

Providing Access to Healing (PATH)
for Students
School Based Mental Health Services

REQUEST FOR INFORMATION (RFI)
REQUEST FOR PROPOSAL (RFP)



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Sheboygan
County
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PATH PROJECT DESCRIPTION

INTRODUCTION

United Way's PATH for Students is a school-based, mental health program designed to improve access to therapy services for those students experiencing barriers to care elsewhere in the community. Based on priorities identified by over 300 people who attended the March 2014 Mental Health and Alcohol and Other Drug Abuse Community Conversation, United Way is seeking to pilot the PATH program in two school districts beginning with the 2015-16 academic school year. The intent of the program is to improve access to mental health services. The program proposed by the United Way of Sheboygan County (United Way) is based on the PATH program which began as a pilot in the Fox Valley in 2008.

OBJECTIVES

Based on information provided by the Fox Valley program which has been reviewed by the United Way of Sheboygan County and the participating pilot school districts, the following are the pilot project objectives:

- Improved access to mental health services and increased care for the target population
- Early identification and intervention of mental health issues in students and increased awareness of the need for mental health treatment
- Improved school climate towards mental health issues through staff education and collaboration with mental health providers
- Improved case management of students with mental health issues (therapists, teachers, parents, etc.),
- Reduced out-of-home placements and alternative school placements
- Improved functioning / reduction of symptoms of students with mental health disorders which results in:
 - Reduced barriers to learning
 - Improved academic performance
 - Improved attendance
 - Less disruptive behavior

TARGET POPULATION

The target population is students from families experiencing difficulty in accessing mental health services.

This includes students from families who are uninsured or underinsured. Although some families may be able to access services on a sliding fee scale, the parents may be unable or unwilling to follow-through with treatment. This pilot will include students needing and not receiving mental health services due to limited parental support because of either an inability or an unwillingness to seek services, including families that have insurance or other third party reimbursement.

For those parents unable to seek services due to such issues as transportation or work schedule, the project will eliminate the need for a parent to miss work in order to take his/her child to an appointment in the community. It will provide a way for parents to ensure their child is receiving necessary mental health treatment without disrupting the parent's work schedule or creating the additional problem of how to transport the child to and from therapy.

Parents may be unwilling to follow-through with therapy for a number of reasons, including cultural beliefs, skepticism on the need for therapy and the stigma associated with mental health services. However, based on information from the Fox Valley program, it is anticipated that parents are likely to give permission for someone working in the school to see their children. In such instances, the project would build on the trust parents have in the school to increase the utilization of mental health services.

PILOT SCHOOLS

The pilot will offer mental health services in the following schools:

- Sheboygan Area School District
 - South High School
 - Farnsworth Middle School
- Random Lake School District (elementary, middle and high school) with a focus on the middle school and high school students.

While there may be a greater need in the middle and high school, it is important that the pilot address the increased needs at the elementary school level and be inclusive of other family members experiencing mental health needs.

Some of the students referred may have underlying drug and alcohol (AODA) issues. The pilot will not accept referrals for students with AODA as a primary diagnosis. During the pilot it will be important to track the number of students not accepted due to a primary diagnosis of AODA.

PROJECT STRUCTURE

Using the Fox Valley PATH program structure as the initial guide, the pilot program proposes to use and then build upon the Fox Valley structure.

Referral Process

Designated staff at each of the selected schools for the pilot will refer students from the target population to the PATH program. It is anticipated that at some point in time a parent may request services for their child by contacting the designated school staff person or a high school student may self-refer to the program.

School staff will be responsible for marketing the program at the pilot schools.

Parental Consent

School staff will be responsible for obtaining parental consent for the mental health referral. The school staff person will work with the family to complete the referral form.

Once the referral has been made the therapist will obtain parental consent to assess and treat the child. The therapist will also obtain the signed release of information from the parents in order to allow for consultation with school staff.

Based on information from the Fox Valley program, the Sheboygan County pilot prefers that a school staff person and the therapist collaborate to obtain the parental consent. Obtaining signed parental consent has been a barrier to care. The Sheboygan County pilot project requires that the school and provider organization develop a collaborative process to address this potential barrier recognizing that the collaborative process is not prescriptive and may vary depending on the child, family and circumstances.

Provider Organization

The provider organization for the Sheboygan County PATH pilot will be selected through the Request for Information (RFI)/Request for Proposal (RFP) process. The organization must be:

- Certified by the State of Wisconsin as a qualified mental health and AODA agency or designated as a Federally Qualified Health Center (FQHC) receiving grants under Section 330 of the Public Health Services Act,
- Tax-Exempt (in order to receive United Way funding for the pilot),

- Demonstrated ability to bill third party payers for services.

