



St. Louis County  
Children's Service Fund  
*Keeping Kids First*

2019-2020 Handbook for School  
Districts and Funded Agencies



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## INTRODUCTION

### ACKNOWLEDGMENTS

This document represents the cooperative efforts of St. Louis County public school district staff, funded agency leaders, St. Louis County Children’s Service Fund (CSF), and Ready by 21 St. Louis. Commitment and dedication to supporting student success, increasing transparency, and reducing ambiguity and redundancy was essential to the development of this handbook. Thank you to everyone who participated.

### PREFACE

Apart from home, most children spend more time at school than any other place. And although each student has unique needs, academic and otherwise, all students share the same fundamental need to be healthy, safe, engaged, and supported in order to achieve their potential. School-based services fill this critical role by working with schools to ensure children and youth have the supports and resources they need to be successful. By working together, schools, nonprofits, and CSF can better meet students’ learning and health needs. Through these partnerships, CSF is committed to building a strong foundation for student success.

### PURPOSE

The purpose of this handbook is to compile the learnings gleaned from speaking with nearly every school district and agency providing school-based services in St. Louis County into a concise set of tools and recommendations. With this resource, the hope is that district and agency staff are better able to respond to the unique needs of students and partner productively.

### HOW TO USE THIS RESOURCE

This handbook seeks to move districts and agencies toward a common understanding of effective practice. It offers general guidelines around key components of successful partnerships, along with basic tools and templates. It *does not prescribe specific practices*. Each district and agency should use the handbook as a starting point and resource guide and adapt it to the specific needs of their partnership.

## ABOUT ST. LOUIS COUNTY CHILDREN'S SERVICES FUND

### HISTORY

In 2008, a coalition of local nonprofit agencies and community supporters decided to address the growing problem of unmet behavioral health needs of children and youth in St. Louis County. Using Missouri State Statutes RSMo. [67.1775](#) and [210.861](#), the coalition set out to create a community children's fund. This initiative, known as Putting Kids First, was put before St. Louis County voters and passed with a resounding 62% of the voters' approval.

Today, St. Louis County Children's Service Fund (CSF) is the largest children's service fund in the state of Missouri, generating approximately \$42 million annually through a quarter cent sales tax.

Since the first allocation in 2010, CSF has invested over \$300 million in local nonprofits and governmental agencies to provide mental health and substance use prevention and intervention services for children and youth in the county. Through collaboration and partnership, CSF ensures children and youth have the support and resources they need to achieve their potential.

**CSF'S MISSION:** To improve the lives of children, youth, and families in St. Louis County by strategically investing in the creation and maintenance of an integrated system of care that delivers effective and quality mental health and substance abuse services.

### ELIGIBLE SERVICE AREAS

**By statute CSF can fund services in the following categories:**

- **Temporary Shelter Services** – Services provided for youth experiencing abuse, neglect, homelessness, youth who have run away, or who are experiencing other crises for up to 30 days.
- **Transitional Living Services** – Services are provided as part of a transitional living program aimed at successfully supporting and reintegrating a young person from a temporary living arrangement into a safe living space with opportunities for developing independent life skills.
- **Services to Teen Parents** – Services and supports are provided to teen parents for the development of positive parenting skills, obtaining counseling and behavioral health services, and resources and referrals for additional support needs.

- **Respite Care Services** – Respite care services offer temporary emergency shelter and support services for children and youth of families to decrease the risk of abuse and neglect. Services are provided when families experience a crisis, or when families need a break from caregiving.
- **Crisis Intervention Services** – Services are provided in response to a mental health crisis resulting in acute destabilization of the client’s functioning in the community and are focused on rapid restoration to baseline functioning. Crisis intervention services provide assessment and short-term treatment in an outpatient setting.
- **Prevention Services** – Services are provided to children and youth with the goals of social emotional skill building, enhancing coping skills, strengthening relationships and community engagement, and related skills. Acquisition of the skills and information addressed by prevention services decreases children and youth’s likelihood of developing behavioral health and substance use issues.
- **Home and Community Based Intervention Services** – Home and community-based services are designed to allow children and youth to participate in a vast array of behavioral health services in the home and community settings. CSF affirms its commitment to serving individuals in the least restrictive environment by providing services and supports to children and their families to enable them to remain at home and in the community.
- **Individual, Group, and Family Counseling Services** – Individual, group, and family counseling services include psychological evaluations, mental health screenings, and individual, group, and family therapy.
- **Outpatient Substance Use Treatment Services** – Outpatient substance use treatment services include assessments and evaluations, early interventions, educational groups, youth group counseling, individual counseling, group family therapy, family therapy, and aftercare services.
- **Outpatient Psychiatric Services** – Outpatient psychiatric treatment services include psychiatric evaluations to diagnose behavioral health issues and create treatment plans, as well as ongoing psychiatric treatment and medication management. Per Statute, revenues cannot be expended for residential treatment, inpatient medical, inpatient psychiatric, and inpatient chemical dependency services, or for transportation services for children and youth.

**Per Statute, revenues cannot be expended for residential treatment, inpatient medical, inpatient psychiatric, and inpatient chemical dependency services, or for transportation services for children and youth.**

## CORE FUNDING CYCLE OVERVIEW

CSF currently has one funding cycle through which all funding flows. Core funding for programs has typically been allocated on a two year, January to December, calendar year cycle. However, in order to ensure service continuity throughout the school year, CSF is aligning the Core funding cycle with the school year. In order to transition to the school schedule, the next cycle will run for 30 months, from January 2020 through June 2022. After this cycle, the Core funding cycle will run for three years starting on July 1.

Funding for school-based services typically falls into the two generalized categories of intervention services and prevention services. Agencies providing services in schools are reimbursed on a unit of service basis, based on the type of service provided.

Intervention services would be initiated when a problem or concern with the youth has been identified and would typically include individual and/or group counseling.

Prevention services would normally be those provided to educate a broader group or classroom around a specific issue, i.e. bullying, social skills, etc.

When a Core funding cycle is open the timeline is articulated in detail by CSF. Generally, a call for RFPs is opened and eligible entities have a defined window to submit applications for consideration. CSF's process includes review of applications by both CSF staff and a panel of external reviewers who then make recommendations to the CSF board. The board will make preliminary funding decisions based on available funds and need. Funded agencies go through a contracting process with CSF prior to beginning services.

