NEW YORK STATE | Office of Mental Health

School-Based Mental Health Clinic Satellites:

A Resource Guide for Providers and Schools

Note: This guide is intended to inform the partnership between school districts in New York State and Article 31 clinic programs licensed by the Office of Mental Health. Although formally known as the Mental Health Outpatient Treatment and Rehabilitative Service Program, this document will refer to them as clinic satellites.

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I. Effective School-Community Partnerships to Support Mental Health Clinic Services in Schools

Comprehensive school-based mental health services and supports assist those with mental health challenges through targeted interventions, while also promoting well-being and social emotional health for all students and staff. As New York State continues to advance equity in access to resources, school-based mental health services can reduce disparities in accessing quality mental health care and increase opportunity for academic achievement.

Success of these clinics is predicated by recognizing families as active, integral, meaningful partners in their children's care. Mental health providers and schools must work together to best engage families in a culturally responsive manner that respects, supports, and reinforces their pivotal role and allows for continuity of care across both home and school settings where services may be delivered.

OMH authorizes and oversees various programs designed to support and treat individuals and families with mental health needs. This document provides an overview of the key elements of school-community partnerships and specific information related to school-based mental health clinic satellites. Clinics aim to improve functioning, strengthen family relationships, and develop capacity for resilience and hope in addressing challenges of school, family, and community life.

This guidance will help inform the planning to create and operate school-based mental health programs and the collaboration needed to deliver an expanded range of mental health services within the school setting. A single school may have partnerships with one or both programs.

A. School-Based Mental Health Clinics: An Overview

OMH-licensed clinics located within a school setting operate as a satellite of the service provider's main location. A satellite is responsible for and accountable to the same requirements regulating the main clinic. A school-based satellite is not a comprehensive, fully staffed clinic and offer the full range of services. All main clinic services, however, must still be available to meet the needs for children and youth served by the satellite.

Co-locating a children's clinic satellite within the school setting is an approach that improves access to care and expands treatment options for families. This partnership provides a unique opportunity to engage children and families who might not otherwise seek mental health treatment and strengthens the capacity for earlier recognition of mental health needs. A clinic satellite provides opportunity for a collaborative, coordinated approach to mental health care, which can be holistic in nature and foster behavioral health skills to the academic setting. Most importantly, satellites demonstrate the interconnectedness between education and mental health, and can foster improved outcomes

Satellite clinics operate on specific days and times arranged with the host school. They provide assessment and psychotherapy services (individual, family and/or group) for children and youth with diagnosable mental health conditions. Additional services provided on-site or arranged by the satellite may include

psychiatric assessment, medication treatment, and crisis intervention. Certain main clinic programs are also approved by OMH to provide additional 'optional services' –health physicals, developmental or psychological testing, and peer support services –not typically provided through the main program. Services needed by a child or family and not provided directly on-site through the satellite can be arranged to be provided through the program's main site or, if appropriate or available, through telehealth, in accordance with OMH guidance.

Satellites must ensure continuity of care for enrolled children and families, as their needs and preferences indicate, even when the satellite may not be accessible (e.g., during school breaks such as summer vacation). If the satellite location remains accessible to the provider during school breaks as identified via a partnership agreement such as a memorandum of understanding, services may be provided on-site even when school is not in session. If the school site is inaccessible, however, services may be provided at the main clinic program, delivered in the family's home or a community setting, or provided through telehealth if determined clinically appropriate to meet the needs of the enrolled child/youth or family.

1. How to Get Started

Clinic satellites can be established if the school and service provider share a mutual interest and pursue authorization from each respective oversight entity/state agency, as applicable. A local school district administrator, a board of education, a county mental health commissioner or an agency authorized to provide mental health services can initiate the collaboration. For example, a school district or board of education interested in establishing a satellite at one or more of its schools may contact a mental health provider in its community directly or contact the county mental health agency serving the geographic area where the district is located. While this document targets public schools and community mental health providers, partnerships with private schools and charter schools are also permissible.