It is imperative that the Sheboygan County pilot of the PATH program bill third party payers for services. The pilot will be used to determine long-term sustainability as well as expansion of the program.

Based on information from the Fox Valley program, the Sheboygan County pilot proposes that the mental health provider organization assign dedicated staff to the pilot project. This will help provide consistency in therapy and help build relationships with the students, parents, teachers and other school personnel. Also, it is preferred that more than one therapist be assigned to the project. As an example, Fox Valley recommended that two part-time therapist (one fulltime equivalent) be assigned to the project.

Staffing Requirements

In order to implement the Sheboygan County pilot, we again are relying on the Fox Valley experience. Fox Valley requires that the therapist(s) assigned to the project be a master level therapist with a minimum of three years of clinical experience. This is the preference for the Sheboygan County pilot but an applicant provider organization may recommend in their proposal other qualifications, years of experience and skills/training related to the project and target group. Caseload sizes vary with a range of 9 – 25 students per therapist. Caseloads vary based on each student's needs and the frequency of services required. Therapy sessions also vary in length, usually 30 minutes or 60 minutes. As recommended by Fox Valley it may be more meaningful to consider direct hours of service. The expectation in Fox Valley is that 60% of the therapist's time would be spent in direct therapy.

Services/Hours of Operation

The provider organization will provide the following core services:

- Assessment
- Case Planning
- Treatment
- Aftercare Planning
- Communication with the school personnel regarding students participating in the pilot project
- Referrals to psychiatrists, psychologists and primary care physicians, as needed.

An integrated model of care is preferred. The provider organization may also be asked to provide staff development presentations to the school districts participating pilot schools.

The hours of operation will be decided by the provider organization and the pilot schools. It is anticipated that therapy services will be provided to students as needed during holiday and summer breaks. The provider organization and school district will work together to provide treatment in the best location during these breaks. This could include using school district buildings that are open during the summer or other acceptable local options, which are convenient for the student and family.

Role of Pilot Schools

The pilot schools have agreed to the following responsibilities:

- Provide physical space for the therapist
- Identify and process referrals
- Assist in obtaining parental consent
- Excuse students from class to attend therapy
- Allow teachers/staff time to communicate with therapists

- Promote education on mental health issues for students and staff

Each school district/school participating in the pilot will identify a lead staff person for the pilot. This person will work with the provider organization to develop a system for ongoing communication. In both the high school and middle school setting, as students have more than one teacher, each school will identify an appropriate staff member for the therapist to communicate agreed to student specific information.

Records

The provider organization will comply with all documentation standards and requirements when providing therapy services. Treatment records are the property of the provider organization.

Insurance

The provider organization will maintain all necessary liability insurance with limits sufficient to meet the pilot school district requirements.

Interpreter Services

At times interpreter services may be needed. Provider organizations will be asked to describe how interpreter services will be provided.

Overall Project Timeline

The duration of the pilot is expected to be two years.

Project Evaluation/Outcomes

During the pilot, the project will be evaluated on a quarterly basis. The evaluation will be conducted by representatives from the provider organization, the school districts and the United Way of Sheboygan County.

Information that will be reviewed during the quarterly evaluations includes:

- Number of referrals
- Types of referrals
- Diagnoses/presenting issues
- Frequency and duration of treatment
- Time spent in direct treatment
- Time spent in administrative/non-treatment
- Time spent with school staff
- Third party billings and payments including sources
- Outcomes
- Trends, unmet needs
- Any other information the provider organization, school district or United Way of Sheboygan County considers necessary to assist in evaluating the project

Information will be gathered and supplied primarily by the provider organization and school district.

Attachment A – Measuring Results Outcomes

The Sheboygan County pilot will use the Fox Valley PATH program outcomes as outlined in Attachment A. The provider organization will be responsible for developing and submitting a complete logic model as part of the RFI/RFP process.

Financial Resources

Capacity building and short term funding for the pilot project will be available from the United Way of Sheboygan County.

Initially, United Way is projecting having up to \$40,000 per year available for the two year pilot (\$80,000 total) to help fund the therapy position and some related supervision, interpreter and supply expenses.

**Providing Access to Healing (PATH) for Students
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REQUEST FOR INFORMATION (RFI)/REQUEST
FOR PROPOSAL (RFP)**

General Information

Organizations will be submitting their proposals through the United Way of Sheboygan County e-C Impact software.