### CORE FUNDING MODEL & APPROVED UNITS OF SERVICE

CSF uses a fee for services reimbursement model to compensate agencies for actual services rendered. Services and agency allocations are agreed to at the beginning of the grant cycle and then agencies perform these services and bill CSF for them within the constraints of the agreed upon allocation.

A List of Approved Units of Service (Schedule B) can be found on the [CSF website](#) and will be updated at the end of 2019 to reflect updates to the 2020-2022 cycle.

### CORE FUNDING ELIGIBILITY

Historically, the CSF board has funded behavioral health supports articulated in the statute by funding non-profit behavioral health entities. School districts have not previously received funds directly from CSF.

To qualify for funding, an organization must at a minimum:

- Be a 501(c)(3) not-for-profit or governmental entity
- Be in good standing with the State of Missouri
- Conduct an annual independent financial audit
- File all applicable Federal and State returns (990, 990-T, MO-1120)
- Be certified, accredited, or licensed in the services for which it is requesting funding (or be in the process of doing so; verification must be provided)
- Require that background checks, including child abuse and neglect screenings, are conducted pre-hire and annually on all employees and volunteers, by the Family Care Safety Registry or other CSF-approved screening

Please visit [www.KeepingKidsFirst.org](http://www.KeepingKidsFirst.org) to learn more.



# ROLES AND RESPONSIBILITIES

## WHY IS THIS IMPORTANT?

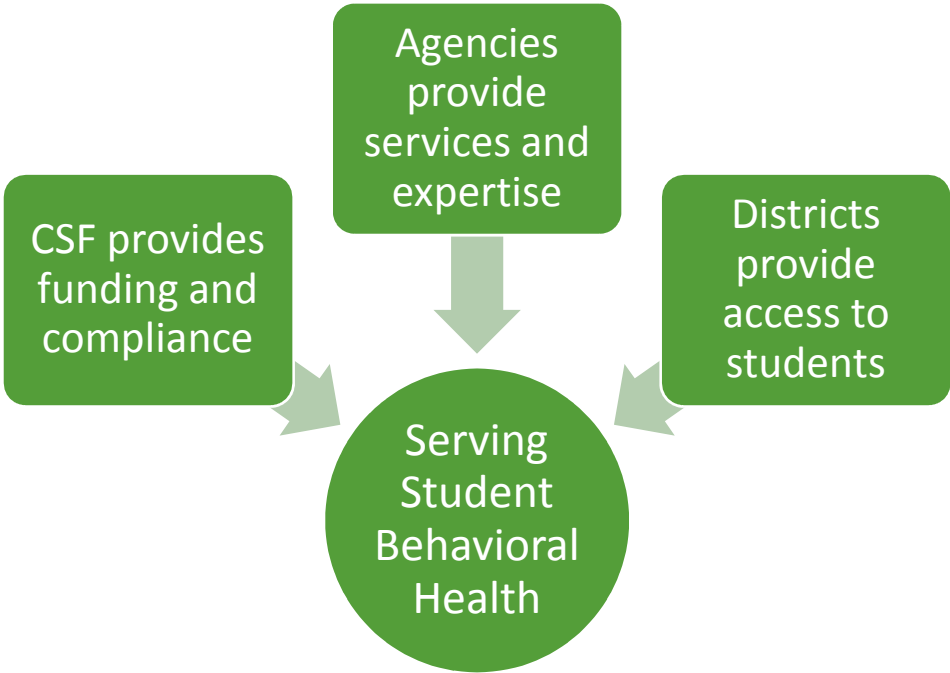
The school-based behavioral health services provided in St. Louis County is dependent on a unique three-way relationship: CSF provides funding, agencies provide behavioral health service and expertise, and schools provide access to young people in their buildings. Each of these entities have a specific chain of command that exists and needs to be understood for the relationship to work smoothly.

## VOICE FROM THE FIELD

*“We appreciate clear expectations of the district staff and us for service delivery. We maintain integrity in the services we provide, and we do exactly what we say we’re going to do.” -Agency Leader*

*“Clear and consistent understanding of roles is critical. Sometimes there’s a disconnect with what the agency staff is doing and what the social worker at the school believes their role is.” -District Leader*

## RECOMMENDATIONS FOR PRACTICE



**CSF** is a department of St. Louis County Government ultimately under the jurisdiction of the County Executive, County Council and the CSF Board (appointed by the County Executive).

CSF's major responsibilities to this partnership include:

- Be good stewards of taxpayer funds.
- Contract with eligible agencies for services.
- Ensure compliance to contract requirements.

**Agencies** are nonprofit service providers and are the conduit to providing behavioral health services to children in St. Louis County.

Agency's major responsibilities to this partnership include:

- Coordinate with district leaders and with building staff where programs will take place.
- Complete background checks of agency personnel.
- Contact district lead when glitches occur.
- Develop MOUs.
- Assign and supervise agency staff in schools.
- Coordinate scheduling and respond to referrals by school staff.
- Provide professional development for agency staff.
- Provide outreach to ensure school staff is aware of service.
- Meet with counselors and social workers regularly to coordinate care.
- Follow prescribed district chain of command.
- Share hotline information with school or district.
- Serve students on case load or in programming.
- Document treatment plans and progress.
- Provide appropriate documentation for billing CSF.
- Report appropriate info to school contact and CSF.

**Districts** provide access to students, an appropriate location where students may receive services and partner with the agencies in caring about student needs and success.

Assistant Superintendent or Director of Student Services' major responsibilities include:

- Liaison between agency resources and district resources.
- Coordinate and direct services to buildings.
- Assess building needs and help find and place resources in the schools.
- Develop and approve MOU with agencies, which may then be signed by the superintendent.

- Meet with agency executive director or program director on a regular basis checking in across schools in which they are working.
- Supervise school district counselors and social workers (though they may report to building administrators as well).
- May oversee district's programming, professional development, monthly meetings.

District counselors, social workers and building administrator's responsibilities include:

- Coordinate services for specific children.
- Refer and connect students to internal and external clinicians (and other services).
- Coordinate crisis intervention.
- Coordinate schedules for classes, groups, or individual student support with providers.
- Coordinate intervention services.
- Conduct needs and risk assessments.
- Share concerns with district leadership.