Once interest is initiated, the licensed service provider and the school/district leaders work together to plan and develop an agreement for the operation of the partnership, in collaboration with the local county mental health commissioner/local government unit –this terminology may differ by county. The local government unit is an important component of this collaboration, offering broad knowledge of the array and access to services throughout the locality and should be notified at the onset of the planning process. Please visit www.clmhd.org for county mental health department contact information.[1]

Although the school/district, board of education or county partner may initiate discussion and planning for a school-mental health partnership, only the OMH licensed provider can begin the 'project' of formally establishing a school-based satellite. The OMH provider must obtain an OMH license ("Operating Certificate") to establish a satellite in any given school(s) before it can be implemented. This is obtained through an OMH Prior Approval Review process (PAR) – also see Tip Chart below for more information.

[1] NYC there is a well-defined structure for identifying the need and establishing a school-based mental health partnership through the New York City Department of Education and Department of Health and Mental Hygiene

a. Establishing a School Based Satellite

To establish a satellite, the provider requests a consultation with the OMH Regional Field Office following an initial discussion with the interested school district regarding its needs and a preliminary plan for operation, as noted above. The field office will then determine the necessary format for the prior consult and guide providers through the planning and preparation that must be thoroughly addressed for approval.

See **Appendix C** for a checklist to assist with establishing a school-based satellite.

Exploring and establishing a school-based satellite requires several steps prior to implementation. Below is a list of actions that must typically be completed by a provider to inform the planning process. This list is not exhaustive and may not account for every scenario. Providers should consult with their OMH Regional Field Office to inform their planning.

Please note: The below action steps do not account for agencies without prior Article 31 Clinic/ MHOTRS licensure

An MOU between the provider agency and school is recommended as part of the EZPAR application. These steps will help to inform the development of an MOU.

1. **Preliminary Planning**
   Provider agencies should work with the school or district to assess its needs and to fully inform planning. This will ensure the appropriate operational design to meet the identified needs of the school or district.

2. **Prior Consult**
   Prior to submitting an EZPAR application, providers are encouraged to consult with their field office to guide their planning and address any outstanding questions This process will help them prepare the application and materials needed to ensure an efficient approval process. For programs with significant experience operating school-based satellites, the field office may determine a different format for the prior consult and provide a streamlined application.

3. **Letter of Support**
   To support communication and collaboration, providers must consult with the local government unit prior to the application process. If a school district serves multiple counties, providers should consult with all applicable county governments. Communication with counties within the school district catchment area will better inform the applicant's planning and foster a successful partnership. *The applicant must secure a Letter of Support as part of the EZPAR process.*[2]

4. **EZPAR Process**
   Once the necessary steps are completed, the Regional Field Office will advise the applicant to submit an EZPAR application for review. To avoid any potential delays, applicants should ensure all required documents and information is included in the initial submission. See the EZPAR User Manual for more information on what must be included.

   Note: OMH is working to streamline the EZPAR process for SBMHCs.

[2] For NYC, contact the Department of Education (DOE) Office of School Health

5. Operating Certificate Issuance

Upon final approval, OMH will issue an Operating Certificate to the agency and the implementation of a satellite may begin.

Tip:

The list below provides the content typically included and/or requested as part of the EZPAR process:

