

# **SCHOOL-BASED MENTAL HEALTH MANUAL**

***Arkansas Department of Education***

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## ADE School-Based Mental Health Model

The Arkansas Department of Education has fostered the development of approved best practice school-based mental health programs within Arkansas public school districts. These programs are grounded in and based on the following principles:

- An emphasis on early identification
- Full integration with the community and its resources
- Placing students and their families at the center of service decisions
- Providing services that are culturally competent
- A focus on promoting school attendance and academic success
- Services and supports validated by research and evidence-based practices
- The use of technology, including telecommunications

Access to a full array of mental health services is promoted at the school site within these approved programs, always at no cost to students and their families. Best practice school-based mental health services are characterized by the following:

- Student Supports
- Depending on the needs of students, an array of “pullout” interventions, including evaluation, crisis services, diagnosis, individual, group, family therapy, case management and day treatment
- Comprehensive intake, referral, and case management processes
- A collaborative partnership between school district and mental health provider staff
- Access to school-based mental health services without regard to student or family Medicaid enrollment status and without cost to students and their families
- Appropriate linkages with community, regional, state and national resources
- Participation in Title XIX, Medicaid, either through provider enrollment or purchased service contracts
- Maximum utilization of alternative funding streams, including third party payers, public targeted and competitive grants, and private foundation funds.

Once approved, school-based mental health programs have access to these resources through the Arkansas Department of Education:

- Auspices of working as an “ADE Approved SBMH Program”
- Technical Assistance, as needed
- Formalized best practices sharing among approved programs
- Current and topical evidenced-based research focused on Arkansas school-based mental health data
- Specialized training targeting Arkansas school-based mental health service delivery issues and practice

## 1.00 School-Based Mental Health Approval Criteria

In order for school districts and mental health providers to become approved, specific criteria must be met. Programs are expected to adhere to the standards and guidelines established by ADE, Division of Behavioral Health Services (DBHS), and Arkansas Division of Medical Services (Medicaid). The following chapter outlines the necessary criteria required for each SBMH program to gain approval.

### 1.01 SBMH Criteria:

- 1.01.1 Completion and submission of the School-Based Mental Health Survey.
- 1.01.2 School district will be contacted by ADE SBMH Advisor, who will then decide when the initial site visit will be scheduled.
- 1.01.3 If applicable, completion of a service contract between the school district and mental health provider will need to be established and kept on file by the ADE SBMH Advisor.
- 1.01.4 Completion and submission of SBMH application outlining service program.
- 1.01.5 Completion and submission of Medicaid application, if necessary.
- 1.01.6 Development of specific district policy and procedures relative to SBMH Service Program.
- 1.01.7 Full integration between district and mental health provider staff.
- 1.01.8 Site visits for quality assurance purposes.
- 1.01.9 Data collection.
- 1.01.01 Program sustainability.

## 2.00 Procedural Steps for SBMH Programs

The following is an overview of the procedural steps required to meet the approval criteria for the SBMH Model:

### 2.01 Program Initiation:

- 2.01.1 Completion of SBMH Survey (*See Attachment A*).
  - A. Complete and submit the SBMH Survey to the ADE.
- 2.01.2 Upon review and acceptance of the SBMH Survey, the SBMH Advisor will contact the CSH Coordinator/Submitter to schedule a meeting to discuss the program, specific criteria, standards, expectations and implementation. This meeting should include the district superintendent, building administrators, counselors, LEA Supervisor and other pertinent staff. Prior to the meeting, district staff will complete an internal evaluation of program needs and contact SBMH members for sample forms and contracts.
- 2.01.3 A meeting between the SBMH state coordinator, school district and their potential provider(s) is scheduled to review the program partnership and application process.
- 2.01.4 Complete and submit the SBMH Approval Application Packet (*see Attachment B*).
- 2.01.5 School district and mental health provider will need to collaborate on the completion of the application.
- 2.01.6 The packet is sent to ADE and reviewed by the SBMH Advisor, who then provides feedback to the applicants and makes necessary recommendations for the final approval of the application packet. (*see Attachment B*).
- 2.01.7 The packet is forwarded to DBHS for review and comment and returned to ADE within 10 days of receipt.
- 2.01.8 Once the application review is completed, it is submitted to the Coordinated School Health Office, ATTN: SBMH Approval Application for final review.

2.01.9 The office of CSH SBMH sends a letter to the school district, notifying them of the acceptance of the application. A copy of the approval letter is submitted to Provider Enrollment at Medicaid for the schools that are going to be billing for services. Approval letters are renewed every three years through the reporting process to ADE.

## **2.02 Contracting and Implementation:**

2.02.1 Once the approval letter is received, the school district and their partner complete their contract and HIPAA Business Associate Agreement. School districts will also need to develop contracts stipulating the sharing of education information with private day treatments, psychiatric care facilities and other entities. This will help when placing students back in public school upon discharge from the facilities.

2.02.2 The SBMH Advisor may set up a site visit to review all program components, forms, space, filing systems, confidentiality measures (HIPAA and FERPA), staffing patterns, etc. (*see Attachments B and C*).

2.02.3 The program start up date is set and program begins.

## **2.03 Data Collection:**

2.03.1 The provider submits all outcome data on SBMH-enrolled students to the district.

2.03.2 The district will develop a procedure to ensure that the alert for SBMH is marked in APSCN for appropriate children.

2.03.3 A yearly report is submitted to the ADE SBMH Advisor outlining program status and progress.

## **2.04 Program Evaluation and Review:**

2.04.1 After the program has been implemented, a formal Site Visit and review may be conducted to evaluate the program. The Consultation Team from ADE reviews the district/mental health provider policy and procedures, forms, clinical files, staffing patterns and interviews all personnel involved in the program (*see Attachment C*).

2.04.2 The Program Evaluator collects data on both program and clinical elements.

## 3.00 School-Based Mental Health Delivery Models

### 3.01 Program Models:

Prospective SBMH programs have three delivery models available to them. Regardless of model choice, all approved SBMH programs promote mental health services with Professionalism, Quality and Accountability.