Since every agency and school district is slightly different, articulating roles and responsibilities as a Scope of Work addendum to the MOU can be helpful to ensuring clarity.

## MEMORANDUMS OF UNDERSTANDING (MOU)

### WHY IS AN MOU IMPORTANT?

An MOU with a school district is a required element of CSF funding for agencies and **must** be obtained by the agency with the school district before CSF reimbursable services can begin. What's more the MOU is a good practice because negotiating and drafting an effective document allows both the agency and the district to align their expectations of the relationship. To produce an MOU, the participating parties need to reach a mutual understanding. In the process, each side learns what is most important to the other before moving forward. School districts and agencies may have specific requirements for their standard MOUs that should be vetted by their own legal counsel.

In some previous CSF funding cycles, a letter of support was needed from school districts for agencies applying to serve them. However, a letter of support from districts was NOT required for the 2020-2022 applications.

### VOICES FROM THE FIELD

"Sometimes schools have a different idea of what they want us to be doing than what we're set up to do." -Agency Leader

"A definitive MOU is something basic that does help the Superintendent and the Board of Education. Make it official. Cover the basics for the relationship. It's helpful to have that clarity." -District Leader

### RECOMMENDATIONS FOR PRACTICE

Categories that can be covered by MOUs include:

- **Credentials of therapists:** CSF stipulates the qualifications required of providers that is specific for each service provided.
- **Background checks:** By contract with CSF all agency personnel must pass a Child Abuse and Neglect screening using the Family Care Safety Registry at time of hire and annually thereafter. Any additional screenings required by the district should be stipulated and agreed to in the MOU.
- **Professional liability insurance:** By contract with CSF all agencies are required to provide professional liability coverage for their direct service staff. The MOU should address this and the district may request the agency to add it as an additional insured entity.
- **Type of services to be provided**

- **Confidentiality parameters:** The agency will maintain confidentiality of counseling records to ensure student privacy. The district and specific personnel will maintain confidentiality to ensure student privacy.
- **Spell out data and outcomes requested by school district:** Agency personnel will communicate relevant information on a regular and agreed upon basis to designated school staff. The content, frequency and district recipient(s) of this agreed to information should be indicated in the MOU. The district will ensure that the agency staff have access to relevant student data in order to complete the sharing of information.
- **Cost of services** (or no cost of services)
- **Office space description (HIPAA compliant):** Provide the use of school facilities, specifically: dedicated office space for confidential counseling sessions/meetings, as an appropriate in-kind service, for the purposes of the proposed program.
- **Office supplies available**
- **Internet access, technology support:** Provide telephone, internet access, secure WiFi login, and access to appropriate school or district data for onsite agency staff, as an appropriate in-kind service, for the purposes of the proposed program
- **Communication with parents about available services:** Specify who is responsible and the process for referrals and consent forms.
- **Orientation, training, and professional development for agency staff**
- **Meeting schedules to evaluate progress of program**

Missouri School Boards Association (MSBA) has a [sample MOU](#) form available which includes specific information on communication and on collecting outcomes. A sample MOU is included in the appendix; however, no universal MOU has been prescribed by CSF.

## BEGINNING OF YEAR MEETING

### WHY IS THIS IMPORTANT?

In general, meetings between agency staff, district leadership, and school staff establish relationships and lay the foundation for a successful partnership throughout the school year. Specifically, a beginning of the year meeting will serve to ensure the school and agency relationship begins with clarity around expectations and reduces the occurrence of future conflicts or miscommunications. This practice is being implemented by several districts and agencies who reported it has had a significant impact on the quality of the school agency relationship.

### VOICES FROM THE FIELD

*“We get a lot of things ironed out before services begin. We come in and ask questions at the building level because even within the same district schools operate differently so it’s a matter of sitting down and working it all out.” -Agency Leader*

### RECOMMENDATIONS FOR PRACTICE

We recommend scheduling meetings with agency and district level leadership as well as for every individual building with their specific agency staff prior to the start of the school year.

	Participants	Recommended Topics
District Level	<ul style="list-style-type: none"><li>• District leadership (e.g. director of student services)</li><li>• Agency leadership (e.g. program director)</li></ul>	<ul style="list-style-type: none"><li>• Services agency will provide via CSF funding (and other services that could be contracted for)</li><li>• District policies and expectations (data sharing, attendance at professional development presentations, building access, etc.)</li><li>• Agency staff roles and responsibilities</li><li>• School building staff roles and responsibilities</li><li>• School district needs</li></ul>

	Participants	Recommended Topics
Building Level	<ul style="list-style-type: none"> <li>• School principal</li> <li>• School counselor and social worker</li> <li>• Other school staff who make referrals (as appropriate)</li> <li>• Agency staff based in school</li> </ul>	<ul style="list-style-type: none"> <li>• Details on the services the agency will provide and their importance for students</li> <li>• Space needs and other logistics</li> <li>• Service schedules</li> <li>• School and agency culture, policies, procedures, and expectations</li> <li>• Referral and consent process to clarify responsible parties</li> <li>• Communication protocol and “point people”</li> </ul>

## REQUIREMENTS FOR WORKING IN SCHOOLS WITH STUDENTS

### WHY THIS IS IMPORTANT?

Schools are highly regulated institutions at a variety of levels (local board, State Department of Education, State Legislature, Federal Government). While schools are often hubs of community services and activities, they are ultimately responsible for ensuring compliance with all regulations to ensure the safety of students, families and staff.

### RECOMMENDATIONS FOR PRACTICE

Agencies providing services in schools can be good partners by working with districts to ensure they are supporting safety of students and ensuring compliance with certain regulations for adults who will interact with students.

CSF requires all funded agencies conduct background checks through the Missouri Department of Health and Senior Services on staff working with children. This background check uses the names and previous addresses of individuals to scan public records primarily from Missouri. Agencies are encouraged to provide written confirmation to district leadership that the required background checks on agency staff reflect no negative findings and that said staff passed the background checks and are eligible to provide services.

Many agencies conduct more rigorous background checks based on their own policies and accreditation standards.