- Indicate the anticipated clinical needs of the target population and the clinical practices that will be implemented to meet those needs, e.g., trauma-informed approaches and evidence-based practices.
- Identify the training that staff will receive related to implementing the identified practices.
- Ensure the identified clinical services/practices are consistent with the needs identified in the letter of support from or memorandum of understanding with the school district.
- Clarify the agreed upon process for referring students to the school-based satellite.
- Describe how families will be engaged in treatment.
- Clarify if the school-based satellite will operate during holidays and summer months when the school is not in session. Describe how continuity of care will be ensured during school breaks, including summer vacation.
- Describe the procedure to be followed when an enrolled child/youth is experiencing a crisis during the satellite's hours of operation as well as after-hours, during school breaks, and when the school-based clinician is unavailable. It is recommended that if a need for services may occur outside of regular operating days/hours, 'additional sessions by appointment' should be added to the operating certificate to allow for flexibility and account for unforeseen circumstances.
- Indicate the school-based clinician's experience providing services to the target population or the experience sought when recruiting a potential candida.
- Describe how cultural and linguistic needs of the population to be served will be met, particularly if children/youth and/or parents/caregivers have limited English proficiency. Include a plan to recruit staff that are reflective of the target population.
- Describe how supervision will be provided for the school-based clinician(s) including the frequency and format.
- Describe the plan for prescriber coverage for recipients in need of medication management or psychiatric evaluation and identify the wait times for children/youth to see a psychiatrist or Nurse Practitioner at the main site.
- Identify any current vacancies across the provider's clinic sites. If vacancies exist, provide a rationale for expanding to a new site and past ability to fill vacancies.
- Confirm that the treatment space will be for the sole use of the school-based satellite during the hours of operation proposed for the operating certificate.
- Obtain and submit a labeled floor plan with the application and pictures of the treatment space from all angles including the entrance and windows. Confirm/ensure the space is therapeutically appropriate.

Changes to an application may occur given that needs and circumstances evolve over time. When program changes impact licensing authorization –including adjustments to hours of operation, site address, or services offered, etc. –OMH must be notified. The change typically cannot take place until approval is obtained by OMH. To understand what changes require a licensing process (EZ-PAR or administrative action), clinic providers should contact their regional Field Office.

II. Key Elements and Action Steps to Support Effective School-Community Mental Health Partnerships

There is no one-size-fits-all approach to an effective school-community mental health partnership. Each partnership development should be based on the specific needs of the local community. There are, however, key elements that support successful collaboration between school and community partners, including appropriate staffing, clear roles and responsibilities, and funding. The key elements and associated action steps are intended to help guide a partnership between a community mental health provider and school. As such, the following elements are suggested but not required for licensure.

A. Element I: Understanding School Needs and Priorities

The unique needs of the school should be explored to appropriately inform partnership planning. Schools may conduct an internal needs assessment or track data to help a provider understand the appropriate services or supports needed. In addition, schools may collect feedback from stakeholders related to district priorities and guide potential community partnerships.

- Action Step 1: Work together to understand needs and priorities.

  Whether formal or informal, the decision to enter a partnership should be guided by student and family needs, which can be informed by a systematic needs assessment process. When exploring a school–community partnership, school data should be considered to assist with informing a potential partnership. A needs assessment is a collaborative process among key partners (e.g., parents, students, school administrators and staff, school- and community-employed mental health providers) that schools can use to identify needs and assets in the school population. This process helps school mental health teams clarify priorities, advance action planning, and allocate resources. Formal needs assessment processes are available, including School Health Assessment and Performance Evaluation (SHAPE) System.

> **Tip: The School Health Assessment and Performance Evaluation (SHAPE) System**
> The SHAPE System (www.shapesystem.com) is a free, on-line resource developed by the University of Maryland that provides many different tools for schools and school districts to assess their mental health resources, how well a school system measures itself to national benchmarks for quality school mental health systems, and how trauma responsive the school system is against benchmarks. The resource library contains a wealth of information on seven domain areas: Teaming, Needs Assessment/Resource Mapping, Tier I, Tiers II & III, Screening, Impact, and Funding and Sustainability. Many of the online resources are helpful in determining student and family needs, while advising the development of community mental health partnerships.

Community partners should articulate how they can enhance existing services and contribute to the school or district's plan. This process should include mapping out existing partnerships the school may have including community resources and on-site programming. Some programs, such as Article 28 School-based Health Centers offer mental health services or supports and should be factored into

resource mapping. Understanding the full range of available resources is critical to inform collaborative care and referrals and linkages. Schools with existing community partnerships should continuously assess their relationship and impact since priorities may change.

Needs assessments serve as a basis for determining the target population to be addressed, the type and extent of services that can be offered, and the capacity of the provider to meet the identified needs. Input is sought from school personnel, families, and students to ensure that the services being considered meet everyone's needs. Some specific considerations include.