#### 3.01.1 School District as Medicaid Provider:

- A. ADE approval of SBMH application.
- B. School district applies for Medicaid number.
- C. School district acts as billing agent for all services.
- D. School district appoints a SBMH Program Coordinator.
- E. School district hires own profession treatment staff OR contracts for professional services.

#### 3.01.2 School District/Provider Partnership:

- A. ADE approval of SBMH application.
- B. School district appoints a SBMH Program Coordinator.
- C. School district contracts with mental health provider to provide services.
- D. Mental health provider acts as the billing agent for services.
- E. Mental health provider supplies treatment staff to district.

#### 3.01.3 Combination of above Models:

- A. ADE approval of SBMH application.
- B. School district provides mental health staff.
- C. School district appoints a SBMH Program Coordinator.
- D. Mental health provider provides mental health staff.
- E. School district and/or mental health provider act as billing agent for respective services provided.

### 3.02 Defining Best Practice within the Program Models:

Delivering best practice mental health services in the schools includes one FTE therapist per 500 students with an active caseload of 20-30 students. Districts that are unable to adhere to best practice models initially will develop a timeline to include coverage plans for the future. Mental Health providers partnering with the school district are expected to split their time between indirect (non-billable time) and direct services (billable time).

- 3.02.1 **Non-billable Services:** As a best practice, thirty (30) % of time is dedicated to non-billable services such as prevention, education and early intervention services.

- A. Class room consultation/observation
- B. Student Services Team staffing
- C. Support Groups for students
- D. Parent Education
- E. Staff Meetings
- F. In-Service Trainings

3.02.2 **Billable Services:** As a best practice, seventy (70) % of time is dedicated to billable, direct services.

- A. Assessment and diagnostic evaluations
- B. Individual therapy
- C. Group therapy
- D. Family therapy
- E. Collateral contacts
- F. Treatment planning
- G. Treatment coordination
- H. Referrals to appropriate mental health/community services



## 4.00 Program Financial Sustainability

SBMH programs offer mental health services to all students and families not dependent upon Medicaid eligibility or private insurance coverage. Considering this policy, issues related to funding are critical to the development and expansion of SBMH services. All potential funding sources should be considered when managing a SBMH program. A SBMH program cannot sustain itself based on just one funding source.

### 4.01 Medicaid Billing:

4.01.1 In order to bill Medicaid for mental health services, a school district (or mental health partner) must be enrolled as a provider. This is accomplished by submitting a provider enrollment application to Medicaid upon ADE approval of the district's SBMH application. Medicaid-enrolled districts are capable of receiving the following per unit reimbursement for the indicated service:



School districts that receive reimbursement from Medicaid for SBMH services are required to use state and local funds to pay the match payment back to Medicaid on a quarterly basis. Under no circumstances are students and parents responsible to pay the mental health provider for co-payments for school based services.

### 4.02 Private Insurance:

4.02.1 School districts are able to bill private insurance for the mental health services delivered in schools. Parental consent must be received prior to submitting claims to private insurance. If a claim submitted to the private insurance company establishes a cost for a parent (either through a premium raise or through co-payment) the school district and mental

health partner will absorb the cost (which will be outlined in the contract between the two entities).

- 4.02.2 When a student has private insurance, as well as Medicaid, the school district will have to make a reasonable attempt to secure payment for services from the private insurance company before submitting a claim to Medicaid (per Title 43 CFR, Part 433, Subpart D).

### **4.03 Grant and Private Foundations:**

- 4.03.1 Grant Opportunities – In order to expand on current services, school districts and mental health partners should actively pursue grant opportunities (i.e. SAMSHA, others) through ongoing research and communication with potential lenders at the national and community level.
- 4.03.2 Private Foundations – Many health programs are sponsored by private foundations (i.e. Wal-Mart, Federal Express). School districts and mental health partners will need to make attempts to obtain resources from the private sector in order to develop or expand services in their area.

## 5.00 Roles of Employees

The SBMH best practice program model is based on quality, accountability and professional partnerships between school districts and mental health providers. Each program participant has an important role in the successful implementation of SBMH services. The following role descriptions are a guide for the duties and tasks performed by program personnel:

### 5.01 Teachers:

- 5.01.1 Participate in the identification and referral of students in need of mental health services.
- 5.01.2 Participate in the implementation of treatment/behavior plans for students involved in SBMH services.
- 5.01.3 Provide feedback to Student Services Team on student progress.
- 5.01.4 Provide academic information to the team.
- 5.01.5 Includes the mental health practitioner in parent teacher conferences when there are emotional/behavioral issues to be addressed.
- 5.01.6 Participates in program evaluation, accountability, and quality assurance activities.

### 5.02 School Counselors:

- 5.02.1 Act as the "gatekeeper" for all referrals to SBMH services.
- 5.02.2 Coordinates services between school and provider identifying services that are to be provided by school personnel prior to or in tandem with mental health services such as school counseling, Special Education referrals, and SBMH referrals.
- 5.02.3 Oversees the SBMH program at the building level and acting as the point of contact for administrative management. Duties may include dissemination of information and following-up with program evaluations.
- 5.02.4 Coordinates data collection related to academic achievement for students involved with SBMH services including APSCN, grades, attendance, discipline referrals, other.

5.02.5 Coordinates and acts as “team captain” for Student Services Team meetings.

5.02.6 Participates in the implementation of treatment/behavior plans.

5.02.7 Participates in program evaluation, accountability, and quality assurance activities.

### **5.03 Mental Health Staff (Therapists, Case Managers):**

5.03.1 Expected to attend and participate in Student Services Team meetings. Duties will include, but is not limited to the following:

- A. Communicates extensively and provides consultation, mental health education and prevention information.
- B. Assists in determination of appropriateness for services.
- C. Caseload staffing – provides appropriate feedback to assist education staff in the implementation of treatment/behavior plans.