MSBA recommends that districts conduct background checks of individuals working with students one on one in schools through the FBI Criminal Background check system which requires fingerprints and scans records nationally. Ultimately, district policy should be followed. If using MSBA to provide policy support criminal background check policy is found within the Personnel section, code GBEC.

Some schools may also require agency staff to:

- Obtain school IDs which will be displayed when in school buildings.
- Sign in at the office each visit.
- Complete cultural sensitivity training or other trainings required by the district.

**Requirements around background checks and other compliance matters should be addressed prior to the initiation of a relationships and incorporated into the MOU. These items should be discussed at beginning of the year meetings between district leaders and agency leaders.**



## REFERRALS FOR TREATMENT

### WHY ARE REFERRALS IMPORTANT?

The referral starts the ball rolling in providing targeted treatment for students in need of therapy. A well-completed referral helps a counselor or therapist determine the best course of treatment for a student, and helps the clinician prepare for the counseling relationship.

### VOICES FROM THE FIELD

*“We experience the most success when school staff get referrals and consent forms; selling services to parents to enroll their children.” -Agency Leader*

*“Strong school-provider partnerships begin with referrals. It starts with a good relationship with the point person (Usually school counselor) who has clear understanding of what they’re able to do, how they can be an added service and are able to identify the kids that need the services. A strong point person knows the families—knows which kids need help. When trust is built with the provider agency, schools are comfortable making referrals. 90% of time it’s counselors doing referrals. Sometimes teachers make direct referrals. Sometimes admin make direct referrals.” -Agency Leader*

*“A great provider has a strong base as an agency, adequate staff and a simple referral process.” -District Leader*

### RECOMMENDATIONS FOR PRACTICE

The school district and school building’s staff are responsible for identifying students in need of help and referring them to counselors, social workers or CSF funded agencies. Most successful agency and school relationships include a designated point person from the school or district who handles referrals. A lack of referrals from a school may endanger a partnership with the agency who needs to maintain a certain case load to ensure financial sustainability within the current grant model parameters.

A sample referral form is included in the appendix. A universal referral form is not currently prescribed across agencies or school districts.

## CONSENT FORMS

### WHY IS THIS IMPORTANT?

Consent forms are necessary to allow students who are minors to receive services. These are required inside or outside of the school building. The form can be extremely simple or can include specific information about services to be rendered, confidentiality, and data sharing. Each agency should review its consent form with school or district personnel at the beginning of school meetings. Consent forms may be modified to reflect that certain information pertinent to the student's success in school may be shared with appropriate school personnel. Consent forms should also state that client files may be reviewed by the funding agency, strictly for quality assurance purposes and no identifying information is reviewed or retained by the funder.

### VOICES FROM THE FIELD

*"It would be ideal to get consent forms at the beginning of year, but each agency has a very different application. For about 25% of forms, I need to go to the house to get a signature."*  
-District Leader

*"Part of the challenge in seeing a new student is that the parent has to return the signed application. We accept about 95% of the students who are referred. We may only get 60-65% of consent forms back. The counselor knows the student needs services, but that parent hasn't signed off. We need actual program consent for individual therapy."* -Agency Leader

### RECOMMENDATIONS FOR PRACTICE

Best practice dictates that consent forms should be personalized for specific services and on agency letterhead. They typically contain information directed at parents or guardians on the following topics: description of services, client identification and release of information, confidentiality, and timeframe.

If school and agency teams have determined a student is eligible for and a good fit for services, the school and agency need to work together to see that completed consent forms are returned. Completed consent forms must be on file before services can be provided.

An agency's notice of privacy practices should be included with consent forms.

A sample consent form is included in the appendix.

## GAINING BUILDING LEVEL BUY-IN FOR FUNDED SERVICES

### WHY IS THIS IMPORTANT?

While MOUs that spell out the specifics of a school-based services partnership can be signed at the district and agency leadership level, the success of the services are typically determined by the strength of the working relationship between the school building staff and the agency counselors and therapists. Principals, school social workers and classroom teachers are critical gatekeepers in providing access to students.

### VOICES FROM THE FIELD

*“Sometimes teachers don’t understand why kids need to be pulled out of class for mental health services, I wish there was more communication with the educators.” -District Leader*

*“Building principals need to believe in the program and know that the services make a difference.” -District Leader*

### CONSIDERATIONS FOR PRACTICE

It is helpful to give building level staff some notice of the “who,” “what,” and “why” of the services agencies will be providing during the school year. Teachers and building level leaders shared frustration and concern related to serving the behavioral health needs of students. Teachers should not be expected to be experts in behavioral health, but as partners with school district and agency experts to identify and support students’ needs.

Just as it is ideal to begin the school year with a level setting meeting between building leaders and agency staff, giving school staff notice of the supports planned for the school year goes a long way to help ensure a productive relationship.

On the following page is a form that can be personalized and photocopied for inclusion in teacher mailboxes at the beginning of the year or sent via district or building email.

Giving agency staff a few minutes to discuss services with teachers and others at the building level prior to the start of the school year is also an important process in getting everyone on the same page before the school year begins.

Dear Educator,

This school year our district has partnered with \_\_\_\_\_(number) community agencies to provide behavioral health supports for students. These supports may include prevention classes that push into the school day or individual or group counseling sessions that pull kids out of the school day.

For these services to be most successful we ask that you:

- Make agency staff feel welcome in this building as they are part of the team supporting our kids.
- Help identify students who could benefit from services.
- Once students are enrolled in services allow them to be pulled from your classroom as necessary in order to receive services.

The agency services are being paid for by the St. Louis County Children’s Services Fund as part of a community-wide sales tax.

If you have questions or concerns about these services, please reach out to \_\_\_\_\_.

Sincerely,

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(BUILDING OR DISTRICT ADMINISTRATOR)

## DATA SHARING BETWEEN SCHOOL DISTRICTS AND CSF FUNDED AGENCIES

### WHY IS THIS IMPORTANT?

Sharing consistent, timely, and accurate information about students helps both agencies and schools serve students more effectively. Standardizing expectations across agencies and districts should benefit all parties to create regular practices around collection and distribution that does not disrupt service delivery or create burdensome paperwork. Privacy concerns and differences in district and agency policies can make effective data-sharing challenging.