- **Space**
  This includes ensuring a proposed space in the school is identified for a satellite office. Providers should also consider whether the designated office space is physically sufficient for students to receive treatment comfortably and safely and for sessions to be held with parents or family members. This space should also allow for confidentiality protocols to be followed. The designated space is needed for the specific days and hours of satellite operation and must be available on a consistent basis. This should include whether the satellite space will be available to the provider during school breaks in order to maintain service provision on-site for children/families as needed.

- **Building Configurations**
  Typically, satellites primarily serve students within the building where it is located. If additional satellites are needed within the district, OMH typically recommends they are established within school buildings where the need exists. Based on community need, a modification involves establishing a satellite in one school building but serving students from other schools within that same district. In collaboration with the school, the major objective of the proposed service structure must be focused on effectively meeting the needs of the students and their families, not solely on the convenience or cost-effectiveness for the program. If providers are seeking an alternative model or a shared satellite across buildings, a comprehensive plan outlining the appropriateness and rationale must be submitted with the licensing application.

- **Service Provision to Family Members for their Own Treatment Needs**
  Although a school-based satellite's priority is to meet the mental health needs of students at the host school, a satellite may also serve their family members provided this function is approved by OMH. This process takes into consideration the provider's capacity and the needs of the school population identified by the host community during the planning process. To promote access and holistic family care, a clinic should account for serving families in their planning.

- **Community Schools**
  On a larger scale, if a school-based satellite is part of a community school concept where the school is the hub for community services (e.g., a community school in a rural school district), OMH will also consider those circumstances in the approval process. The partners should clearly articulate a substantive rationale in its application to the Regional Field Office (e.g., lack of community services, clinic schedule related to the school day, safety, etc.). If applying for a school-based community services model, the implementation plan must be consistent with the school's safety plan to assure the safety of students
  .
- **Family-Driven Care**
  Family therapy and parent or collateral sessions are modalities routinely offered by child-serving satellites in accordance with the individual needs of the children and youth being served.

- **Anticipated Volume and Days/Hours of Operation**
  School-based satellites that are open on a full-time basis (whenever school is in session) may be more integrated within the school environment than those open only certain hours or days during the academic week. To increase days and hours of operation, a clinic should be confident that a consistent source of students will be referred for services, enabling financial viability. Some partnerships start out with a limited number of days or hours of operation, which then increase over time as identified needs increase and staffing capacity is met.

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➢ Action Step 2: Periodic Reassessment of Need

Just as data is a critical component to informing the range of need to warrant a school-provider partnership, both parties must also periodically reevaluate outcomes to understand what's working and what needs improvement. Providers are encouraged to establish a schedule with the school to reevaluate needs on an ongoing basis and analyze the results to guide future planning

B. Element II: Clarifying Staff Roles and Responsibilities

To fully understand how mental health services and schools can effectively partner, the key qualifications and responsibilities between school staff and community mental health staff must be clear. Partners are encouraged to fully discuss roles and responsibilities to avoid potential conflicts. The distinction between the roles of school and provider staff should also be communicated with students and families.

➢ Action Step: Distinguish between School District Pupil Personnel Services and Mental Health Service Provider Functions

Establishing procedures and practices that consider the responsibilities of the professionals who will be delivering services will help minimize role confusion and reinforce staff responsibility. *Under no circumstances can schools supplant the services of a school-employed staff by contracting with a community mental health provider or any other entity or person.*

A significant advantage of mental health programming embedded in schools is the proximity of mental health staff with school staff. This close working environment has been proven to enhance the working relationship and the consistency in strategies, expectations and supports across the school, family and community domains that sustain a child. When classroom and treatment strategies are consistent, youth are much more likely to benefit.

When addressing mental health needs, pupil personnel services staff are responsible for school or district-wide tier I and II supports and implementing IEP, 504 and other supportive services. In large part, mental health-related interventions are restricted to addressing needs that impact

academic success. Community mental health providers focus on the comprehensive needs of the child/youth and family, not just how the need manifests in the school environment. Interventions by provider staff involve assessment, treatment, testing, psychotropic medication management, and other supports to understand and address the etiology of the condition.