5.03.2 Non-billable Services:

- A. Class room consultation/observation
- B. Student Services Team staffing
- C. Support Groups for students
- D. Parent Education
- E. Staff Meetings
- F. In-Service Trainings

5.03.3 Billable Services:

- A. Assessment and diagnostic evaluations
- B. Individual therapy
- C. Group therapy
- D. Family therapy
- E. Collateral contacts
- F. Treatment planning
- G. Treatment coordination
- H. Referrals to appropriate mental health/community services

5.03.4 Participates in ADE sponsored SBMH conferences:

- A. Statewide Conferences
- B. Training Workshops

5.03.5 Participates in the collection of mental health information and data on student outcomes.

5.03.6 Participates in program evaluation and quality assurance activities (ADE site visits).

#### **5.04 Principals:**

- 5.04.1 Building level program promoter.
- 5.04.2 Supports staff participation in SBMH activities.
- 5.04.3 Understands the relationship between SBMH services and school disciplinary policy.
- 5.04.4 Participates in program evaluation, accountability, and quality assurance activities.

#### **5.05 Superintendents:**

- 5.05.1 Approves district participation in SBMH.
- 5.05.2 Promotes program throughout district.
- 5.05.3 Holds staff accountable for program participation and criteria.
- 5.05.4 Supports staff participation in SBMH activities on and off campus including statewide SBMH conferences and monthly/quarterly training workshops
- 5.05.5 Promotes the utilization of district data in the evaluation of the SBMH program.
- 5.05.6 Commits space, office machines, supplies to SBMH program.
- 5.05.7 Works with CSH/LEA/SBMH Coordinator to identify long-term sustainability resources and strategies. This includes assisting in development of community partnerships with key employers, leaders, funding sources.
- 5.05.8 Participates in program evaluation, accountability, and quality assurance activities

#### **5.06 Coordinated School Health Coordinator/ SBMH Coordinators/LEA Supervisors:**

- 5.06.1 Acts as point person for SBMH between districts and ADE which includes but is not limited to assisting ADE Consultants with the development and implementation of SBMH in their district.
- 5.06.2 Responsible for developing the foundation throughout the district for the district's participation in the SBMH which includes:
  - A. Garnering district support and approval for participation in SBMH.

- B. Educating district staff regarding national research on academic impact of SBMH services.
- C. Identifying potential mental health partners.
- D. Determining the district's "readiness" to implement SBMH services.
- E. Preparing Network application for submission.
- F. Coordinating services between district and providers.
- G. Monitoring quality of services.
- H. Coordinating the collection and sharing of data on student outcomes.
- I. Identifying specific training needs for districts related to SBMH.
- J. Promoting SBMH Program via participation in statewide SBMH conferences.
- K. Working with Regional Facilitators to promote program development and expansion
- L. Providing feedback regarding on-going development and training needs.
- M. Identifying community leaders/supporters for potential funding sponsorships/partnerships.
- N. Participating in program evaluation, accountability and quality assurance activities.

**5.07 District-level SBMH Program Coordinators:**

5.07.1 Same duties as 5.06.

5.07.2 Participate in program evaluation, accountability, and quality assurance activities.

**5.08 Regional Facilitators (if applicable)**

5.08.1 Point of contact for region, assigned by ADE.

5.08.2 Assesses training needs for regional programs and coordinates training with ADE.

5.08.3 Mentors new programs.

5.08.4 Represents regional programs.

5.08.5 Assists with program development and evaluation strategies.

**5.09 Mental Health Supervisors:**

5.09.1 Support personnel's participation in identified activities.

- 5.09.2 Adhere to contractual agreements between agency and district.
- 5.09.3 Adhere to professional supervision guidelines as established by state licensing boards.
- 5.09.4 Support personnel's participation in annual statewide SBMH conferences and in quarterly training programs sponsored by ADE.
- 5.09.5 Participate with the CSH Coordinator/LEA and or SBMH Coordinator to identify program challenges, and provide solutions.
- 5.09.6 Promote and participate in the gathering, sharing and analysis of student and program outcomes as part of program evaluation, accountability, and quality assurance activities.

**5.10 Administrative Assistants:**

- 5.10.1 Assist program personnel in the management of the program logistics.
- 5.10.2 Act as receptionist to students and families.
- 5.10.3 Provides technical support in the development of district policies and procedures, data gathering, logistics, scheduling, record keeping etc.

**5.11 Billing Clerks:**

- 5.11.1 Provides billing services for district's SBMH program.
- 5.11.2 Adheres to Medicaid billing guidelines.
- 5.11.3 Participates in both on the job training and training programs aimed at billing processes.
- 5.11.4 Maintains accurate billing records for all services.
- 5.11.5 Provides feedback to program directors regarding processes and outcomes related to billing.
- 5.11.6 Participates in program evaluation and quality assurance activities (ADE site visits).

## 6.00 Education and Mental Health Provider Collaboration

The SBMH Model adopted by the Arkansas Department of Education is based on a strong foundation of collaboration and cooperation between mental health providers and school districts. The following are the guidelines that frame the structure for our partnerships.

### 6.01 SBMH Partnerships Consist of the Following Characteristics:

- 6.01.1 Partners share information readily and easily, having established mechanisms to support this prior to implementation of the program through an interagency agreement and/or business associate agreement.
- 6.01.2 Partnerships are seen as a fully integrated team effort creating a “seamless” environment within the schools delivering student services, staff supports, and other services. SBMH partners will utilize Student Services Teams to keep abreast of student progress and problem solve any current issues.
- 6.01.3 Partners participate in planning strategies and interventions that impact individuals and systems in a positive way.
- 6.01.4 Partners recognize the value each brings to the table.
- 6.01.5 Partners create and maintain a shared agenda.
- 6.01.6 Partners participate in data management and analysis.
- 6.01.7 Partners support the academic and mental health of students.
- 6.01.8 Partners share responsibility for program success which includes:
  - A. Supporting school program leadership
  - B. Program development and enhancement
  - C. Working towards “best practice”
  - D. Weekly communication
  - E. Introduction to school and community
  - F. Education and stigma busters
  - G. Elimination of barriers to services
  - H. Fiscal management
  - I. Program sustainability
  - J. Program accountability
  - K. Program quality



## **6.02 Alternative Learning Environment (ALE) and/or Day Treatment Service Delivery:**

As noted in the SBMH Model, program models include services for all students in need. A SBMH member providing services in coordination with an ALE or a Day Treatment program will serve as a continuum of care for these students. All ALEs and Day Treatment programs must follow applicable laws and regulations.

