacher needs help with a student.
7. **Have all the necessary forms developed for the program.** Having the necessary forms available for referrals, parent permission, and evaluation of students is necessary to ensure services are provided as soon as possible to the student. Included in this guidance document are sample forms from school districts that have participated in the MHIT pilot program.
8. **Evaluation of the program.** As with all programs administered by the school district, a plan should be developed to evaluate the effectiveness of the services to students. The online student data system has questions which help schools determine if the students are showing progress in several areas. Additional evaluation tools can be used by the school district in addition to those listed in the system.

SAMPLE FORMS

1. PARENT PERMISSION FOR SERVICES FORM



Authorization to Participate in Behavioral Health Services

Student Name

Student ID

By signing below and you agree that you are the legal guardian of the minor child listed below and that you authorize the Behavioral Health Social Workers at Kansas City Kansas Public Schools to provide behavioral health services. Those services may include assessment of behaviors and symptoms associated with mental health, individual counseling, group counseling, referrals to outside agencies, and/or other related services. These services will be provided in accordance with appropriate state and federal laws. You understand that this authorization is subject to revocation at anytime, except to the extent that action has been taken in reliance thereon. By signing below you are granting permission for your child to participate in activities/programs provided by the Social Worker.

By signing below you indicate your understanding that providers at Kansas City Kansas Public Schools may communicate with supervisors or other staff within the District without a release of information, in order to provide you and your child with quality services. In addition, information about your child can be shared if he/she/they threaten to harm themselves or someone else or as part of reporting child or adult abuse and/or neglect or other exceptions included in Kansas law.

Printed Name of Parent/Guardian

Phone Number

Signature of Parent/Guardian

Date

Signature of Student

Date

Signature of Witness

Date

2. USD | STUDENT BEHAVIORAL HEALTH REFERRAL FORM (#1)

Behavioral Health Referral Form

General Information

Required *

1. **Person Referring** * _____

2. **School** *

Mark only one

- Archer Elementary
- Bowman Elementary
- Arrow Middle School
- Robinson High School
- Sumner Academy

3. **Student's Grade Level** *

Mark only one

- Pre-K
- 1st
- 2nd
- 3rd
- 4th
- 5th
- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th

4. **Student's Last Name** * _____

5. **Student's First Name** * _____

6. **Does the student have an IEP?** *

- Yes
- No
- One is Scheduled
- Unknown

7. **Is the student in foster care?** *

- Yes
- No
- Unknown

Presentation of Problem

Describe the problem for which the student will be referred for help including the need for service. Any additional information regarding the problem, such as, known history, how long it has been occurring, prior attempts, and/or previous involvement with social agencies for assistance with the problem is helpful.

8. Please describe *

9. Do you have any concerns about the safety of the student?

10. Have you noticed the student exhibiting any unusual behavior?

11. Has the student reported that they have experienced/witnessed abuse, violence, trauma, or neglect?

Identifying the Social Behavior

Using the following scale, identify how frequently the student has displayed each of the following behaviors during the previous month.

12. **Arguing ***

Mark only one oval

0 1 2 3
Never Almost Always

13. **Temper Outbursts ***

Mark only one oval

0 1 2 3
Never Almost Always

14. **Disruptive Behavior ***

Mark only one oval

0 1 2 3
Never Almost Always

15. **Impulsiveness ***

Mark only one oval

0 1 2 3
Never Almost Always

16. **Polite and socially appropriate *** (Note change in Scale)

Mark only one oval

0 1 2 3
Almost Always Never

17. **Cooperation with others *** (Note change in Scale)

Mark only one oval

0 1 2 3
Almost Always Never

Identifying the Academic Behavior

Using the following scale, identify how frequently the student has displayed each of the following behaviors during the previous month.

18. **Interest in academic topics ***

Mark only one oval

0 1 2 3
Never Almost Always

19. **Preparedness for instruction ***

Mark only one oval

0 1 2 3
Never Almost Always

20. **Production on acceptable work ***

Mark only one oval

0 1 2 3
Never Almost Always

21. **Academic engagement ***

Mark only one oval

0 1 2 3
Never Almost Always

22. **Difficulty working independently *** (Note change in Scale)

Mark only one oval

0 1 2 3
Almost Always Never

23. **Distractedness *** (Note change in Scale)

Mark only one oval

0 1 2 3
Almost Always Never

Identifying the Emotional Behavior

Using the following scale, identify how frequently the student has displayed each of the following behaviors during the previous month.

24. **Sadness** *

Mark only one oval

0 1 2 3
Never Almost Always

25. **Fearfulness** *

Mark only one oval

0 1 2 3
Never Almost Always

26. **Worry** *

Mark only one oval

0 1 2 3
Never Almost Always

27. **Withdrawal** *

Mark only one oval

0 1 2 3
Never Almost Always

28. **Difficulty rebounding from setbacks** *

Mark only one oval

0 1 2 3
Never Almost Always

29. **Adaptable to change** * (Note change in Scale)

Mark only one oval

0 1 2 3
Almost Always Never

30. **Positive attitude** * (Note change in Scale)