I. Issuing Organizations:

This Request for Information/Request for Proposal (RFI/RFP) is issued by the United Way of Sheboygan County in collaboration with the Random Lake and Sheboygan Area School Districts.

II. Calendar/Timetable:

Informational Session on the RFI/RFP process March 18, 2015 from 1:00 to 3:00 p.m.
RFI/RFP Information Available for
Interested Organizations March 18, 2015
Proposals Due via e-C Impact April 20, 2015 no later than 4:30 p.m. CST
Proposals Reviewed by Selection Committee May 11, 2015
RFI/RFP Selected Organization Notified May 18, 2015
All Responding Organizations Notified of Decision .. May 18, 2015

III. Proposal Requirements

All proposals must be submitted in their entirety to the United Way of Sheboygan County by Monday, April 20, 2015 no later than 4:30 p.m. CST through the e-C-Impact software.

- The United Way of Sheboygan County reserves the right to reject any and all proposals received, in whole or in part, cancel this solicitation at any time, waive any informality associated with the proposal process, and award the contract in a manner which best meets the needs of United Way of Sheboygan County and the collaborating school districts.
- The United Way of Sheboygan County reserves the right to “split” the contract.
- All proposals shall remain in effect for a period of not less than ninety (90) days following the published due date of the proposal.
- Neither the United Way of Sheboygan County nor the collaborating school districts shall be responsible for any costs associated with the development or submittal of the response to this solicitation by the responding organizations.
- Any proposals received after the published due date & time shall not be considered.

IV. Information that will be needed for the proposal:

- General Agency Information, Contact Information, Agency Mission & Vision, Agency Affiliations, Agency Accreditations, etc.
- Project Abstract
- Organizational Capability
- Project Plan
- Timeline for Implementation
- Measurable Outcomes & Logic Model
- Project Evaluation
- Two Year Pilot Budget

- Sustainability Plan
- Attachments
 - Organization's current annual budget
 - Organization's year-to-date income and expense statement, including balance sheet
 - Organizational chart
 - List of board members and compensation, if appropriate
 - IRS Federal tax exemption determination letter
 - Resume(s) of the person(s) most directly involved in the school-based mental health access project
 - Organization's most recent audit
 - Organization's most recent 990

Questions regarding the RFI/RFP process should be addressed to Sara O'Hara at sara@uwofsc.org or Ann Wondergem at ann@uwofsc.org. You may also reach them at 920.458.3425.

V. Evaluation Process

All proposals will be evaluated by the selection committee composed of representatives from the school districts and the United Way of Sheboygan County.

Applicants may be invited to meet with the selection committee to discuss their proposals.

Attachments

Attachment A	Measuring Results Outcomes
Attachment B	Draft Memorandum of Understanding
Attachment C	e-C Impact (a print out of some of the e-C Impact screen shots and forms e.g. budget, logic model)

Attachment A

Measuring Results/Outcomes

Measuring Results – Outcomes

PATH measures results in two major areas: improved mental health and improved school performance. Below is a description of the outcomes and indicators measured that are being measured and the data sources and data collection methods being used by PATH in the Fox Valley.

Academic Performance Improvement

Outcome:

Students will have improved mental health to perform better in school.

Indicator:

Number and percent of students with identified academic performance issues who have improved grades.

Data Sources and Data Collection Methods:

The data is based on school records obtained by the therapist with the consent of the parent/guardian and student. Records on academic performance are obtained at the start of therapy and monitored throughout the course of treatment.

The Grade Point Average (GPA) is used for high school and some middle school students.

For elementary and some middle school students, the GPA is not calculated. Students are evaluated in such areas as: Art, Language, Mathematics, Second Language, Music, Physical Education, Science and Social Sciences. Students are given a score of 1 to 4 in each area:

1. Minimal achievement, rarely meets benchmark,
2. Basic achievement, inconsistently meets benchmark,
3. Proficient, consistently meets benchmark,
4. Advanced, consistently exceeds benchmark.

A student is considered to have achieved improvement in academic performance if he/she has an increase in GPA or an increase in evaluation score in at least one area.

Academic improvement is measured only on those students with identified academic issues.

School Behavior Improvement

Outcome:

Students will have improved mental health to perform better in school.

Indicator:

Number and percent of students with identified behavioral issues who have fewer detentions, suspensions, unexcused absences and/or episodes of disruptive behavior.