## 7.00 SBMH Application and Site Visit Policy

All school districts that wish to participate as an ADE approved SBMH program are required to submit an application for review and approval by ADE. The Department of Behavioral Health (DBHS) will also have the opportunity to review all applications. Applications are to be submitted jointly by the school district and their identified mental health professional(s). The application demonstrates a commitment to a collaborative partnership between the district and the mental health provider(s). See Attachment B for the ADE SBMH Application.

Applications are reviewed by the SBMH Advisor within 10 days of submission and are evaluated for adherence to SBMH Program standards and requirements, quality, and completeness. Once the application has been reviewed, the Advisor will either approve the application and forward it to ADE for final approval or return the application to the district for edits. Once ADE approves the application, it is forwarded to DBHS for review. DBHS has 10 days to review the application and return it to ADE. At that time, a letter of approval is sent to the applying school district, documenting acceptance of their application.

School districts planning to bill Medicaid directly for SBMH services are required to complete an application for Medicaid. Medicaid applications can only be submitted upon approval for participation by ADE.

### 7.01 Application Definitions for Section I:

#### 7.01.1 Identifying Information:

- A. District/Education Services Cooperative:** The name and contact information of the district or coop applying for SBMH Program status.
- B. CSH Coordinator/ SBMH Coordinator/LEA Supervisor:** Name of person and contact information.
- C. Mental Health Licensed Practitioner:** List all of the mental health providers who will be district partners in the delivery of professional mental health services.
- D. Contact Person for Program:** Identify district person who will be the point of contract for the district's SBMH program.

**7.01.2 Signed Statement of Assurances/Agreement:** This is the legal agreement between the school district and the mental health provider, documenting that each party is responsible for following the outlined standards.

- 7.01.3 Description of Caseload to be Served:** This section includes information on the demographics of the district, its community and the specific needs of the district. Include population makeup, socio economic information and community resources.
- 7.01.4 Service Delivery Plan:** Provide the specific information about the program logistics.
- 7.01.5 Training Plan:** Include the plan for orientation of the SBMH team (district and provider personnel); cross training between school staff and mental health staff and how professional staff will document continuing education.
- 7.01.6 Supervision Plan:** Address both on site/indirect and off site/direct supervision. On site supervisor is the district employee providing program oversight and leadership. Off site/direct supervisor is the mental health supervisor for all clinical work performed by mental health professionals. Any provider not licensed at the highest professional level is required to have supervision. The professional providing supervision for licensure must also submit credentials.
- 7.01.7 Procedures for Referral of Clients Requiring Medication:** Medication management must be provided by a Psychiatrist or Medical Doctor. A description of how this will be completed needs to be submitted in the application.
- 7.01.8 Wellness Center Interface:** If the applicable party has a school based wellness center, please outline how the school based mental health services will fit into that model.
- 7.01.9 Job Description:** Must be submitted for each position providing mental health services (therapist, case manager). The district creates this job description that outlines qualifications (licensure, experience, education); Specific Tasks – duties to be performed – treatment, prevention services, in services, crisis intervention, class room consultation, etc. ; Evaluation- describe how the provider will be evaluated for performance of job duties. NOTE: If applying as a wellness center, that collaboration should be reflected within the wellness center job description. The wellness center services should not supplant current SBMH services.

## **7.02 Application Definitions for Section II:**

- 7.02.1 Practitioner Checklist:** lists required documents for each mental health professional providing SBMH services. This is the process of vetting qualified personnel.

**7.02.2 Practitioner Profile:** This document certifies that the professional meets all the requirements necessary to be an approved SBMH provider. It is a standard practice of the credentialing process for most insurance companies.

**7.02.3 Attestation/Participation Statement:** This is legal documentation that all of the information included in the Practitioner Profile is true and correct. It also gives the practitioners' permission for the district to verify professional and educational information and to decline the services of said professional if any information is found to be false.

### **7.03 SBMH Site Visit Policy**

All districts submitting an application to participate are required to participate in possible site visits as part of quality assurance and utilization review activities.

A team from ADE conducts the visit and an exit interview with the SBMH Partnership. The team provides feedback on compliance and areas in need of improvement. A written report (see Attachment C) will be provided to the school district for partnership review, within two weeks of the visit. If recommendations for improvement are made, a follow-up site visit may be scheduled within 3 months to review compliance. Program accountability is of the utmost importance and the consulting team will work with the partnership to bring the program into compliance.

**7.03.01 Initial Site Visit:** The *Initial Site Visit* may be conducted after the application has been accepted and approved (see Attachment C). The ADE SBMH team conducts this visit with the district and provider to review the physical space provided for SBMH services, to review the partnership relationship and implementation of program standards. The team provides feedback and assistance on program implementation.

**7.03.02 Program Site Visit:** The *Program Site Visit* may be conducted after the program has been established for a period of nine (9) to twelve (12) months. This visit may mirror an accreditation review comparable to visits conducted by The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), CARF, or Value Options. Program components are reviewed in detail that includes reviews of administrative policies, network standard compliance, clinical records, physical plant and staff interviews. The purpose of the site visit is to prepare the program for review by any accrediting body, to evaluate program adherence to program standards and to provide feedback about program quality.

## 8.00 Treatment Integrity

SBMH programs will utilize a number of resources to document program effectiveness and outcomes. The basic purpose of program evaluation within programs is to systematically collect data to provide stakeholders with the information they need to make decisions about the program. Evaluation is an essential component within SBMH programs in order to document that services are effective and that scarce resources are not being wasted, in order to garner support from stakeholders (e.g., students, families, school personnel, community agencies, policy makers) and thus ensure program sustainability. Specific objectives of evaluation efforts are as follows:

### **8.01 Program Evaluation Purpose:**

The major objectives of evaluation efforts within SBMH programs are as follows:

- 8.01.1 To enhance the technical capacity of ADE staff and consultants as well as program personnel to evaluate the processes and outcomes of SBMH programs.
- 8.01.2 To increase the impact of SBMH programs by facilitating the improvement of service delivery mechanisms as well as quality of care.
- 8.01.3 To provide specific deliverables designed to meet the needs of SBMH personnel.
- 8.01.4 Additionally, evaluation efforts will assist programs in obtaining grant funding to support the services they provide and to assist ADE in identifying targeted training needs of SBMH program staff as well as school personnel who work day-to-day with students with disabilities (e.g., special education teachers).