Mark only one oval

0 1 2 3
Almost Always Never

3. USD | STUDENT BEHAVIORAL HEALTH REFERRAL FORM (#2)

Mental Health Intervention Program Referral

*Required

1. **Person Referring:** * _____
2. **Student name:** * _____ **DOB:** * _____
3. **KIDS ID:** * _____ **Client # :** * _____
4. **Student Demographics ***
Guardian Name: _____
Address: _____
Phone Number: _____
5. **Insurance type:** _____
6. **Student's school:** *
 - Eisenhower Elementary
 - Lincoln Elementary
 - Washington Middle School
 - West High School
7. **Is the child currently in foster care?**
 - Yes
 - No
 - Unsure
8. **Is the child currently receiving mental health services?**
 - Yes
 - No
 - Unsure
9. **Special Services?**
 - IEP
 - 504
 - ELL
 - SIT
 - GEI
 - N/A
10. **Please mark the areas of concern for the student:**
Check all that apply:
 - Academics: Low grades, work completion concerns, work refusals, difficulty learning, etc.
 - Behavior: Internalizing (mood, depression, other mental health concerns, avoidance, refusals) and externalizing (physical or verbal aggression, eloping, threats to self)
 - Attendance: Late arrival, missed days/classes

11. Describe school concerns (academics, behavior, and attendance).
(specific issues, frequency, others who might share your concern, etc.)

12. What school interventions address these concerns?

13. Describe the parent/caregiver’s knowledge of your concerns?
Include who/how contacted, what was shared, response.

14. Share any other information you feel would be helpful in determining whether this student is appropriate for this treatment program.

5. CMHC REFERRAL FORM FOR SERVICES

PACES Referral for Mental Health Services

REFERRAL INFO

Date of Referral _____

Person Making Referral _____

Phone Number or E-mail _____

Reason for Referral _____

STUDENT INFO

Student Name _____

DOB _____

Age _____

Grade Level _____

PARENT/GUARDIAN INFO

Parent/Guardian Name _____

Address _____

Home Phone _____

Cell Phone _____

No Phone _____

Best Day/Time to Contact _____

ADDITIONAL INFO

Foster Care _____

Group Home _____

Language Spoken in the Home _____

Homeless _____

Unaccompanied _____

Parent/Guardian has agreed to this referral (this is required before PACES makes contact with the family)

Please email this form to: PACES-MHReferrals@wmhci.org



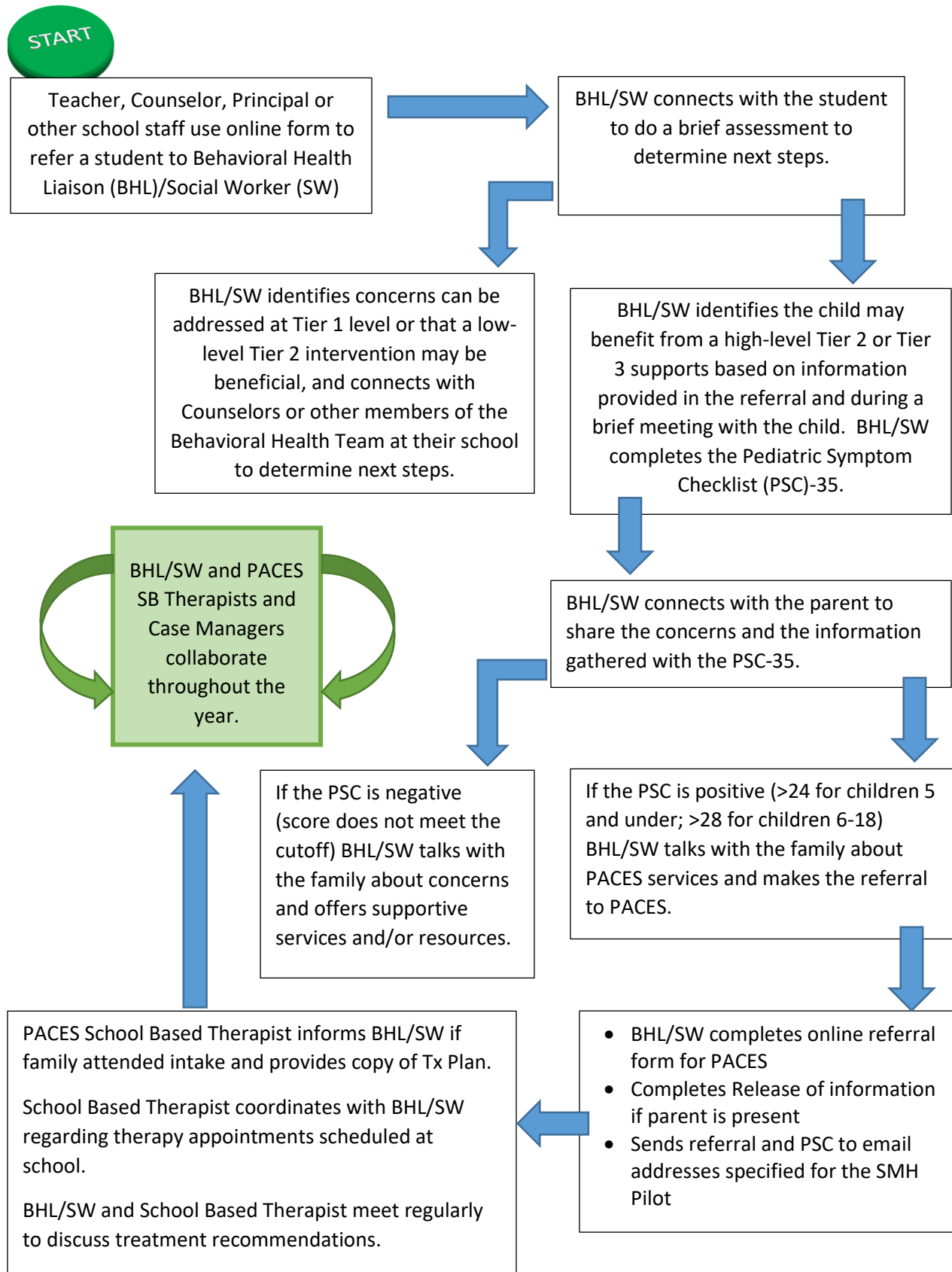
Parent, Adolescent & Child Empowerment Services