➢ Action Step: Address Role Clarification in Key Areas

Providers and school personnel are likely to encounter role confusion in key areas. Discussing these areas beforehand and clarifying roles can help optimize a partnership. These key areas include response to crisis, services provided in the classroom, and supporting students receiving special education.

1. Services in the Classroom

School staff and the mental health providers must plan and agree how mental health services will be provided when children are in school. Removing a child from class can be disruptive to the child and the classroom. But it is also important for a child to receive needed treatment services and that the mental health staff's time is fully utilized.

Satellites have specific hours of operation when a school-based therapist is on site providing services. Situations may, however, arise when interventions are needed in the classroom for an enrolled child or youth to address a specific clinical need or extenuating circumstance. This may include when a child is experiencing a mental health crisis or escalation of symptoms and the therapist's presence is needed to assist with de-escalation or to help motivate the child or youth to engage in a session. There may also be an occasion for a planned intervention, such as observing a child or youth's functioning in the classroom at the request or consent of the parent, to better assess their conditions and needs.

Clinic staff may be provided in the classroom if specified within a child's treatment plan that a needed intervention (e.g., observation, targeted intervention, anger management) is to be conducted during class time, under the following conditions:

- intervention is directly provided to the individual child
- arrangement has been planned and coordinated with the parent, school, teachers, and other identified school staff as appropriate
- purpose of the intervention is to specifically address an assessed need and goal and/or objective on the child's treatment plan
- planned intervention is strictly time-limited and narrow in scope to address a particular need or application of skills within the school classroom environment
- intervention can be used to demonstrate for school staff how to implement an effective intervention specific to the child in the school classroom environment

2. Serving Students Receiving Special Education

Collaboration between the mental health staff and school team is critical to avoid conflicts with existing behavioral plans –particularly for students with 504 plans or IEPs. If an ongoing

need in the classroom is identified or directly related to the child's academic success, the issue should be referred to school to be addressed.

3. Responding to Crises in School

Clinics offer support to address crisis-related needs for enrolled children and youth. Additional crisis programming and support, however, should be considered when exploring options for a comprehensive crisis response plan for the entire school body.

Satellite providers must establish a crisis plan as part of the OMH approval process. The plan must include how crises will be addressed during hours of operation and after hours for enrolled children and youth. This plan is part of the agreement established between the school and provider and will identify the available crisis services through both the clinic and other community providers within the nearby area.

Schools are advised to consult with their local government to better understand the parameters and resources available to respond to a crisis and become familiar with the list of designated crisis intervention providers within their region. Crisis services may include the county's 988 provider, mobile crisis teams, crisis residences and crisis stabilization centers. Developing the crisis continuum is ongoing and bridging a relationship between the county and the school district is important to understand all available resources. Also, while services from satellite clinics can play an important role, they do not replace a school's responsibility to have protocols in place to address the needs of their students when a crisis occurs.

C. Element III: Establishing Clear Communication

If students are supported by both the school and a community mental health provider, a communication and data sharing plan may be developed so that all parties share the same knowledge and information about this individual. Clear communication is also critical for ensuring confidentiality. Providers and schools should also develop referral and hand-offs to inform appropriate and timely linkage to the satellite and to other student support services.

➢ Action Step 1: Develop a Memorandum of Understanding

Use a memorandum of understanding or other agreement to detail the terms of the partnership. Key features may include:

- Delineation of roles and responsibilities of the school and community mental health professionals (e.g., service provision; data collection and reporting; confidentiality agreements and information sharing protocols; crisis protocols; attendance at team meetings, trainings, and professional development; prevention or promotion activities)
- Outline of fiscal and resource agreement
- A plan for duration and termination, including a timeline for the partnership and procedures for requesting termination by either party
- A process for communicating staffing contingencies for the satellite. Satellites must outline a plan for ensuring continuity of care when the staff assigned to the school-based satellite is not available (e.g., vacations, illness, leaves of absence or staff turnover). The agreement should

account for the satellite informing the school and families in a clear and timely manner about changes in staffing or staffing availability.