### **8.02 Expected Outcomes:**

ADE will provide a Program Evaluation report at the end of each fiscal year. SBMH consultants will present the evaluation plan as well as provide training and technical assistance to SBMH program members regarding application of the program evaluation framework. Each participant within the SBMH will:

- 8.02.1 Ensure that each program personnel and participant partakes in program evaluation efforts as required by ADE and indicated in personnel role descriptions.
- 8.02.2 Maintain an adequate data system to document program trends, make informed decisions, and address educational challenges facing the program in order to meet the goals of students and the stakeholders' needs.
- 8.02.3 Develop and utilize information to strengthen programs, promote access, and ensure efficient utilization of resources.

### **8.03 Program Evaluation Framework**

The SBMH Program Evaluation Standards are based on the Program Evaluation Standards proposed by the Joint Committee on Standards for Educational Evaluation (1994). The framework used in developing the SBMH Program Evaluation standards includes the following three components:

- 8.03.1 **Structure Evaluation**—Concerns the organizational characteristics of the program: its human, physical, and financial resources. Structure evaluation standards include, but are not limited to:
  - A. Evaluation Team.
  - B. Stakeholders.
  - C. Mission, Goals, and Objectives.
  - D. Student Outcomes (e.g., Educational, Mental Health).
  - E. Program Outcomes.
  - F. School Outcomes.
  - G. District Outcomes.
  - H. Community Outcomes.
  - I. Target Population Characteristics (e.g., demographic, educational, clinical).
  - J. Services Offered (e.g., type, modality, intensity, specific interventions).
  - K. Service Delivery Methods (e.g., referral mechanisms and processes, service settings, service providers, service support resources).
  - L. Service Delivery Context (e.g., school, district, community characteristics).
  - M. Outcomes Measurement Methods (e.g., data sources, informants, instruments, measurement and follow-up periods).
- 8.03.2 **Process Evaluation**—Concerns implementation of the program, barriers and facilitators to implementation, population served, and services utilized. Process evaluation standards include, but are not limited to:
  - A. Implementation.
  - B. Barriers and Facilitators to Implementation.

- C. Program Modifications.
- D. Population Served (e.g., demographic, education, clinical characteristics).
- E. Penetration.
- F. Services Utilized (e.g., type, modality, intensity, specific interventions).

8.03.3 **Outcome Evaluation**—Concerns the value of the program, achievement of objectives, positive and negative effects aside from its stated objectives, cost-effectiveness and sustainability. Outcome evaluation standards include, but are not limited to:

- A. Program Effectiveness.
- B. Program Impact (positive and negative)
- C. Cost-Effectiveness.
- D. Sustainability.

#### **8.04 Application of Program Evaluation Standards**

SBMH programs will apply the Program Evaluation Standards and Framework and participate in data collection efforts with ADE. The Program Evaluation Standards are a minimum set of standards that SBMH participants will apply to the particular populations, settings, and services characteristic of the program being evaluated. Users are encouraged to become involved in refinement of the standards by assessing and reporting on the adequacy of the standards when applied in program evaluations. The following methods of data collection include, but are not limited to the following:

- 8.04.1 Document review (e.g., SBMH documents/partnerships, site visit(s) with SBMH consultants, conference presentations, school district performance reports).
- 8.04.2 Interviews between SBMH Advisor and SBMH participants.
- 8.04.3 SBMH Demographics Questionnaire.
- 8.04.4 SBMH Fidelity Scale.
- 8.04.5 SBMH Services Provided Questionnaire.
- 8.04.6 Arkansas Public School Computer Network (APSCN)
- 8.04.7 Individual Outcomes Measures (e.g., Clinical, Behavioral).
- 8.04.8 Consumer Satisfaction Surveys (e.g., Administrator, Youth, and Family).

# **Attachment A**

## SBMH Survey





**Other**

**Is there a research component to the current program? Yes/ No/ Not Sure**

*If yes, name the instrument being used:*

**How satisfied are you with the current services being provided? Not Satisfied/ Satisfied/ Very Satisfied**

**How satisfied are you with your mental health provider? Not Satisfied/ Satisfied/ Very Satisfied**

**Please list other providers (as appropriate) that are present on your campus:**

**Are you interested in or in need of training on mental health problems and interventions? Yes/ No**

*If yes, please identify areas of need:*

**Are you interested in best practices school mental health services? Yes/ No**

**Please submit any additional comments:**

**School Staff Signatures (Superintendent, Principals, Nurses, School Counselors)**

\_\_\_\_\_, \_\_\_\_\_  
**Signature Title**

\_\_\_\_\_, \_\_\_\_\_  
**Signature Title**

\_\_\_\_\_, \_\_\_\_\_  
**Signature Title**

\_\_\_\_\_, \_\_\_\_\_  
**Signature Title**

\_\_\_\_\_, \_\_\_\_\_

**Signature**

**Title**

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**Signature**

**Title**

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**Signature**

**Title**

Please mail or email this document to the following contact:

Dr. Betsy Kindall  
Arkansas Department of Education  
School Based Mental Health Services  
OUR Educational Cooperative  
PO Box 610  
Valley Springs, AR 72682  
Office: 870.429.9129  
Cell: 501.580.6827  
Fax: 870.429.9099  
[Elizabeth.Kindall@arkansas.gov](mailto:Elizabeth.Kindall@arkansas.gov)

# **Attachment B**

SBMH Approval Application Packet

***School-Based Mental Health Service Providers  
Approval Application***

Each school district and prospective mental health partner must complete this application in its entirety in order to be considered for approval. This packet will precede the school district application to Arkansas Medicaid. Medicaid will not approve a provider number to a school district without a letter of approval from the Arkansas Department of Education. This packet must be submitted to the ADE regardless of the school district's intention to bill for Medicaid-related school-based mental health services.