Helping Kids. Empowering Families. Creating Hope. Transforming Lives

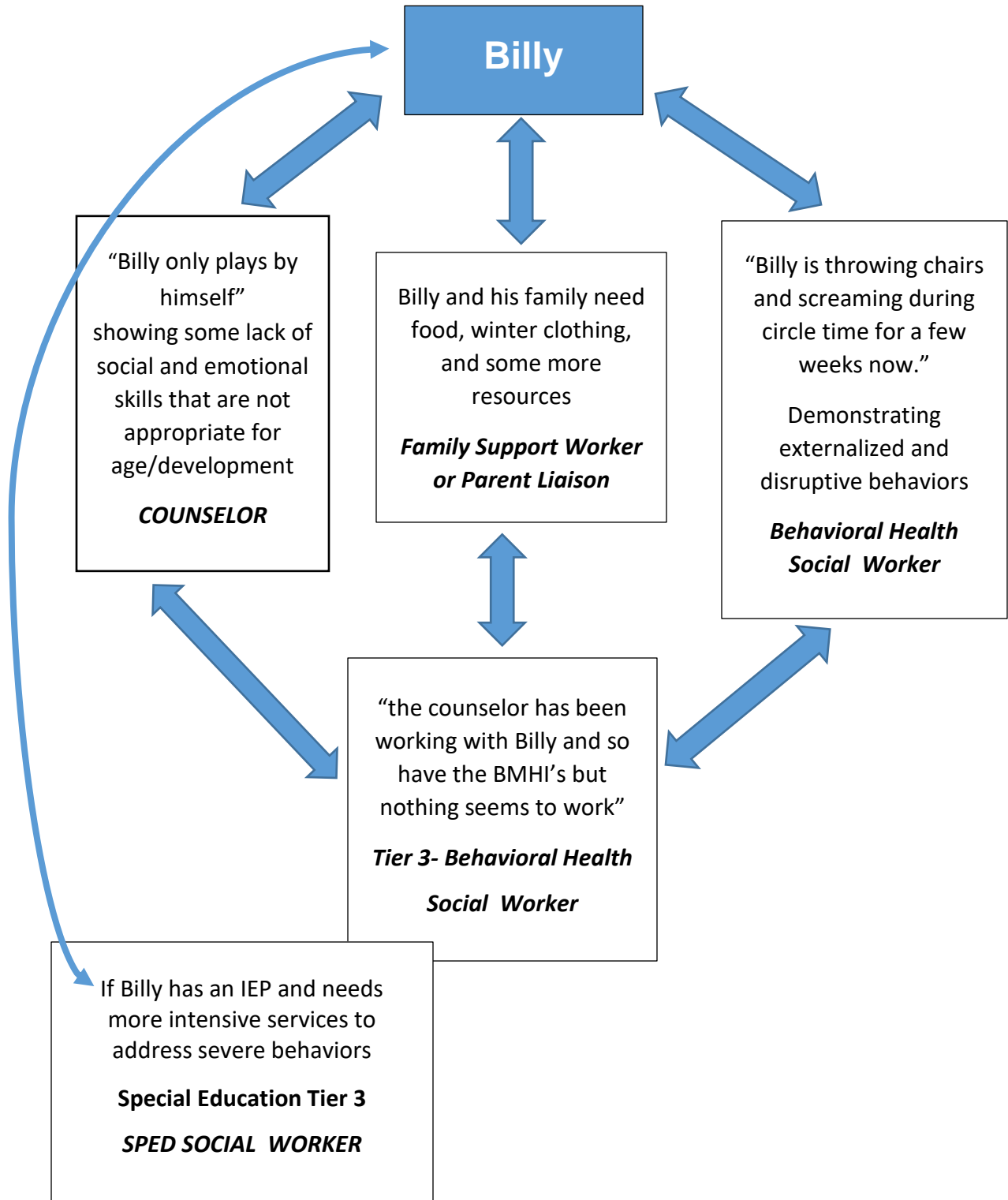
7840 Washington Ave, Kansas City, KS 66112