### VOICES FROM THE FIELD

*“Most districts are good about getting agency staff access to their data systems for data sharing, notes and emails.” -Agency Leader*

*“We give agencies access to student data on discipline referrals, academics, attendance, they need to be able to see that. On our end, it’s more of a struggle. We’re getting data in odd formats that aren’t consistent. I need a regular schedule of data that’s accurate.” -District Leader*

### RECOMMENDATIONS FOR PRACTICE

A note on FERPA: The Family Educational Rights and Privacy Act (FERPA) mandates that schools must obtain written permission from parents or eligible students in order to release a student's Personally Identifiable Information (PII). It is up to every school district to ensure that they are compliant with FERPA. This handbook contains general guidance and is not a substitute for understanding your own legal responsibility.

- **Directory Information.** According to the Department of Education, schools can share a student’s directory information without a parent or guardian’s written consent. “Directory information” is defined as “information that is generally not considered harmful or an invasion of privacy if released.” Some examples of directory information include (but are not limited to): student's name, address, telephone listing, electronic mail address, photograph, date and place of birth, dates of attendance, and grade level. In the case of directory information, the parents or eligible students must be notified of the proposed release of said information and given time to request their information not be disclosed.
- **Consent Forms.** Information from a child’s educational record may not be shared without a signed consent form. Schools should ensure that consent forms include release of necessary info for treatment. Some schools have streamlined the consent form process by including the consent form in beginning-of-year paperwork for students.

- **Aggregated Information.** Aggregated information that is not personally identifiable can be shared. Schools should take care to ensure they suppress any information (e.g. demographic information like race in instances where the student body has few members of that racial group) that may allow individual students to be identified.

A common practice across school districts is that agency staff who spend any significant time in a school building or district receive access to student records that contain information on academics (grades), attendance, and discipline issues. Many schools use electronic records systems and have granted access to agencies via a log-in that is regularly accessible. Sometimes there may be issues with compatible technology, but as needed access should be granted.

Agencies have their own confidentiality requirements that they must honor. If students are to achieve full benefit from a therapy or counseling setting, they must feel comfortable sharing honestly and with an expectation of privacy. At the same time, school staff view themselves as responsible for a child's wellbeing and may request information from a therapist or counselor to allow them to better support a student. These situations are complex and general guidance is difficult, but here are some suggestions.

- **Mandated Reporting.** Agency staff, like teachers, are mandated reporters and are legally required to report suspicions of abuse or neglect. Schools have shared that it is challenging when they are unaware a report was filed. Agency staff can avoid this by notifying schools after they've filed a report. Some schools have shared that they have made hotline calls together with a counselor from an agency. Although consultation between school administration and agency staff regarding whether a hotline call should be made may be appropriate, neither party should try to prevent the other from making the call. Missouri statute requires the mandated reporter who first discovers the potential abuse to make the call.
- **Support for Teachers.** Teachers may request help in better supporting a student. Often, schools discuss the best way to support specific students in a "care team" or Response to Intervention (RTI) meeting. Therapists and counselors can participate in these meetings and offer suggestions for ways to better support students without disclosing any information a student shared in confidence.
- **Consent.** Therapists and counselors can request consent from a client to share information that might allow other school staff to better support that client.
- **Consent Forms.** Front-loading consent on certain issues that would not violate the confidence of therapy (e.g. needs that relate specifically to academics).

## AGENCY REPORTING TO SCHOOLS AND CSF

A common theme for schools is the desire for consistent, timely, and accurate information on students being served. CSF recommends that agencies share, on at least a semester basis, a report for schools that aggregates students by grade level or school building and includes:

- Number of referrals received
- Number of referrals that meet criteria for services
- Number of family refusals
- Number of students in treatment
- Caseload capacity (open slots or number on waitlist)
- Number of students progressing towards goals or outcomes related to the programs and services provided within the school
- Number of students exiting treatment
- Gender and race of students served (this information may need to be withheld for privacy reasons when dealing with small numbers of racial or gender groups)

## COORDINATION MEETINGS DURING THE SCHOOL YEAR

### WHY IS THIS IMPORTANT?

Recognizing that time and capacity during the school year poses unique challenges to collaboration, intentional meeting time is critical for care coordination, addressing issues proactively, and ensuring that school-based services are being fully leveraged to support students. School leaders and agency leaders cited communication as top factor in ensuring a successful school agency partnership.

### VOICES FROM THE FIELD

*“What makes a strong school and agency partnership? Strong Communication. We express needs and they follow right back with what they can provide and when.” -District Leader*

### RECOMMENDATIONS FOR PRACTICE

While communication within a school often occurs on an ad hoc basis, it is recommended agency staff establish a regular dedicated check-in time with school building staff. The frequency of these dedicated meetings can, and should, vary based on how often agency staff are in the school.

#### **Key Coordination Topics:**

- Caseload and referrals
  - Are staff receiving enough referrals?
  - Waitlist status
- Specific student concerns or needs
  - Student progress, and students exiting care
  - Recommendations for supports students could use in the classroom
  - Other student needs—basic needs, academic supports
- Working and communicating with parents
  - Consent forms
- Other concerns or challenges that need to be addressed

Additionally, school district leaders and agency leaders should establish regular dedicated check-ins to ensure overall coordination and to address opportunities and challenges proactively.



## SERVICE SCHEDULES

### WHY IS THIS IMPORTANT?

Coordinating health care within a school schedule is a challenge. Taking the time early to establish a clear service schedule that as best as possible meets the needs of the student, school, and practitioner will help avoid common friction points and confusion.

### VOICES FROM THE FIELD

*“We want to make sure kids don’t miss core instruction and providers have to respect that.”  
-District Leader*

### RECOMMENDATIONS FOR PRACTICE

While every schedule will be unique to that school and agency, there are some items that schools and agencies should take into consideration when planning a schedule:

- What times is the therapist or counselor in the building (for staff that are not full time)?
- What is the minimum time needed for an effective session with the student?
- How often will the student receive services (weekly, monthly)?
- What times work best for a student receiving services (free period, afterschool)?
- Are there classes a student cannot leave to receive services because of academic considerations?
- Are certain times of day particularly challenging for a student to be in class, which might make them a good time for receiving services?
- Is it better to have a fixed schedule (student always receives services at the same time and day) or a rotating schedule (student receives services at two different times on alternating weeks to prevent falling behind)?
- What is the plan for making up missed service sessions?