The packet serves a dual purpose. Section I is information for the district/educational service cooperative to submit as a Provider. Section II is to be completed for each individual practitioner working in the program. Consideration will not be given to incomplete applications and each must include original signature and dates.

1. Identifying Information

A. District/Education Services Cooperative

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

B. Coordinated School Health Personnel/Coordinator or LEA Supervisor

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

C. Mental Health Licensed Practitioner *(If more than one, list all on a separate sheet with the requested information and attach to application.)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

D. Contact Person for Program (If not the CSH Coordinator/LEA Supervisor)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Signed Statement of Assurances/Agreement

**(Copy Attached)**

3. Description of Caseload to be Served: **(Include description of district and community and specific issues/problems identified)**

4. Service Delivery Plan to include:

- A. Location for services to be provided; Types of Services to be provided
- B. Anticipated frequency of service (hours of service delivery)
- C. Provision for emergency service consistent with Medicaid Manual, Section 202.110 (24 hours, 7 days, 12 months)
- D. Responsible party for billing SBMH Medicaid-related services.
- E. Include referral and treatment procedures for ALE and PreK, when applicable.



**Job Description for School Based Mental Health Services Practitioner**  
(Provide for each position – SBMH Coordinator/Wellness Center LMHP, SBMH therapist, case manager)

Position Title: \_\_\_\_\_

Responsible to: \_\_\_\_\_

Qualifications:

Specific Tasks:

Evaluation:



## STATEMENT OF ASSURANCES

The undersigned public education agency (school district/Education Service Cooperative) or RSPMI provider, as a provider of School-Based Mental Health (SBMH) services approved to receive Medicaid reimbursement for services provided to the under age 21 Medicaid population, agrees to the following assurances in order to ensure quality and continuity of care:

**PROVIDER STAFF OR CONTRACTED PROFESSIONALS:** Employees or contractors engaged as Licensed School-Based Mental Health Practitioners will meet specific qualification for their services. Further, such practitioners will provide services only in those areas in which they are licensed or credentialed.

**SERVICES:** As a provider of SBMH services, the public education agency, agrees to provide, either through employees or contractors, mental health services in a manner consistent with Section 202.110 of the Arkansas Medicaid Manual for SBMH services.

**LIABILITY INSURANCE:** Each practitioner will be covered by liability insurance.

**CONTINUITY OF CARE/SERVICES:** As a public education agency or RSPMI provider, we agree to work cooperatively with other providers of services to children and youth. Parental consent will be obtained, either by the public education agency or the RSPMI provider prior to providing SBMH services. We further agree to work collaboratively to coordinate delivery of mental health services with other sources of similar services and care. We will make appropriate disclosure consistent with privacy and confidentiality rights of the treatment plan to all parties involved. This includes the sharing of “need to know” information between the public education agency and mental health provider, which may contain, but is not limited to the student’s diagnosis, social and behavioral functioning information, testing results, and familial information.

**NON REFUSAL REQUIREMENT:** As a provider of SBMH services, we will not refuse services to a Medicaid eligible recipient under age 21 in a school setting unless, based upon the primary mental health diagnosis, the provider does not possess the services or program to adequately treat the recipient’s mental health needs. SBMH services are available to any student in need regardless of Medicaid or third party eligibility.

**PHYSICIAN REFERRAL:** Recipients of services will be referred verbally or in writing for SBMH services by a Medicaid enrolled physician. It is understood that the referral must establish that services are medically necessary.

**COMPREHENSIVE ASSESSMENT:** Recipients of SBMH services will receive a documented comprehensive assessment before services are begun.

**TREATMENT PLAN:** Recipients of SBMH services will have an individualized, written treatment plan to be included in the recipient’s medical record. For a public education agency billing Medicaid for SBMH services, an Individualized Education Program (IEP) reflecting mental health services may substitute for the treatment plan.

**PLACE OF SERVICE:** SBMH services will be provided in a school setting, to include an area on or off-site based on accessibility for the child, or at the home of the child when it is the educational setting for a child enrolled in the public schools. Initiation of SBMH services are contingent upon a referral from school staff.

**RECORD KEEPING:** All medical records which support the provision of medical services billed to Medicaid will be completed promptly, filed and retained by the public education agency in which the child attends school or RSPMI agency contracting with the stated public education agency. These records will be made available for audits by Arkansas Department of Education, Division of Behavioral Health Services, and/or Arkansas Division of Medical Services (Medicaid).

**CONFIDENTIALITY:** All aspects of the SBMH services will comply with regulations regarding client privacy and confidentiality. Space for the delivery of personal client services will be guaranteed privacy and confidentiality. Records of all SBMH clients will be maintained in locked files and access will be regulated in accordance with confidentiality requirements.

**DOCUMENTATION:** The public education agency and/ or contracted RSPMI agency will properly maintain prescribed written records for each child receiving SBMH services.

**RECIPIENT APPEAL PROCESS:** Upon receipt of an adverse decision, the recipient may request a fair hearing of the denial decision.

**BILLING PROCEDURES:** When billing for SBMH services, the student or family will not be responsible for fees related to the service(s) provided. The public education agency will be billed for services not reimbursed by Medicaid or other third party insurance.

---

School District/ESC Chief Administrative Official

---

Date

---

Practitioner of School-based Mental Health Services  
(Agency Director or Independent Provider)

---

Date

---

CSH Coordinator /LEA Supervisor/SBMH Coord.

---

Date

## Practitioner Checklist

### Section II

**Note: This is to be completed by the licensed Mental Health Practitioner (Therapist and Case Managers)**

The following items must be submitted in order to complete the Application to become a school based mental health practitioner. Please return all of these documents with the Provider Application.