Main Line: 913-563-6500

6. FLOW CHART FOR REFERRING STUDENTS FOR SERVICES



Continued - **FLOW CHART**

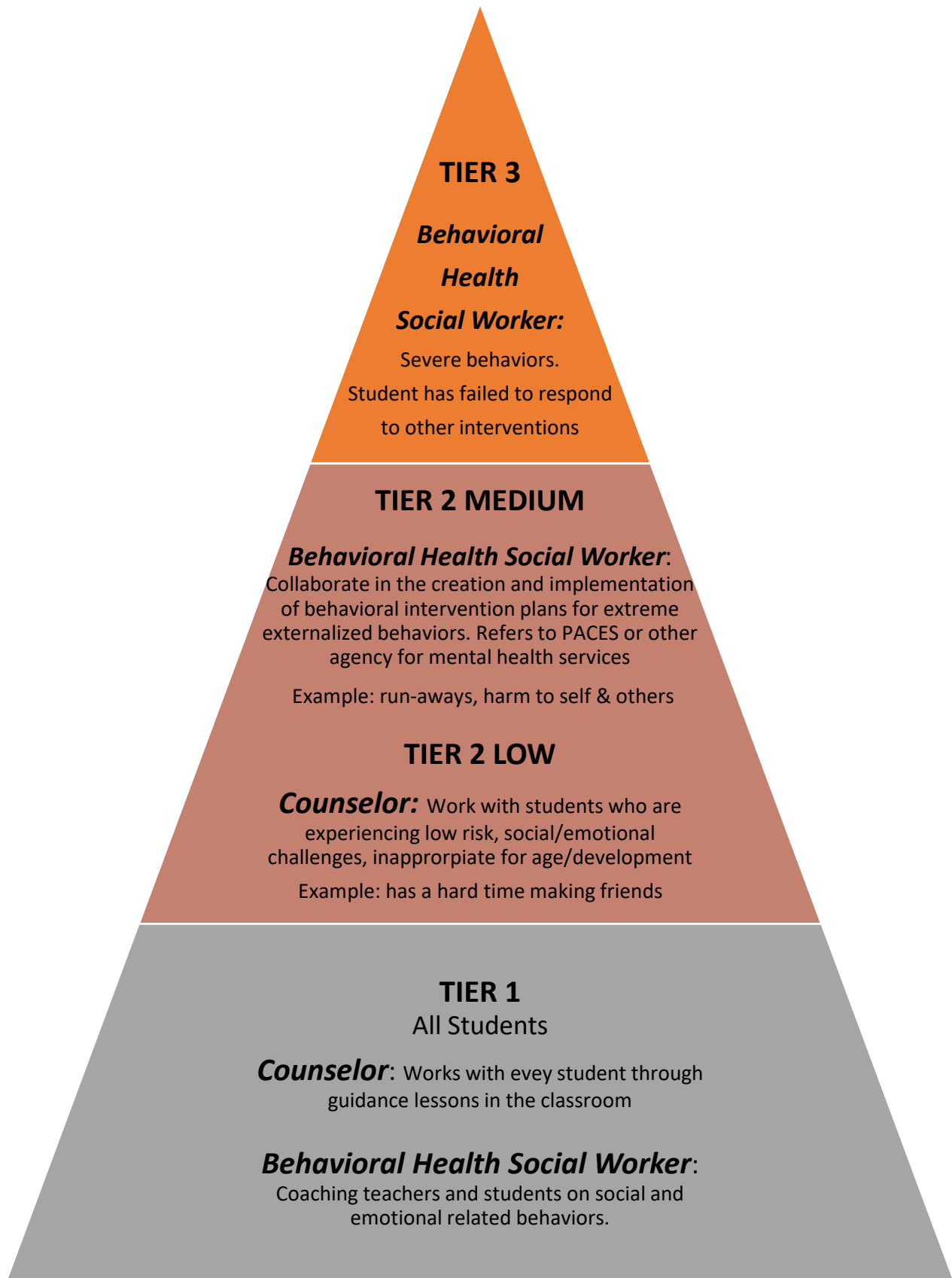


7. DUTIES OF BEHAVIORAL HEALTH TEAM

Counselor | Behavioral Health Social Worker | SPED Social Worker

Behavioral Health Team		
Counselor	Behavioral Health Social Worker	SPED Social Worker
<ul style="list-style-type: none"> • Guidance Lessons <ul style="list-style-type: none"> • 2nd step • Yellow Ribbon • Character Traits • Individual and Group Counseling <ul style="list-style-type: none"> • Social and Emotional Skill development • Classroom Focused and Tier 1 Student Focused 	<ul style="list-style-type: none"> • Coaching and Consulting regarding behaviors and symptoms related to mental health • Student mental health assessments • Liaison with Mental Health agencies • Crisis intervention and suicide assessments • Tier 2 and 3 Student Focused 	<ul style="list-style-type: none"> • Coaching and consultation on social/emotional for students with IEPs • Supports SPED teachers in the creation and implementation of FBAs/BIP • Provides direct services to SPED students who meet Tier 3 criteria

Continued - **Duties of Behavioral Health Team**



8. CHECKLIST – Symptoms of Students Possibly Needing Services

Child's Name _____
 Today's Date _____
 Date of Birth _____

Record Number _____
 Filled out by _____

Pediatric Symptom Checklist

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions. Please mark under the heading that best fits your child.

		Never (0)	Sometimes (1)	Often (2)
1.	Complains of aches/pains	1	_____	_____
2.	Spends more time alone	2	_____	_____
3.	Tires easily, has little energy	3	_____	_____
4.	Fidgety, unable to sit still	4	_____	_____
5.	Has trouble with a teacher	5	_____	_____
6.	Less interested in school	6	_____	_____
7.	Acts as if driven by a motor	7	_____	_____
8.	Daydreams too much	8	_____	_____
9.	Distracted easily	9	_____	_____
10.	Is afraid of new situations	10	_____	_____
11.	Feels sad, unhappy	11	_____	_____
12.	Is irritable, angry	12	_____	_____
13.	Feels hopeless	13	_____	_____
14.	Has trouble concentrating	14	_____	_____
15.	Less interest in friends	15	_____	_____
16.	Fights with others	16	_____	_____
17.	Absent from school	17	_____	_____
18.	School grades dropping	18	_____	_____
19.	Is down on him or herself	19	_____	_____
20.	Visits doctor with doctor finding nothing wrong	20	_____	_____
21.	Has trouble sleeping	21	_____	_____
22.	Worries a lot	22	_____	_____
23.	Wants to be with you more than before	23	_____	_____
24.	Feels he or she is bad	24	_____	_____
25.	Takes unnecessary risks	25	_____	_____
26.	Gets hurt frequently	26	_____	_____
27.	Seems to be having less fun	27	_____	_____
28.	Acts younger than children his or her age	28	_____	_____
29.	Does not listen to rules	29	_____	_____
30.	Does not show feelings	30	_____	_____
31.	Does not understand other people's feelings	31	_____	_____
32.	Teases others	32	_____	_____
33.	Blames others for his or her troubles	33	_____	_____
34.	Takes things that do not belong to him or her	34	_____	_____
35.	Refuses to share	35	_____	_____