- Action Step 2: Develop Language and Accountability Systems

For school and community mental health partnerships to be successful, all providers must work together to develop shared language and accountability systems grounded in a mutual set of goals. School and community mental health partners can look to the school improvement plan to identify common goals for collaboration. Partners need to understand the privacy laws governing education systems (e.g., Family Educational Rights and Privacy Act) and health systems (e.g., Health Insurance Portability and Accountability Act) and ensure that any memoranda of understanding and other information sharing agreements align with legal requirements.

- Action Step 3: Develop a communication plan between school and community mental health staff, families, and the community that is individualized to the partnership.

Successful partnerships include processes that recognize families as integral, meaningful partners in their child's care. The active participation of families in services is expected, with families having a primary decision-making role in the care for their children. Mental health providers and schools are encouraged to work together to engage families in needed services in a culturally responsive manner that respects, supports and reinforces their pivotal role and allows for continuity of care across both home and school settings.

1. Consent for Evaluation and Treatment

School staff should understand that community mental health programs are voluntary and based on parental decisions, and when appropriate, student decisions. With few exceptions under the age of 18, parental consent is required for a child to receive mental health services. Consent and privacy rights under the Education Law (e.g., Federal Family Educational Rights and Privacy Act, the mental health and public health laws of New York and the federal Health Insurance Portability and Accountability Act are applicable).

2. Confidentiality and Sharing Information, Records or Data between School and Mental Health Staff

Mental health provider requirements for confidentiality and sharing records emanates from the Health Insurance Portability and Accountability Act (HIPAA) and §33.13 of the Mental Hygiene Law. Schools are governed by the federal Family Educational Rights and Privacy Act (FERPA) for addressing parental and student confidentiality rights, and HIPAA for Medicaid funding. Professionals licensed under Title VIII of Education Law must comply with section 18 of the Public Health Law and may have privileged communications under the Civil Procedures Law (CPL 4507 and 4508).

The goal is to serve the child or young adult[3] in the context of the family by working with the parent for approval to share information that will ensure a consistent school and community approach to addressing their needs.

[3] Per MHL: "minor" shall mean a person under eighteen years of age but shall not include a person who is the parent of a child, emancipated, has married or is on voluntary status on his or her own application.

Informed parental, guardian or student consent is necessary before records can be shared between school and mental health providers. Informed consent reflects parental understanding about what will be shared and how the information may be used. Both the school and mental health providers must obtain consent (i.e., the school must receive consent to share a student's school information with the mental health providers and the mental health providers must receive consent to share a particular student's clinical information with the school). The consent cannot be generic; it must be specific and updated to reflect current records. This is an ongoing process that must be built into the relationship with the student and parent.

3. Establishing Expectations for Appropriate Service Delivery and Referrals

To maximize appropriate referrals, school staff are encouraged to consult, and with appropriate consent, coordinate efforts to engage families in being effectively linked to a satellite. School and mental health professionals are encouraged to collaborate to best assist the child and family, provided there is an appropriate referral and consent in place.

Providers should also work with schools to inform referral pathways and eligibility to support appropriate and timely access to care. Parents and school staff are not mandated to refer to the satellite or any other program through the provider. Parents are free to choose and should make decisions based on the needs of the child.

D. Element IV: Funding to Support School-Community Mental Health Partnerships

The sustainability of school-community mental health partnerships is fueled by innovative funding strategies that include diverse funding streams. Diverse and braided funding streams prevent disruption or elimination of key school mental health services in the face of budget shortfalls or the end of a grant. Long-term sustainability plans ensure continuity of services and access to school, and community employed providers. Diverse funding streams can improve collaboration across stakeholders as each works toward the same shared goal. Successful school-community mental health partnerships should consider fiscal mechanisms to fully inform planning.