- Current Resume of Practitioner** – must include month and year. Any lapse in continuous employment for work history since graduation from your graduate degree program must be fully explained on a separate sheet.
- Copy of Practitioner’s Current State License/Certification (showing expiration date)**
- Practitioner’s Board Certifications (If applicable)**
- Copy of Practitioner’s Diploma**
- If Applicable, Current Professional Liability Face sheet** (must indicate applicant as the insured, policy period and coverage amounts with minimum limits of \$1,000,000.)
- Practitioner Profile**
- Explanation of any malpractice suits or licensing boards actions

## Practitioner Profile

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**NOTE:** If “YES” is checked, please explain fully on a separate sheet. Documentation is required if you have malpractice claims pending or settled in the past five (5) years (include any settlements/adjudications, original complaint and final disposition).

1. **Health Status:** Do you currently have any physical, mental, or emotional conditions which may impair your ability to render the professional services which are the subject of this application?  
 YES  NO
  - a. Do you currently use illegal drugs or abuse drugs or alcohol?  YES  NO
2. **Insurance Coverage:** Have you ever been denied professional liability insurance or initially refused upon application?  YES  NO
3. **License/Certification:** Has your professional license/certification in any state ever been revoked, suspended, placed on probation, conditional status, or limited?  YES  NO
  - a. Have you ever voluntarily surrendered your license/certification?  YES  NO
  - b. Are formal charges pending against you at this time?  YES  NO
4. **If Applicable: Hospital Privileges:** Has any hospital ever dismissed you from its staff?  YES  NO
  - a. Has any hospital ever revoked, suspended, or limited your privileges?  YES  NO
  - b. Has any hospital initiated either type of aforementioned action by formal notice to you?  
 YES  NO
  - c. Has any hospital refused or denied you privileges?  YES  NO
  - d. Have you ever voluntarily surrendered your hospital privileges?  
 YES  NO

5. **If Applicable: Hospital Sanctions:** Have you ever surrendered your clinical privileges upon threat of censure, restriction, suspension or revocation of such privileges? YES NO
6. **Professional Membership(s):** Has your membership in any professional society or association ever been canceled, revoked, or censured? YES NO
7. **Medicare/Medicaid:** Have you ever been fined, had an arrangement suspended, been expelled from participation or had criminal charges brought against you by Medicare or Medicaid? YES NO
8. **Criminal Offences:** Have you ever been convicted of a felony or involved in charges relating to moral or ethical turpitude? YES NO
- a. Have you ever been named as a defendant in any criminal proceedings?  
YES NO
9. **Board Discipline:** Have you ever been the subject of disciplinary proceedings by any professional association or organization (i.e., state licensing board, certification board, county, local school board, state or national professional society, hospital medical or clinical staff)? YES NO
10. **Malpractice Action:** Has any malpractice action against you been brought or settled in the past 5 years or has there been any unfavorable judgement(s) against you in a malpractice action?  
YES NO
- a. To your knowledge, is any malpractice action against you currently pending?  
YES NO
- b. Have you ever been a defendant in any lawsuit involving your practice where there has been an award or payment of \$50,000 or more? YES NO

***Attestation/Participation Statement***

I fully understand that if any matter stated in this application is or becomes false, \_\_\_\_\_(district) will be entitled to terminate my employment as a School Based Mental Health Practitioner. All information that is being submitted by me in this application is warranted to be true, correct and complete.

I authorize \_\_\_\_\_(district) to consult with the State licensing board(s), educational institutions, specialty boards, malpractice insurance carriers, hospitals, professional references from whom/which information may be needed to complete the credentialing process or to obtain and verify information concerning my membership, professional competence, character, and moral and ethical qualifications, and I also authorize all of them to release such information to \_\_\_\_\_(district). I release \_\_\_\_\_(district) and its employees and agents and all those whom \_\_\_\_\_(district) contacts from any and all liability for their acts performed in good faith and without malice in obtaining and verifying such information and in evaluating my application to provide school based mental health services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)

*For assistance with this application, please contact:*

Betsy Kindall, Ed.D.  
C/O OUR Educational Cooperative  
PO Box 610  
Valley Springs, AR 72682  
Phone: 870-429-9129 or 501-580-6827  
Fax: 870-429-9099  
E-mail: [Elizabeth.Kindall@arkansas.gov](mailto:Elizabeth.Kindall@arkansas.gov)

**Please mail completed application to:**  
**The Coordinated School Health Office**  
**ATTN: SBMH Application**  
**2020 West Third Street, Suite 320**  
**Little Rock, AR 72205**

# Attachment C

## Site Visit Materials

- Visit Checklist
- Site Visit Checklist
- Site Visit Summary
- Site Review List



**Arkansas Department of Education  
School-Based Mental Health**

**Check List (Packet must contain all required information in order to be approved by ADE).**

**Applicant:** \_\_\_\_\_

- |                   |   |       |
|-------------------|---|-------|
| <b>Section 1.</b> | <b>Identifying Information</b>  | _____ |
| <b>Section 2.</b> | <b>Assurances</b><br><b>A. Signatures</b>   | _____ |
| <b>Section 3.</b> | <b>Caseload Description</b><br><b>A. Demographics of Student Body</b><br><b>B. Community Demographics</b><br><b>C. Identified Problems/Diagnosis/Placements</b> | _____ |
| <b>Section 4.</b> | <b>Service Delivery Plan</b><br><b>A. Location</b><br><b>B. Service Delivery-frequency, hours of operation</b><br><b>C. Provision of Emergency Services</b>     | _____ |
| <b>Section 5.</b> | <b>Training Plan – Description of Training for Staff</b>  | _____ |
| <b>Section 6.</b> | <b>Supervision Plan</b><br><b>A. Onsite Supervision</b><br><b>B. Professional Supervision</b>   | _____ |
| <b>Section 7.</b> | <b>Medication Management</b><br><b>A. Agreements with MD/Agencies/Facilities</b>  | _____ |
| <b>Section 8.</b> | <b>Job Description</b><br><b>A. Qualifications</b><br><b>B. Specific Tasks</b><br><b>C. Evaluation</b>  | _____ |
| <b>Section 9.</b> | <b>Practitioner Profile</b><br><b>A. Resume</b><br><b>B. Licensure</b><br><b>C. Liability Insurance</b><br><b>D. Attestation Statement</b>                      | _____ |

**Reviewed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Recommendation:**      \_\_\_\_\_ **Approve**                      \_\_\_\_\_ **Return**