Total score _____

Does your child have any emotional or behavioral problems for which she/he needs help? () N () Y

Are there any services that you would like your child to receive for these problems? () N () Y

If yes, what services? _____

9. STUDENT SCREENING FORM FOR POSSIBLE SERVICES

Mental Health Intervention Program SCREENING FORM

Student Information

Name			DOB	
School			Grade	
Home Address				
Caregiver	Name		Phone	
	Address			
Foster Care Case Manager	Name		Agency/City	
	Email		Phone	
Other	Name			
	Relationship		Phone	
Other	Name			
	Relationship		Phone	

Screening Information

Reported Concerns		ACADEMICS		BEHAVIOR		ATTENDANCE
<i>Describe</i>						
Powerschool Data <i>(grades, incidents, logs, attendance)</i>						

Mental Health Intervention Program

Screening Information

Observation						
Interviews						
Consent/Releases Signed:		Yes	<i>Date:</i>			No

Assessment

SAEBRS Score		<i>Notes:</i>			
Referral Appropriate		Yes (<i>complete Plan</i>)			
		No <i>(explain)</i>			

10. INTERVENTION PLAN FOR STUDENTS RECEIVING SERVICES

Mental Health Intervention Program

Date: _____

INTERVENTION PLAN

Participating *(name / role)*

Goal *(how you will know that intervention is no longer needed)*

--

Objectives *(smaller parts of the goal that are more attainable, specific, measurable)*

1.	
2.	
3.	

Interventions

(what the providers/caregivers/teachers/staff/student will do, proactive and reactive strategies)

	Action	Who is responsible?	How will you measure its success?
1.			
2.			
3.			
4.			
5.			

Review Dates

Review 1	Review 2	Review 3	Review 4

11. INTERVENTION SESSION PLAN REVIEW AND FOLLOW UP FORM
FOR STUDENTS RECEIVING SERVICES

Mental Health Intervention Program

Date: _____

INTERVENTION PLAN REVIEW

Attending

Student Name

--

Objectives

Review	
---------------	--

Changes to current objectives:

1.	
2.	
3.	

Interventions

Review	
---------------	--

INTERVENTION PLAN REVIEW

Changes to current interventions:

	Action	Who is responsible?	How will you measure its success?
1.			
2.			
3.			
4.			
5.			

SAEBRS Data

Review Notes

12. BROCHURE DESCRIBING MENTAL HEALTH INTERVENTION PROGRAM

SAMPLE:

Brochure and Guidelines for USD 501



MHIP
Mental Health Intervention Program

You want your child to be as successful as possible at school.

We want to help.

Mental health services are now available to you and your child at your child's school. Services may include family and/or individual counseling and case management, based on eligibility requirements.

The program is designed to...

- Improve school attendance
- Decrease dropout rates
- Improve behavior
- Increase graduation rates
- Improve grades
- Increase stability in the home

If you'd like to know more about the program and how it will help your child do better in school, please contact the school and ask for the MHIP (Mental Health Intervention Program) Liaison. They will be happy to talk with you.

Your MHIP Liaison

Phone number/Email address

The Mental Health Intervention Program is a partnership between Topeka Public Schools and Family Service & Guidance Center.



13. CHECK LIST – Student Intake | Assessment/Admission | Intervention Plan and Review

MHIP Individual Check List

1. Intake

- Submit/Receive Referral.
- Review referral and complete screener.
- Parent permission/Complete release of information.
- Scan release to email.
- File release.

2. Assessment/Admission

- Send SAEBRS form to teachers.
- Receive SAEBRS form back from teachers.
- Score SAEBRS.
- Enter score into screener.
- Talk to parent/FSGC Clinician to schedule admission.
- Make appointment for admission with FSGC Clinician/Send screener/Send Release.
- Admission complete; Student admitted.

3. Intervention Plan and Review

- Complete intervention plan.
- Send out SAEBRS for 1st Quarter review.
- Complete 1st Quarter Review.
- Send out SAEBRS for 2nd Quarter review.
- Complete 2nd Quarter Review.
- Send out SAEBRS for 3rd Quarter review.
- Complete 3rd Quarter Review.
- Send out SAEBRS for 4th Quarter review.
- Complete 4th Quarter Review.

14. PHONE SCRIPT - EXPLAINING MHIP SERVICES TO PARENTS

Greeting:

Hello! This is [your name]. May I speak to [parent's name], please?

Parent gets on the line: Hello! This is [your name] from [your school]. I was calling to talk to you about a new program at [your school] that has allowed the district the opportunity to access some additional resources for students. Is this a good time?

*If no, request another time to follow up.

Intro:

Okay, great! The goal of the mental health intervention program is to remove obstacles to student achievement.