After considering these questions, we recommend agency and school staff draft a service schedule together. It is highly important that this schedule be shared with all relevant staff. If for some reason the schedule must be modified by either party, they should notify all others as early as possible.

## MANAGING STAFF TRANSITIONS

### WHY IS THIS IMPORTANT?

Staff transitions are a reality, but can present a real challenge for agencies, school districts and ultimately the students/clients. School culture traditionally reinforces that all employees are committed to a district and building for the entire school year; however, that is not necessarily a norm in agency culture. It's important to be explicit about expectations when navigating this topic.

### VOICES FROM THE FIELD

*"One thing that I do when I hire, I let them know that the expectation is they complete the school year." -Agency Leader*

*"Large turnover in agency staff impacts outcomes for students, gets building frustrated with the agency." -District Leader*

### RECOMMENDATIONS FOR PRACTICE

Following are best practices which can help to mitigate the challenge of maintaining consistent staffing and managing transitions.

#### **Upfront:**

- Emphasize during agency hiring process that this is a full school year position! If an applicant takes the job, the expectation is they complete the entire school year which is in the best interest of the clients/students. It is stressed that any transitions need to happen over holiday breaks or the summer.
- Some agencies require employees provide a 30-day notice when leaving a role so services for clients/students are not abruptly stopped, and the agency has more time to adjust caseloads. Regardless of stated policy, encourage clinicians to give as many weeks' notice as possible.

#### **Staff transition during school year:**

- Agency should notify the school site of the staff transition as early as possible, and plan together for how it will be handled.
- Make every attempt to avoid or minimize disruption of services for students.
- If another team member or supervisor is known in the school and has bandwidth to take on more cases (even temporarily) it can make for more familiar transition.

- Depending on the program administered, some school staff may be trained and help with the transition.
- For intense cases, caseloads can be shifted or supervisor may cover.
- In some cases, clients can maintain service continuity by coming to an agency's office until school-based staff are in place again.

**During transition:**

- School should contact families to explain lapse in or adjustment of services.
- If departure is abrupt, a school or agency staff member should meet with all students on case load to explain transition.
- If transition time exists: include two visits with students, the first to announce the departure and the second to say goodbye.
- If the next clinician has been identified, share their name, introduce them to students, and/or provide an overlap time.
- Departing staff should wrap up paperwork with critical treatment information and provide clear next steps for students on their case load.

**Summers/Holidays/student opt-out:**

- At spring break, some agencies send home a letter to parents to offer summer sessions outside of the school building.
- At year end, provide parents with paperwork on their child's progress, along with other community resources such as camps, food pantries, testing, family therapy, etc.
- Therapist may call families and check in during summer.
- If a student decides to opt out of services, stress that they can start again in the future
- Agencies should strive to keep the same staff in the same school building year-to-year for continuity.

## ENGAGING IN SCHOOL CULTURE

### WHY IS THIS IMPORTANT?

School districts and school buildings, like any organization or workplace, have their own culture and norms. Some aspects are universal to the field of education and some are more varied based on the size and leadership of the district or school. The more time agency staff spend in a school, the more they will naturally be part of the school culture.

### VOICES FROM THE FIELD

*“What makes school and agency partnerships challenging? When agencies don’t understand that we are an academic setting first, our charge is to educate. We need partners who infuse the mental health piece in a way that doesn’t interfere with student learning.” -District Leader*

*“We really need agencies to use the tiered Intervention terminology. In a school setting, everyone knows when you’re talking about a **Tier 2** or **Tier 3** support.” -District Leader*

*“All buildings have different expectations and understanding of what we can do. Schools don’t understand why we can’t help with subbing in a classroom.” -Agency Leader*

### RECOMMENDATIONS FOR PRACTICE

#### **Before the assignment of agency staff to a building:**

- Agencies sometimes include district leaders in the selection of staff who will work in their buildings.
- Agencies can position themselves for a good fit with school culture if staff receive orientation that includes articulating the differences between providing services in clinical settings and school settings.
- Agency staff should visit the schools before they start seeing students.
- Make sure that expectations and roles are clearly spelled out in MOU and confirmed during beginning of the year meetings.
- Make sure that necessary releases between schools and agencies are spelled out in the consent form.

#### **Districts can support agencies:**

- Provide agency staff with district email account; and see that they get the district and building specific mailings.
- Provide ID badges to get in building.

- Encourage school staff to be welcoming to agency staff by officially introducing them and share why agency services are important to the overall work of the school.
- Provide dedicated space and encourage teachers to make referrals.
- Invite agency personnel to participate in parent meetings, staff meetings, and professional development.
- Provide a clear point of contact in the district and school.
- Keep agencies in the loop regarding schedule changes.
- Facilitate open and timely communication.

**Agency staff can thrive in school culture:**

- Get to know the buildings, administration and primary district contact.
- Work to connect with and invest in the community. Advocate for needs of the families—be part of a collective pull for the well-being of students.
- Be flexible (help with health fair, crisis response) and willing to go above and beyond the call.
- Participate in meetings with parents, staff meetings, professional development (as appropriate).
- Show a willingness to blend agency policies and practices with the schools. For example, when it is necessary to make a hotline report, it can be helpful if school and agency can make the call together.
- Keep schools in the loop regarding schedule changes.
- Be receptive to feedback.
- Avoid the isolation pitfall. Work to be part of a team, not just doing a job and returning home.
- Facilitate open and timely communication. Show respect for school’s primary goal of educating students.

## END OF YEAR REFLECTION MEETINGS

### WHY IS THIS IMPORTANT?

Making time to reflect and plan for improvement at the end of the school year will lead to partnerships that better meet students' needs in future years.

### VOICES FROM THE FIELD

*"We do mid-year and end-of-year reflective meetings with teachers in each building. These can correct trajectory mid-year and help us plan for next school year better." -Agency Leader*

*"A key element of success is the end of school year connection with the school which can be email, but usually in person, to discuss what went well, how to improve." -Agency Leader*

### RECOMMENDATIONS FOR PRACTICE

We recommend that annually, near the end of the academic year, school and agency staff reflect together and agree on concrete steps they will take to improve their partnership in the coming year.