## *Site Visit Check List*

(To be completed on site after submission and approval of SBMH Application)

Applicant(s): \_\_\_\_\_

School District and Provider

1. **Review of Contracts, MOUs, Agreements (Specifics regarding sharing of confidential materials, fiduciary responsibilities, records, hours of operation, services etc should be addressed)**
  - a. **HIPAA/FERPA** \_\_\_\_\_
  - b. **Record Keeping** \_\_\_\_\_
  - c. **Billing** \_\_\_\_\_
  - d. **Payments** \_\_\_\_\_
  - e. **Service Delivery Plan** \_\_\_\_\_
  - f. **On Call Plan** \_\_\_\_\_
  
2. **Tour of Facility (Counseling space, records, etc)**
  - a. **Space Committed for Services** \_\_\_\_\_
  - b. **Confidential Environment** \_\_\_\_\_
  - c. **Records on Grounds?** \_\_\_\_\_
    1. **Fire Proof File Cabinet** \_\_\_\_\_
    2. **Locked Files** \_\_\_\_\_
    3. **Two Locked Doors** \_\_\_\_\_
    4. **Access Limits (FERPA/HIPAA)** \_\_\_\_\_
  
3. **Interview with Staff Partnership (District and Provider)**
  - a. **Administrative Commitment** \_\_\_\_\_
  - b. **Administrative Understanding** \_\_\_\_\_
  - c. **Administrative Cooperation** \_\_\_\_\_
  - e. **Provider Commitment** \_\_\_\_\_
  - f. **Provider Understanding** \_\_\_\_\_
  - g. **Provider Cooperation** \_\_\_\_\_
  
4. **Observation of Partnership Interaction**
  - a. **Open Communication** \_\_\_\_\_
  - b. **Problem Solving Approach** \_\_\_\_\_
  
5. **Partnership Integration**
  - a. **Assigned Staff** \_\_\_\_\_
  - b. **Multidisciplinary Staffings** \_\_\_\_\_
  - c. **Shared In-Services** \_\_\_\_\_
  - d. **Conference Attendance** \_\_\_\_\_
  
6. **Best Practices**
  - a. **One FT Therapist/Building** \_\_\_\_\_
  - b. **School-Based vs Linked** \_\_\_\_\_

*SBMH Site Visit Summary*

**Date** \_\_\_\_\_

**District/Partner:** \_\_\_\_\_

**Attendees:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Program Review:** \_\_\_\_\_

**Chart Review:** \_\_\_\_\_

**Medicaid Billing:** \_\_\_\_\_

**Strengths:** \_\_\_\_\_

\_\_\_\_\_

**Needs:** \_\_\_\_\_

\_\_\_\_\_

**Areas for Improvement:** \_\_\_\_\_

\_\_\_\_\_

**Recommendations:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Site Review List

<b>School:</b>	<b>LEA:</b>	<b>Date:</b>
<b>Medicaid #:</b>	<b>Reviewer:</b>	
<b><u>Program Components (circle those offered)</u></b>	<b><u>Data Source for Review (circle those used)</u></b>	
Individual Tx	Policy & Procedure Manual	
Group Tx	Interviews with Administrators	
Family Tx	Interviews with Staff	
Med Clinic	Interviews w/ Clinicians	
Parenting Education	Treatment Record Review	
Targeted Case Management	Case Management Record Review	
Environmental Intervention	Tour of Facility	
Crisis Intervention	Review of Safety Procedures	
Other	Attendance at Staffing/Mtgs	
<b>Answer each item by placing check in the YES cell if the indicator is satisfied – if it is not satisfied, leave the cell blank. If not applicable, mark the box with “N/A”. <span style="float: right;">YES</span></b>		
Are emergency services available on-site or by referral 24 hours/day, 7 days/wk?		
Are routine appointments available within 7 days?		
Are urgent appointments available within 48 hours?		
Are appointments for life-threatening emergencies available immediately?		
Does the program have policies and procedures for outside provider access?		
Does the program document staff education, licensure, and CEUs?		
Does the program retain a copy of license and resumes for mental health staff?		
Do formal procedures exist for diagnosis of problems, tracking resolution, and monitoring for improvement?		
Is student, parent/family, teacher satisfaction evaluated and reported on an on-going basis?		
Are there regular meetings with clinical staff, school staff and administration to review administrative and clinical policies, procedures and other issues?		
Are there program specific criteria in place for referrals, treatment and discharge?		
Does a multidisciplinary team provide assessment, treatment and support services?		
If multiple agencies are involved with the student, is there documentation of multi-agency service coordination or a multi-agency service plan?		
Do these agencies meet for case planning on a regular basis? Monthly or Quarterly?		
Are admission and treatment criteria consistent with interventions provided?		
Are student and family interviews conducted and documented?		
Is a comprehensive treatment plan completed within appropriate time frame for level of intervention?		
Is there evidence of active participation by students in treatment planning when possible?		
Does a formal system exist to assure follow-through on transition out of the program?		
Are treatment plans and progress reviewed every 90 days?		
Are support services provided and documented?		
Does the mental health program inform students and family of rights and responsibilities and grievance procedures?		
<b>Answer each item by placing check in the YES cell if the indicator is satisfied, if it is not satisfied, leave the cell blank. If not applicable, mark the</b>		

<b>box with "N/A".</b>	
Do suicide prevention/precaution protocols exist?	
Does the program have a policy addressing confidentiality and Notice of Privacy in accordance with HIPAA regulations?	
Are files containing any clinical information maintained in a locked and safe setting, in accordance with medical record privacy standards?	
Are treatment records up to date regarding signatures, releases and consents for participation?	
Are Medicaid Billing procedures followed consistently?	
Are areas where students are seen for counseling free from physical furnishings or equipment that represent a risk/safety hazard	
Does the program demonstrate the incorporation of cultural sensitivities into its treatment program?	
Is there a mechanism in place to gather data regarding school performance and mental health outcomes?	
Is there evidence of a summer program via protocol, attendance records etc.?	
Is there evidence of a parenting program via protocol, attendance records etc.?	
Does the partnership participate in Network Conferences and training opportunities? (Both school and mental health staff)	