Explain:

The program will allow students to get therapy at school during the school day and will coordinate treatment plans for students and their families. The program will have a team of a school liaison employed by the school district, a clinician and a care coordinator employed by Family Service and Guidance Center. We will work together with you and your child to try to address and eliminate barriers to student achievement. Your child, [student's name] has been referred to MHIP as a student that might benefit from the program. We don't have a lot of information yet, which is why we are calling you for permission to find out more. We would like to proceed, but need your written permission. If you'd like to meet with me to discuss things in more detail, that would be great. I know we are all busy, so I could put the permission slip in the mail, along with more information, and as soon as we receive it, we'll be in touch.

Closing:

Do you have any questions? Thank you so much for your time.

** If the parent refuses, ask them if you may call them back in a week to check in.

Mental Health Intervention Program (MHIP)

USD 501 Topeka Public Schools

Policy & Procedure Manual



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About The Mental Health Intervention Program

The goal of the Mental Health Intervention Program (MHIP) is to provide treatment and track the behavioral health needs of two groups of youth. This goal includes improving the social-emotional wellness and outcomes for students. Schools and CMHCs will strive to meet the mental health needs of students by sharing and collaborating on this project. The program is designed to:

- Increase school attendance
- Decrease dropout rates
- Improve behavior
- Increase graduation rates
- Improve grades
- Increase stability in the home

USD 501 Policy & Procedure Manual

One group of students in the program are referred to as the alpha group and the second group will be referred to as the beta group. Simply stated, Community Mental Health Centers (CMHCs), in coordination and cooperation with the school districts, will lead these efforts. With this project, schools can primarily focus on education and CMHCs can focus on treatment and improving care. Schools and CMHCs will strive to meet the mental health needs of students by sharing and collaborating on this project.

The **alpha** group consists of youth who are Children in Need of Care (CINC) and in state custody. They have experienced multiple placements that may range from one end of the state to another or one end of a school district to the other with varying timeframes as short as just a few days. This group is often unintentionally forgotten but poses significant challenges to education and health systems in the communities where they reside through no fault of their own. The foster care contractors identified by the Department for Children and Families (DCF) would be engaged in this program for the alpha group.

The **beta** group consists of youth who may move from time to time but just as likely may reside in one school district throughout their education.

Roles and Responsibilities

The School Liaison:

- Identify and process appropriate referrals for the program
- Act as a liaison between the district and the CMHC and being the point person for communication between the two groups
- Be an active part of the school intervention team
- Coordinate information gathering from therapists, case managers and school personnel to monitor identified needs and confirm that services are being provided.
- Provide problem solving services to students which may include forming groups of students and non-identified students to work toward specific goals; consulting with teachers of about classroom management techniques; and offering group support opportunities for parents of students interested in enhancing their parenting skills.
- Communicate with student families to make them aware of recommendations related to their student and to facilitate services with community mental health centers.

The School Liaison (continued):

- Assist students and their families negotiate barriers to receiving services
- Communicate with other communities and school districts when student travel to or from Topeka Public Schools to insure continuity of care
- Maintain appropriate documentation as required by the program and/or the school district.
- Work with the Case Manager to attempt to re-connect students and families when they are not following through with the treatment process.

The Clinical Therapist:

- Help the school liaison identify appropriate referrals to the program.
- Triage with the School Liaison to prioritize treatment interventions for identified students.
- Work with the School Liaison to connect with the families or child welfare contacts to get appropriate consent to treat.
- Conduct clinical assessments of identified students and make appropriate treatment recommendations.
- Engage with the student, family or child welfare contacts in clinical interventions as identified on the treatment plan. Provide individual and family therapy.
- Administer scales or tests to detect areas of concern with depression, anxiety, self-harm or other areas as identified.
- Make referrals to other treatment modalities as appropriate.
- Communicate with school personnel who are involved in the student's life to help them understand the diagnosis, family circumstance and suggested interventions as is appropriate.
- Gather outcome data to monitor the effectiveness of the program.
- Coordinate with the Case Manager to identify ways for them to support the student and family.
- Provide therapy services as determined by the student's treatment plan
- Maintain the treatment plan and necessary treatment protocols required by the CMHC.

The Case Manager:

- Work with the School Liaison and Clinician to identify students and triage priorities for treatment.
- Outreach to students, families and child welfare contacts to help engage in treatment.
- Participate in the treatment planning process.
- Communicate with the Liaison and school personnel when appropriate about student needs, interventions and progress.
- Help maintain communication between all entities including family, student, school, clinician, child welfare and community.
- Maintain the treatment plan and necessary treatment protocols required by the CMHC.
- Make referrals to appropriate community resources.
- Help to re-connect students and families when they are not following through with the treatment process.
- Help the families negotiate barriers to treatment.
- Engage with the student in the classroom, the home or the community to help build skills wherever needed.

Referral Received:

- Referrals can be received through self-referral, during MHT (mental health team) meetings and/or by school staff to whom the liaison has given the referral link.
- Start a [Checklist](#) for each student upon receiving referral.
- Be sure to check [referral responses](#) DAILY!

Family Service & Guidance Center (FSGC):

- A school-based services coordinator, will give you a list of names of the students who already are clients and have releases signed. When a referral comes through, liaisons should check this list for student. If student does not appear on Jennie's list, liaisons need to send the name to Jennie so she can determine if the student would be a good candidate for school based services.
- If student is a good candidate, then a phone call to parents or guardian to get consent/release signed/ set up an admission appointment is a good next step. After 3 attempts to reach parents, 1 being in-person if possible, it is acceptable to set student aside as parents are unreachable.
- If the coordinator determines the student is not a good candidate, it is because they already have establish services and are attending regularly.