#### **Here are some prompts that can help:**

- What is working well that we should keep doing?
- What isn't working well that we should stop doing?
- What would make our partnership more effective that we should start doing?
- What were our biggest success stories? What made those a success?
- What were the most common pain points in serving students this year? What can we do to alleviate those?
- Are there student needs that aren't being met? How can we better meet those needs?

Coordinating at the end of the year can be really challenging. Some agencies have used surveys to gather feedback from school staff when everyone can't be together for a meeting.

Improvements are more likely to be made if everyone involved can agree on a short list of actionable steps and have clear ownership for each action!

## APPENDIX 1: 2018-2019 CSF FUNDED AGENCIES IN SCHOOLS

AGENCY	PROGRAM	DESCRIPTION
Better Family Life	Comprehensive Access to Resources, Education, and Services (C.A.R.E.S. ) - Prevention Project	Better Family Life-Comprehensive Access to Resources, Education and Services (BFL C.A.R.E.S.) program will mobilize and engage the community in implementing services that reduce youth risk, increase opportunities to succeed and promote positive youth development.
Bi-Lingual International	Project Safe Space: Trauma-Focused Mental Health Services for Refugee and Immigrant Children	Trauma-focused individual and group therapy utilizing somatic-based and EMDR interventions for foreign-born and ELL youth ages 5-19.
BJC Behavioral Health	Embedded School Mental Health Program	Continuum of embedded mental health services: counseling, behavioral assessments
Boys and Girls Clubs	BE GREAT: Graduate	BE GREAT: Graduate is a comprehensive, targeted dropout prevention intervention designed to enhance youths' engagement with learning by providing consistent support from caring and trusted adults to develop the academic, emotional and social skills necessary to achieve academic success.
CHADS Coalition	Family Support Program	Short term counseling for youth with symptoms of depression, anxiety, or suicidal ideations.
CHADS Coalition	CHADS Bullying Prevention	Bullying prevention program that works intensively with the entire school to change culture, and SEL mentoring
CHADS Coalition	CHADS Signs of Suicide	Suicide prevention presentations grade 6-12
Compass Health Network	The Pinocchio Program	Screening and behavioral health intervention for K-3rd graders
Great Circle	Fostering Futures	Works with children in foster care to connect all the major environments involved in a child's life to ensure a positive, supportive approach is maintained in each area, including behavioral support at school.
Great Circle	Therapeutic Mentoring	Group therapy and mentoring services

AGENCY	PROGRAM	DESCRIPTION
Great Circle	Therapeutic Student Services Support	Mental health services including assessments and individual, group, and family counseling
Jewish Family and Children's Services	School-Based Counseling	School based counselors provide customized individual and group therapeutic services, group social emotional learning and the Second Step curriculum, and ASQ early childhood screenings, to students on-site in schools to help children improve their mental health and academic performance.
Jewish Family and Children's Services	The Child Abuse Prevention Program	Prevention specialists work in schools to teach children, teachers, and parents about body safety, the warning signs of abuse, and safe internet use. The presentations also teach children the importance of reporting incidents to a trusted adult.
Lutheran Family and Children's Services	School-Based Mental Health	Mental health services including assessment, individual counseling, case management and crisis intervention services.
Lutheran Family and Children's Services	STEP Up (Strengthen, Teach, Empower, Prepare)	Life skill and prevention-based group programming, individual follow-up services
Miriam Learning Center	Alternative Choices To Success (ACTS)	ACTS is a school based mental health intervention program that addresses behavioral and mental health concerns through the lens of restorative practice and cognitive behavioral therapy. Case management, in school consultation, 1:1 therapy and group therapy are services provided, particularly for students receiving suspensions.
Miriam Learning Center	Early Childhood Mental Health Consultation	Mental health services including assessments and individual counseling and case management



AGENCY	PROGRAM	DESCRIPTION
NCADA	Prevention First - St. Louis County	Universal prevention programming that helps reduce substance use among youth by increasing students' knowledge of effects of drugs and alcohol; increasing their disapproval of substance use; and developing resiliency skills that reduce the risk of future substance use.
Preferred Family Healthcare	St. Louis County Outpatient Substance Abuse Counseling	Outpatient substance use disorder treatment, psychiatry, mental health and other supportive counseling
Preferred Family Healthcare	Team of Concern	School based alcohol and other drug education, prevention, and early intervention.
Presbyterian Children's Homes and Services	Therapeutic Mentoring and Family Support	Intervention and support: Focused on emotional and social development, positive behavior modeling, and life skills
Provident	Counseling Program	Mental health services including assessments, and individual and family counseling
Safe Connections	Teen Counseling Program	Individual and group counseling for youth affected by family, dating, and/or sexual violence
Safe Connections	Violence Prevention Education Programs	Violence Prevention Education programming specific to Healthy Relationships, Teen Dating Violence, Gender Roles and Stereotypes, Sexual Harassment, and Technology and Relationships through workshops and psychoeducational groups.
Saint Louis Counseling	School-Based Counseling	Provide mental health services in schools including individual therapy, consultation, and psychoeducational groups.
Saint Louis Counseling	School-Based Prevention Services	Behavioral health presentations
St. Francis Community Services	Spanish Language Mental Health Project	Spanish language counseling and art therapy

AGENCY	PROGRAM	DESCRIPTION
St. Vincent's Home for Children	Tailored School-Based Services	Provide individual assessments for all students at Normandy's Center for Academics and Social Advancement (CASA) with their parents, and treatment plans that may include weekly individual and group counseling and art therapy sessions, psychoeducation groups on relevant topics, and substance abuse education.
The Spot @ Jennings	The SPOT @ Jennings	A comprehensive fixed-site School-Based health center providing integrated medical health, mental/behavioral health and wrap-around social services, in coordination with community partner organizations.
Wyman Center Inc.	Wyman Teen Outreach Program	Prevention program that utilizes psychoeducational groups and community service learning
Youth in Need	Professional Mental Health Counseling	Mental health services including assessments and individual, group, and family counseling

**YOUTH CONNECTION HELPLINE**

Schools are Behavioral Health Response's Youth Connection Helpline's biggest source of referrals. The Youth Connection Helpline is a dedicated 24/7 hotline for youth, parents, guardians, or other concerned individuals to access crisis intervention, behavioral health and substance use assessment, and service linkage. Services are provided by master's level clinicians and are readily available by phone, SMS text, web chat, and in person through mobile outreach.