Data Sources and Data Collection Methods:

The data is based on school records obtained by the therapist with the consent of the parent/guardian and student. Records on detentions, suspensions and unexcused absences

are obtained for high school and middle school students at the start of therapy and monitored throughout the course of treatment. Records on teacher disciplinary reports are collected for elementary school students at the start of therapy and monitored throughout the course of treatment.

A student is considered to have achieved improvement in school behavior if he/she has fewer detentions, suspensions, unexcused absences or teacher disciplinary reports.

Improvement in school behavior is measured only on those students with identified behavioral issues.

Mental Health Improvement Based on Clinical Assessment

Outcome:

Students will have improved mental health to perform better in life.

Indicators:

- Number and percent of students experiencing improved functioning based on clinical findings.
- Number and percent of students experiencing reduced symptoms based on clinical findings.

Data Sources and Data Collection Methods:

The mental health agencies providing services in the PATH program use a variety of clinical assessment tools. Typically they use the same forms that are used in their outpatient clinics. PATH does not prescribe what forms are to be used but leave that to the best judgment of the agencies.

A student is considered to have achieved increased functioning and/or reduced symptoms if there has been an appropriate change in the clinical assessment conducted by the therapist.

Mental Health Improvement Based on Student Self-Reports

Outcome:

Students will have improved mental health to perform better in life.

Indicators:

- Number and percent of students experiencing reduced symptoms based on self-reports in the following areas:
 - ✓ Number and percent of students reporting progress toward goals.
 - ✓ Number and percent of students reporting feeling better about life.
- Number and percent of students experiencing increased functioning based on self-reports in the following areas:
 - ✓ Number and percent of students reporting improved relationships with friends.
 - ✓ Number and percent of students reporting improved relationships with family.

Data Sources and Data Collection Methods

Client surveys are collected during each school quarter and measure improvement in the following areas:

- Progress toward treatment goals that were mutually established by the therapist, student and family,
- Feeling better about life,
- Improved relationships with family and friends.

As the surveys are conducted quarterly, a student may complete more than one survey during the course of treatment.

A student is considered to have achieved reduced symptoms with a response of 4 or 5 on a 5-point scale regarding progress toward treatment goals and feeling better about life.

A student is considered to have achieved increased functioning with a response of 4 or 5 on a 5-point scale regarding improved relationships with family and/or improved relationships with friends.

PATH also tracks a student's willingness to return to therapy, if needed. While this may appear to be more of a satisfaction measure, we consider it to be an important indicator. In addition to improving the student's current mental health and providing him/her with the coping skills to address issues in the future, we want to ensure that the student has a positive experience with therapy and would be willing to return to therapy if needed in the future.

Staff members from United Way and the mental health providers meet with each school district to review the outcome results, evaluate and discuss the need for any changes.

Attachment B
Memorandum of Understanding

A. Background

PATH (Providing Access to Healing) for Students program is designed to engage students and family members in mental health services offered by qualified, licensed clinical staff. The program specifically serves students who might not seek these services in clinic settings. It is expected that timely access to services and interface with school pupil services professionals will improve student success.

B. Memorandum of Understanding Purpose

The purpose of this Memorandum of Understanding is to describe the responsibilities of each party in the development, implementation and operation of PATH for Students program.

C. Program Purpose

The purpose of the PATH program is to:

- Improve accessibility; provide opportunity to timely access to services and treatment.
- Reduce and prevent suicide and/or violence against others among school-age children by early identification and intervention.
- Engage students and family members in mental health services offered by licensed clinical staff.
- Promote coordinated treatment and services by interfacing with school pupil service professionals to improve student success when there is a written consent to permit exchange of client information.
- Maintain workforce productivity and improve school performance by reducing travel time, parents miss less work to take their child to an appointment, and by minimizing absences.

D. Parties

This Memorandum of Understanding includes:

- *Mental Health Provider Name*, referred to hereafter as the mental health provider,
- *School District Name* referred to hereafter as the School District.

Mental Health Provider Name is

- Certified by the State of Wisconsin as a qualified mental health and AODA agency or designated as a Federally Qualified Health Center (FQHC) receiving grants under Section 330 of the Public Health Services Act,
- Tax-Exempt (in order to receive United Way funding for the pilot),
- Demonstrated ability to bill third party payers for services.

School District Name provides pre-kindergarten through grade 12 educational programming that offers opportunities for students to maximize individual potential. Students gain knowledge and skills to equip them with the ability to function as lifelong learners and responsible citizens in their communities.