Collecting data:

- All data collected needs to be put in the **screening form**. This data may come from the referral itself, observations, TylerSIS, interviews with teachers, students, other staff, etc. This screening form should be sent to Jennie and admitting clinician (if applicable) when admission is scheduled.
- Liaisons should begin collecting data from TylerSIS regarding student's academics/attendance/behavior. Once liaisons have received a signed release from parents or verbal consent, liaisons can send out SAEBRS evaluation to teachers.
- Liaisons use TylerSIS for more information to send on screening form:
 - Check log entries to see what type of behaviors are being exhibited.
 - Check attendance summary to determine if there is a truancy issue. If the students attendance is below 90% they are a good candidate on the basis of attendance.
 - Check guardian information to determine if they fall under Alpha(foster care) or Beta.
 - Start talking with the school social workers, school counselor, administration, and teachers to find out more information on the student.
 - Start observing the student in the classroom, outside at recess, or in the school in general.

Services Offered:

- Once the student has been determined a good candidate, the school liaison calls or meets with parents or guardian to talk about the program and what is has to offer their student.

Accepted Services:

- Once the parents or guardian have agreed to have their student participate in MHIP, then a **SAEBRS** evaluation needs to be given to the teachers, either physically or electronically.
- Signed release and screening form to are to be sent to jwatson@fsgctopeka.com.

Schedule Admission:

- School Liaison assists the therapist with scheduling the admission.
- Parent/guardian needs be present for admission with student and has to bring ID and insurance card, if applicable.
- If student is in Alpha group, foster care agency needs to be invited and must sign paperwork. Foster care case worker may be present over the phone and opt to sign paperwork after the meeting. Foster care parents may also be invited.
- Liaison should plan to make a reminder call to parents the day prior or day-of the admission.

Intervention Plan Process

- If the student is **SPED** then liaison needs to attend their IEP meetings, assist with their Behavior Intervention Plan (BIP) and use this data to write initial intervention plan.
- If the student is on **GEI** then liaisons need to attend their GEI meetings and use this data to write initial intervention plan.
- If the student is **GenED** with no GEI in place or upcoming, liaisons need to collaborate with mental health team to decide if student should be referred to GEI. If student should not be referred to GEI, liaison can provide student with direct services and interventions to encourage learning and engagement in the classroom.
- Every 4.5 weeks, liaisons should do a review for each student on their caseload. This review includes sending teachers a new SAEBRS evaluation, checking on current interventions and progress, talking to therapist and/or case manager to check therapy progress, and possibly discussing with mental health team the status/progress of each student. This review can be written below the initial intervention plan or, if there are major changes, an intervention plan review form can be completed by liaison to document intervention changes/progress/regression.
- Therapy frequency needs to be documented for each student.

Beginning an intervention after the student has completed an admission:

- Send testing tool such as SAEBRS to teachers, paraprofessionals working with the student, or other professionals working with the student and score.
- Observe student in learning setting.
- Speak with teachers/paras/administration and family members working with the students to understand the child's struggles
- Gather IEP/GEI data, if applicable.

Intervention plan if child is not appropriate for MHIP, but student still needs intervention:

USD 501 Policy & Procedure Manual

- Send request to parent to work with child.
- Observe student in learning setting.
- Speak with professionals and family members working with the students to understand the child's struggles
- Gather IEP/GEI data, if applicable.
- Complete direct service with student in classroom setting; provide direct support to student if necessary.
- Work with student on skills to assist with behaviors.
- Work with student outside of the classroom, if necessary, on behaviors/coping skills.

An intervention plan can include specific interventions that are provided to student by classroom teachers, student, or other adults in the building. Examples of interventions include: breaks, social groups, calm-down strategies, etc. The initial intervention plan **will** be written in the intervention plan form. When starting the intervention plan process, it is important to ensure the SAEBRS is being completed, observations of student are being completed by liaison, interviews of staff, parents, etc., as well as reviews of any professional documentation and TylerSIS. The compilation of all of these things will result in a specific and detailed initial intervention plan.

Confidentiality

Liaisons adhere to all confidentiality statutes, rules, ordinances and regulations related to the disclosure of records or confidential information pertaining to students and families, including but not limited to the provisions of the Family Educational Rights and Privacy Act, (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA).

Prior to sharing personal health information (PHI) with Family Service and Guidance Center, school liaison will obtain an appropriate release of information executed by the legal guardian of the student in accordance with applicable state and federal law.

School liaisons are only to share, on a limited basis, confidential information regarding USD 501 students and in some cases, their families.

Except for those activities permitted under law, school liaisons shall not release any personal health information (PHI) about a student nor his or her medical care or treatment to any third party unless required under law.

Liaisons shall not use or further disclose any PHI concerning a patient other than as permitted by HIPAA and/or applicable federal regulations.

Liaison shall promptly report to USD 501 any violations, use and/or disclosure of a student's PHI not provided for by HIPAA as soon as practicable, upon becoming aware of the improper violation(s), use and/or disclosure.

The parties understand that the releases of information may be revoked by the legal guardian of the student at any time. Upon notice of revocation, all information sharing between the Parties will be terminated with regards to that student.