The Helpline also has a follow-up program, where eligible callers will receive a follow-up call within 48 hours by a coordinator who ensures child safety, assists with referrals, and continues to follow up until the crisis situation has been resolved or linkage to services has occurred.

If you recognize a student needs to be connected to services, please call 314-628-2929.

## UNITED WAY 2-1-1 (211HELPS.ORG)

With a database of thousands of nonprofits throughout Missouri and Illinois, 211 is a leader in helping people find resources. They are free and confidential, can be reached 24 hours a day 365 days a year, are multi-lingual and accessible via phone, website, text or chat.

## APPENDIX 2: SAMPLE MEMORANDUM OF UNDERSTANDING

Between SCHOOL DISTRICT and \_AGENCY\_\_\_\_\_

This memorandum of understanding will allow SCHOOL DISTRICT and AGENCY to **work in a cooperative manner to provide services to students that will \_\_\_\_\_.**

**Program Name:** The objective of this program is to \_\_\_\_\_.

**Service:** \_\_\_\_\_ will help students to \_\_\_\_\_.

**Services:** \_\_\_\_\_ The objective of this service is to provide \_\_\_\_\_ to students who have been impacted by \_\_\_\_\_. Services will be in the forms of \_\_\_\_\_.

### SCHOOL DISTRICT will provide:

1. The use of space and equipment for groups and/or classroom presentations. This may include video equipment, as necessary.
2. Logistical support, including student demographic data stating names of participants and communications with students and/or parents, including parental consents if required by the school.
3. Referral of students for counseling services or prevention groups, if applicable.
4. The use of private, confidential space for individual and group counseling services, if applicable.
5. Follow-up with any student(s) who make a disclosure to AGENCY staff indicating risk of harm.

### AGENCY will provide:

1. Professional facilitation of prevention education and/or intervention services.
2. Materials and supplies.
3. Trained staff with applicable licensure.
4. Survey data output, as requested by the school site contact.

### AGENCY and SCHOOL DISTRICT will jointly provide:

1. Scheduling of all programs via phone or email.
2. Cooperative interaction in co-management and delivery of services.

All parties will hold information obtained through programs and events strictly confidential. AGENCY will not share student information with school staff without student consent, with the exception of information that may disclose risk of harm to the student. The host site may choose to opt out of any of AGENCY\_'s specific service delivery areas; communication of this will occur between the school site contact and the appropriate AGENCY program manager via phone or email.

This agreement is valid for the period of one academic year (July 1, 2019 – June 30, 2020) upon which it will be reviewed and amended, if necessary, by mutual consent of each party.

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NAME  
TITLE  
AGENCY

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NAME  
TITLE  
SCHOOL DISTRICT

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Date

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Date

# APPENDIX 3: SAMPLE SIMPLE CONSENT FORM (FROM MSBA)

## PARENT / GUARDIAN CONSENT FOR BEHAVIORAL HEALTH REFERRAL

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

School Staff Making Referral: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Phone of Guardian: \_\_\_\_\_

I, \_\_\_\_\_, as \_\_\_\_\_'s

guardian, DO give consent for a referral to be made. I consent for an appropriate school district staff and the Mental Health Consultant to exchange information regarding my child.

I \_\_\_\_\_, as \_\_\_\_\_'s

guardian, **DO NOT** give permission for a referral to be made or information regarding my child to be released.

I understand that giving my consent for the above stated purpose is voluntary on my part and may be revoked at any time with written consent.

Parent/Guardian Signature \_\_\_\_\_ Date

Witness Signature \_\_\_\_\_ Date

## APPENDIX 4: SAMPLE REFERRAL FORM

*AGENCY#* \_\_\_\_\_ **AGENCY Screening/Referral Form**

**Referral Date:** \_\_\_\_\_ Time Billed \_\_\_\_\_ **Referred by:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **AGENCY Staff Recipient of Referral:** \_\_\_\_\_

**Parent Phone Number:** \_\_\_\_\_ **Has child received AGENCY services before? Yes \_\_\_ No \_\_\_**

**Client/Student Name:** \_\_\_\_\_ **Sex:** male female transgender other

**Client Street address:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **County:** \_\_\_\_\_ **IEP: Yes \_\_\_\_\_ No \_\_\_\_\_ Case Manager:** \_\_\_\_\_

**Status Offense:**  
 Runaway \_\_\_\_\_ Truancy \_\_\_\_\_ Curfew \_\_\_\_\_ Incurable \_\_\_\_\_ Court Ordered \_\_\_\_\_

**Abuse & Neglect:**  
 Physical \_\_\_\_\_ Sexual \_\_\_\_\_ Assault \_\_\_\_\_ Rape \_\_\_\_\_ Domestic violence \_\_\_\_\_ Stalking/ Harassment \_\_\_\_\_

**Additional Information:**  
 Psychiatric HX \_\_\_\_\_ Depression \_\_\_\_\_ Suicidal\* \_\_\_\_\_ Diagnosis \_\_\_\_\_ Hospitalization \_\_\_\_\_  
 Prior Placement \_\_\_\_\_ Alcohol/Drug \_\_\_\_\_ Medical Problems \_\_\_\_\_ Behavior Concerns \_\_\_\_\_  
 (e.g. aggression, withdrawal, bed-wetting, defiance, etc)

**Referred by:**  
 Family Court  Children's Division  School  Other AGENCY Program/Staff \_\_\_\_\_  
 Client's Family/Friend  Police/School Resource Officer  AGENCY Website  Other \_\_\_\_\_

**Other:**  
 Average Family Income: \_\_\_\_\_ Who has legal custody of child/youth? \_\_\_\_\_  
 Community Referrals Provided to Caller (3): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Referred for Individual Counseling** \_\_\_\_\_ **Group Counseling** \_\_\_\_\_ On Wait List as of \_\_\_\_\_

**Reason for Referral/Special accommodations needed:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Therapist receiving referral \_\_\_\_\_ Referral Received \_\_\_\_\_

Intake Scheduled/Conducted \_\_\_\_\_ Inactive Referral

**Please include how you will know counseling services were helpful (what will be different?), elaborate on any category marked on the front page, and add any other relevant information.**