E. Responsibilities

The mental health provider will:

- Implement PATH for Students in designated schools based on the program description agreed upon by the School District within a specified timeframe.
- Seek and receive approval for the school branch office in order to provide outpatient mental health services in specified schools.
- Comply with all requirements of a school branch office that includes:
 1. Ensure that licensed clinical staff providing services in schools has the necessary training and education for provision of services to the age of students served. The practice of psychotherapy or substance abuse treatment shall be within the scope of practice of the clinician. Copies of current Wisconsin clinical licenses shall be prominently displayed at each school branch office.
 2. Maintain a distinction between school personnel and the therapists employed by the mental health provider. Clinical licensure through the Department of Safety and Professional Services (DSPS) and pupil services licensure through the Department of Public Instruction (DPI) convey different knowledge, skill sets and competencies. Mental health and substance abuse treatment services provided in school branch offices will be consistent with applicable state licensure statutes and administrative rules. Educational services to public school students delineated under federal and state statute and administrative rules shall be provided by DPI-licensed educators.
 3. Develop policies and procedures in collaboration with school officials specific to the delivery of services in a school setting. These policies and procedures should address, but are not limited to:
 - a. Entrance and egress policies;
 - b. Operating hours, including potential operation outside regular school hours;
 - c. Parameters for school staff access to branch office (e.g., maintenance and cleaning, emergencies);
 - d. Adherence to school rules, including participation in emergency drills and procedures;
 - e. Supervision of students;
 - f. Appropriate clinician responses in case of violent outbursts by students, including communication

- with school staff and law enforcement; and
- g. Management of disagreements between branch clinic and school staff.
4. Ensure that Communication of any confidential information between the school branch office and the school is done only with consent or as otherwise authorized in statute. Clinical records created in the school branch office are the property of the certified clinic. Pupil records of students receiving services in the school branch office are in the custody of the school. Access to records or information is via properly created and executed releases of information or as otherwise authorized in the law, consistent with s. Chapter 51 and 118, stats.; 42CFR2; and 34 CFR99 (Family Education Rights and Privacy Act).
 5. Assist the School District in introducing the program to other school personnel, students and parents. Communications to families and students about the school branch office will clearly specify the school branch office is co-located in the school for the benefit and convenience of students and families seeking clinic services and is not an agent of the school.
 6. Provide evidence of adequate liability insurance to the school.
 7. Ensure that the space within the school for use by the school branch office, including storage of records, will be identified and will ensure the privacy and confidentiality of students and family members receiving services from the school branch office. Access to electronic and hard-copy clinical files will be limited to school branch office staff.
 8. Display Client Rights information prominently at each school branch office.
 9. Accept a referral for assessment for mental health services that originated from the parent/guardian or the school after informed consent is obtained from the parent/guardian. The referral shall identify the rationale for the assessment and contact information for the family. Arrangements for the student to be released from class for the assessment will be made after the parent/guardian has authorized the assessment and release.
 10. Coordinate care with school personnel whenever possible. Information from school branch office assessments, treatment plans, school evaluations and educational plans may be shared to inform and support each other with the informed consent of the parent/guardian.
 11. Collaborate with the school to create an annual report including client outcomes and parental feedback that will be submitted to DHS for review. This report will not include identifying information about specific students or families unless informed consent is obtained or as otherwise authorized by statute. These reports shall, in part, be a determining factor in renewal of school branch offices.

12. Make available to the State of Wisconsin, Department of Health Services (DHS), U.S. Department of Health and Human Services, or Health Resources & Services Administration (HRSA) any school branch office staffing records, policies and procedures and clinical records for review or investigations. Reviews may include unannounced site visits at school branch offices for the purpose of evaluating compliance or investigating complaints. Site visits will comply with local school building rules regarding visitors, student access, emergency drills and procedures, and entrance and egress policies and procedures.
- Provide qualified therapists in the designated schools and maintain agreed upon staffing levels throughout the terms of the agreement.
 - Assign dedicated staff to the program in order to provide consistency in therapy and build relationships with students, parents, teachers and other school personnel.
 - Meet with designated school district staff to discuss:
 - ✓ Roles and responsibilities of the therapists and school personnel,
 - ✓ Referral process,
 - ✓ Space for conducting confidential therapy appointments,
 - ✓ Documentation requirements,
 - ✓ Communication between therapists and school personnel,
 - ✓ Confidentiality issues.
 - Offer mental health therapy to students in the designated schools and provide the following core services:
 - ✓ Assessment,
 - ✓ Treatment,
 - ✓ Communication with school personnel regarding those students being served by the program in instances where a proper release of information is in place.
 - ✓ Staff development presentations as requested by the School District.
 - Make necessary referrals to psychiatrists, primary care physicians or other provider organizations as needed. Participate in Coordinated Service Teams, as needed.
 - Provide interpreter services as needed.

