

GUIDELINES FOR BEHAVIORAL HEALTH PARTNERSHIPS

The purpose of the Behavioral Health Partnership between the school district and community providers is to provide school-based personnel with a list of behavioral health providers who have met the standards set by the Behavioral Health Partnership (BHP) Committee. These Behavioral Health Partners are able to provide services to students on school campuses when there are behavioral health issues impacting the student's academic performance.

AGENCY RESPONSIBILITIES

1. Begin the application process to become a Behavioral Health Partner by calling the SEDNET office at 754-321-3421 to receive an application and Partnership Guidelines.
2. Complete the application and submit it with all the requirements to the Behavioral Health Partnership Committee for approval. After your agency receives approval and your staff have been approved to provide direct services you may proceed as follows:
3. Upon receiving referral, agency staff will coordinate service delivery, with appropriate school personnel.
4. Agency staff that are going to provide services on school campuses must have an agency picture I.D. and be listed on the Behavioral Health Matrix on the School District web site at:
http://www.bcps-esls.com/html/BHP_Provider_List.php
5. When agency receives a Student Referral email from Behavioral and Academic Support Information System (BASIS), agency agrees to:
 - a. Respond to the email within 2 business days regarding status as outlined in the system;
 - b. Provide an additional update within 9 days of receipt of the initial email regarding status of the case;
 - c. Provide an additional update within 15 days of receipt of the initial email regarding status of assessment;
 - d. Provide an additional update within 30 days of receipt of the initial email regarding status of services;
 - e. Upload a comprehensive release to BASIS anytime after services have been initiated if such release has been signed by legal guardian.
6. Provide all students with equal access to services. Note: The school district is required to provide equal access and free and appropriate services to all students. This means that if your Agency, as a Behavioral Health Partner, accepts a student/family as a client through a referral from a school you may not charge the student/family/client for those services.

No student should be denied access to services based on the parent's level of income/insurance coverage or the agency's ability to obtain reimbursement from any funding sources.

If for some reason your Agency cannot accept the referral from the school, the agency staff will work with the school personnel and the family to collectively identify another agency that can accept the referral.

7. Monitor agency staff to ensure compliance with procedures established by the school principal for providing services on campus including but not limited to, adhering to agreed upon schedules, always having agency identification badge, signing in and out of school, identifying students served during visit and coordinating with school designee.
8. Upon request, share with school staff the materials and methods to be used with students and identify expected outcomes of the services. All materials must adhere to the School Board of Broward County, FL.
9. Upon request, submit all student handouts for approval by principal or designee prior to them being distributed to students.
10. Develop with input and approval of the parent or guardian a service or treatment plan for each student.
11. **Immediately notify the school and/or fax to the BHP Committee c/o SEDNET @ 754-321-3449 any changes in agency staff or services provided in the schools.** Submit resumes and Level Two clearances of new staff to the BHP Committee for approval.
 - a. Agency agrees that all staff who are approved by SBBC will have received at minimum training in the following areas by the end of the employees first 90 days.
 1. Training by SBBC that includes areas that SBBC staff feel are needed for any person providing services on SBBC property (to include but not limited to Bullying, Threat Assessment policy, Suicide Assessment, SEDNET Services available to all students and CPST/RtI) **Employees will not be added to partnership website until this training is completed.**
 2. Child Abuse and Neglect
 3. Cultural Competence
 4. Ethics and Professional Conduct
 5. Suicide Awareness and Prevention
 6. Trauma
 7. HIPAA/FERPA
12. Agree to provide updated Level two clearances for all approved staff.
13. Agree to provide updated liability insurance forms each year.

14. Agree to comply with all School Board of Broward County standards of nondiscrimination: age, color, disability, gender, national origin, marital status, race, religion, gender identity and sexual orientation.
15. Agree to participate in a monitoring and evaluation process for quality control.
16. Agree to attend at **MINIMUM** of seven (7) Behavioral Health Partnership meetings.
17. Agree to keep current the School Resource Locator the electronic database. This database is a warehouse for agency information such as: population and location served wait times, funding, programs offered by the agency, specialty areas, address, and contact information. The agency agrees to update the site at minimum 6 times per year in the following months: January, March, May, July, September, and November.
18. Agree to be available to offer one training per year.
19. Agree to participate in at least one District wide resource fair per year.

SCHOOL/PRINCIPAL RESPONSIBILITIES:

20. The principal or designee must give approval for any BHP approved agency to provide services on campus and provide the agency with appropriate space to provide behavioral health services if agency communicates in advance and space is available. The principal or designee can deny behavioral health services on campus at any time.
21. The principal or designee must monitor procedures and actions of the BHP approved agency.
22. The principal or designee must check agency personnel for agency picture I.D and ensure that the agency personnel is listed in the Behavioral Health Matrix on the School District web site **EVERY** time the agency personnel comes to the school. The personnel are listed at:
http://www.bcps-esls.com/html/BHP_Provider_List.php
23. Confidentiality must be enforced to protect the student's privacy.
24. Obtain a copy of the signed parental Release of Information form prior to the referring student to the agency.
25. The school staff member referring a student for behavioral health services will complete the Student Referral and signed Release of Information forms* to the approved agency electronically via BASIS.
26. The school will not deny any educational service(s) to the student due to the lack of participation by the student and/or the family in the behavioral health service for which they are referred.

27. Maintain an updated list of students served by the agency (ies) on your campus.
28. Regularly check the Behavioral Health Database for changes in agency services or personnel. School personnel must check the website each time an agency personnel requests to see a student on SBBC property.
29. The principal or designee may review and approve all student handouts prior to the agency's distribution to the students. Handouts given and those used in sessions.
30. If the Principal or designee is aware students on their campus are being denied services for any reason, they should immediately notify SEDNET coordinator @ 754-321-3421.
31. Schools who wish to refer an ESE student to an approved partner agency should determine if "counseling" is listed on the student's IEP. If additional counseling is determined to be helpful, school personnel should consult with the Exceptional Student Education (ESE) Counselor providing the IEP services prior to making the referral to the partner agency.
32. District staff will send information regarding resource fairs and training events.

This agreement will be in effect unless terminated by either party from 7/1/2023 or the date signed, whichever is later, until 6/30/2024.

I, _____, as representative for
Name of person

Agency Name

understand the agreement. I further understand that noncompliance with any of the requirements outlined in this agreement may result in termination of the partnership agreement.

Agency Representative Signature

Date

Title of the person signing this agreement