Data to record and report on the dates listed above

1. How many students received services by the CMHC during this reporting period? (Students would only be counted once)
2. Number of students referred for services to the CMHC....
 - a. Intake has been completed, but ongoing services have not begun.
3. Number of students referred for services to the CMHC.... Intake is planned but has not yet been completed.
4. How many students (K-12) who received services by the USD and CMHC showed improved school attendance following the start of services?
5. How many students (K-12), after receiving services, have shown improved behavior?
 - a. (Such as fewer or no office referrals, discipline reports, detentions, visits to school counselors, social workers, school nurses.)
6. How many students (K-12), after receiving services, have shown improvement of academic performance/increase engagement in learning?
7. What percentage of high school students provided services by the USD and CMHC do you anticipate graduating with their four or five year cohort? (**REMOVED FOR 2019-20 YEAR**)
 - a. Estimated % of Students Served Anticipated to Graduate with their Four Year Cohort
 - b. Estimated % of Students Served Anticipated to Graduate with their Five Year Cohort
 - c. Estimated % of Students not on track
 - d. Estimated % of Students not able to determine

Data to record and report on the dates listed above

8. How many students who received services by the USD and CMHC have officially dropped out of school according to the law after receiving services?
9. How many students who received services by the USD and the CMHC moved out of the school district after receiving services?
10. How many foster students received services by the CMHC during this reporting period?
11. Provide any written information of the successes for students for the Mental Health Intervention Program not covered in the questions above.
12. Provide any written information of any recommendations for improvements needed to help students in meeting the goal of improving their social/emotional wellness and outcomes.
13. Provide any written information that demonstrates measures that may help evaluate student needs that are receiving services through this program. This could include the number of suspensions/expulsions from school, law enforcements contacts, or suicide attempts of these students.

Payroll

Liaisons can find the [payroll form](#) in Staff-Only file of the MHIP Drive. This must be filled out and returned to the district MHIT coordinator's secretary on or before the End of Pay Period. Pay Period schedule can also be found in Staff-Only file.

File Audits

Liaisons should keep some sort of filing system for each student. This file should include the release, screening form, documentation of progress for each student, etc. Liaisons should expect to be audited at any time to check completion of records.

Tools

[MHIP Drive MHITS Database](#)
[MHITS Database](#)
[Guide Power School](#)
 (TylerSIS)

FAQ's

Who do we share referral form with at the school level? School Liaison has discretion of who receives and uses the referral form. (For example: The Liaison may be the only one who has it at one school; The Liaison may share it with entire Mental Health Team at another school.)

Who completes the SAEBRS evaluation? The SAEBRS should be completed by a teacher or staff member who has direct interaction with the student. If a staff member other than a teacher (who sees the student daily) completes the rating scale, a teacher should also complete the rating scale (average scores of 2 or more). This is to ensure the rating scale is filled out by at least one person who has more experience seeing the student in the learning environment or over extended periods.

What are the expectations of the Liaison? To send referrals, review referrals, identify whether a student meets criteria for an admission, get releases signed, coordinate and schedule an admission, be a go-between for school and CMHC, support student with intervention plan (or support GEI/IEP plans), and gather data.

What should the Liaison be doing on the first day Liaison is in a school building? Start forming relationships, organize your space, start looking at MHITP drive to orient yourself with process, get on the list to receive schedule for Mental Health Team meetings, GEI, IEP, etc.

If a student is 18 do they need to sign a release for CMHC to talk to parents about treatment? Yes. High school Liaison's will need to watch ages and be sure not to call parents when kids are 18. Many times, kids can and will sign a blanket release for parents to be informed/contacted.

How soon will CMHC determine if the student meets SED criteria for services? If it is clear, this can be decided at admission and student will be referred to case management. A student may also initially seem to only need therapy and later progress or escalate to fitting the criteria for SED. The opposite is also true: a student may need case management at first, but this can also be phased out as the student progresses.

FAQs

Not every student will meet criteria for case management services. Does the responsibility of case management then fall on the Liaison if student doesn't meet criteria for SED? For example, a student referred to the program but will need help getting insurance. No, this responsibility does not fall on the Liaison and Liaison should not do any "case management" beyond initial start-up tasks that would ensure participation. For that example, CMHC will assist in getting student's insurance established if that is necessary.

Whose responsibility is it to talk with parents regarding how services will be billed? KSDE has asked parents be advised to talk to CMHC about billing. Generally, telling parents that their insurance may be billed is fine, but ultimately this is a question and concern for CMHC.

If a student is currently enrolled in MHIT program but has failed to engage, what is the process for closing the chart? We can close a chart, but it needs to be staffed with the clinician and with MHITP supervisor first. Check with attendance staff (counselor, truancy person, admin, social worker) to see if there is an attendance reason behind student failing to engage before closing a chart becomes an option.

Can someone else besides the clinician complete an admission? No. Only an identified clinician from the CMHC participating in the program can complete an admission.

At what point do we stop referring/stop accepting referrals of students to the program? This can be asked on a school-by-school basis at a team meeting. Keep in touch with CMHC coordinator while scheduling admissions.

How long should a referral remain open? (i.e., after numerous attempts have been made to get the U & D from parent. Attempts may include email, calls, text, home visit, etc.) If possible, 3 attempts including at least one in-person attempt.

Where are we putting/reporting FSGC denials (i.e. current client, parent signed release, FSGC therapist said no to moving client into MHIP)? Names of all referrals are in the referral responses (last column to the right should be marked to indicate either not moved to tab 2 and why or that student is on tab 2).

Who do I contact to get online access to GEI data within my schools? Liaisons will NOT have access to WebKids. Liaisons should ask social worker, school psychologist, or counselor for this information - they have access.

###