The School District will:

- Cooperate with the mental health provider in complying with school branch office requirements:
 1. Maintain a distinction between school personnel and the therapists employed by the mental health provider. Clinical licensure through the Department of Safety and Professional Services (DSPS) and pupil services licensure through the Department of Public Instruction (DPI) convey different knowledge, skill sets and competencies. Mental health and substance abuse treatment services

provided in school branch offices will be consistent with applicable state licensure statutes and administrative rules. Educational services to public school students delineated under federal and state statute and administrative rules shall be provided by DPI-licensed educators.

2. Assist the mental health provider in the development of policies and procedures specific to the delivery of services in a school setting. These policies and procedures should address, but are not limited to:
 - a. Entrance and egress policies;
 - b. Operating hours, including potential operation outside regular school hours;
 - c. Parameters for school staff access to branch office (e.g., maintenance and cleaning, emergencies);
 - d. Adherence to school rules, including participation in emergency drills and procedures;
 - e. Supervision of students;
 - f. Appropriate clinician responses in case of violent outbursts by students, including communication with school staff and law enforcement; and
 - g. Management of disagreements between branch clinic and school staff.
3. Ensure that Communication of any confidential information between the school branch office and the school is done only with consent or as otherwise authorized in statute. Clinical records created in the school branch office are the property of the certified clinic. Pupil records of students receiving services in the school branch office are in the custody of the school. Access to records or information is via properly created and executed releases of information or as otherwise authorized in the law, consistent with s. Chapter 51 and 118, stats.; 42CFR2; and 34 CFR99 (Family Education Rights and Privacy Act).
4. Collaborate with the mental health provider in introducing the program to other school personnel, students and parents. Communications to families and students about the school branch office will clearly specify the school branch office is co-located in the school for the benefit and convenience of students and families seeking clinic services and is not an agent of the school.
5. Ensure that the space within the school for use by the school branch office, including storage of records, will be identified and will ensure the privacy and confidentiality of students and family members receiving services from the school branch office. Access to electronic and hard-copy clinical files will be limited to school branch office staff.
6. Submit a referral for assessment for mental health services that originated from the parent/guardian or the school after informed

consent is obtained from the parent/guardian. The referral shall identify the rationale for the assessment and contact information for the family. Arrangements for the student to be released from class for the assessment will be made after the parent/guardian has authorized the assessment and release.

7. Coordinate care with the mental health provider whenever possible. Information from school branch office assessments, treatment plans, school evaluations and educational plans may be shared to inform and support each other with the informed consent of the parent/guardian.
 8. Collaborate with the mental health provider to create an annual report including client outcomes and parental feedback. This report will not include identifying information about specific students or families unless informed consent is obtained or as otherwise authorized by statute. These reports shall, in part, be a determining factor in renewal of school branch offices.
 9. Allow regulatory entities to make unannounced site visits at school branch offices for the purpose of evaluating compliance or investigating complaints. Site visits will comply with local school building rules regarding visitors, student access, emergency drills and procedures, and entrance and egress policies and procedures.
- Identify students at the designated schools in need of mental health services from the target population (i.e., those students experiencing barriers to care elsewhere in the community).
 - Obtain parent consent for an initial assessment and make appropriate referrals to the program by completing a referral form.
 - Provide physical space within the designated schools that is conducive to the confidential nature of mental health services.
 - Excuse students from class in order to attend therapy appointments.
 - Allow school personnel time to communicate with the mental health therapists in instances where a proper release of information is in place.
 - Promote education on mental health issues for students and staff.
 - Review progress reports and assist in the evaluation of the PATH for Students program.

F. Terms of Agreement

This agreement will be in effect from 00-00-000 to 00-00-0000.

G. Memorandum of Understanding Modifications and Termination

This agreement may be modified at any time with the consent of the parties involved. Any one of the parties may terminate this agreement with 60 days written notification to the other parties.

Termination may occur if any one of the parties fails to comply with the terms of this agreement with two weeks written notice.

H. Signatures

School District Name Representative

Date

Mental Health Provider Name Representative

Date

Attachment C
e-C Impact