1. Clinic Satellite Financing

The chief sources of revenue are Medicaid (for Medicaid-eligible children and services), Child Health Plus, and third-party insurance, including managed care enrollees. It is important for school staff to fully understand that generally, satellites are only reimbursed for direct services provided to the children and families. Meetings, routine coordination of care, consultation and training sessions are not reimbursable. Therefore, while sessions are important and should be conducted, the time constraints of staff should be well understood before such commitments are made.

- Action Step 1: Fiscal Analysis

As part of the licensing process, providers are required to submit a proposed budget of the satellite. Providers should use the needs assessment and insurance coverage breakdown to understand the potential referral base within the school and to inform their budget. This analysis should account for productivity standards that include the increased nonbillable time to coordinate with school personnel both at the district and school levels. Providers should also

educate schools on insurance coverage options and provide materials and resources for the school to share broadly with the school community.

The sustainability of a satellite relies heavily on the reimbursement available for the services provided. This includes reimbursement through health insurance (Medicaid, Child Health Plus, and private health insurance) for billable treatment services and other means of funding for services that are non-reimbursable. The extent a program can provide additional supportive services that are not reimbursable often depends on the opportunity for financial support beyond its normal operating revenues. Districts may enter contractual arrangements to reimburse providers for the desired support services. Districts may also opt to contract for specialized training, coordination, consultation, and Tier II or III interventions not otherwise captured via a clinic program. If the partnership includes a contract with the provider to offer mental health services beyond the scope of reimbursable clinic services, this is separate from clinic operations and typically delineated via the contracting process

The partners should also discuss how collaboration can improve cost-efficiency –particularly of a school-based satellite. For example, low cost or free use of space, utilities, maintenance, security, etc. can improve the cost effectiveness of satellite operations. Consider alternative funding sources that can be leveraged to implement or scale up comprehensive school mental health systems.

- Action Step 2: Mapping Existing Services and Building Aid

Map services available to students and families, outlining the source, amount of funding, restrictions on use, and expected time frame for availability. Doing this exercise will help teams identify gaps in services and supports and determine how to sustainably integrate community-employed providers across a multi-tiered system of support. In discussions with the school, providers might inquire about School Supportive Health Services Program, which permits schools to bill Medicaid for specific services. While mental health services delivered via a satellite are not duplicative, the parameters of school allowances through this program should be fully understood to avoid confusion.

2. Expenses and Sharing Space for School-based Satellites

Many schools interested in a partnership have questions related to understanding costs falling to the school district. Regarding satellites, the cost to the school is primarily in-kind (e.g., providing space and basic utilities such as telephones, copying services, etc.). Many schools find it worthwhile, however, to contract with the provider for specific services and mental health supports beyond those billable by clinic programs.

The success of a satellite is related in part to being in a consistent location to minimize disruption. While a permanent space is preferred and may be required on behalf of the provider, OMH permits satellite staff to flexibility serve children or youth within the parameters of the clinic's address. Meaning, if the school requires the satellite staff to relocate to a new office within the address on the clinic, and the space is appropriate and meets regulatory requirements, the move may be facilitated without OMH approval. Use of the space during holidays, the summer and at other times when school is not in session should be part of the partnership agreement.

III. Conclusion

Community partners should be chosen based on their ability to meet the needs of the school community. These partnerships should be routinely evaluated for effectiveness and their contribution toward shared goals. It is important that all stakeholders perceive a partnership to be contributing to the overall improvement of the school and community. Periodically surveying the school and community can provide meaningful information regarding areas in which the partnership demonstrates success and in which areas it can improve.

IV. Appendices

A. OMH SBMHC Licensure and Partnership Agreement Summary

To establish a satellite, an OMH Licensed Mental Health Provider is required to submit an Easy Prior Approval Review (EZ PAR) application to be reviewed per regulations outlined in 14 NYCRR Parts 551 and 599. The application itself is reviewed for program content, ability to comply with regulations, and fiscal viability. The clearer and more specific the details in the application, the more quickly the review process will proceed, and the sooner the satellite site may be licensed. Reviewers of the EZ PAR application will not recommend approval until all significant concerns are clarified or addressed.

Often applications are delayed due to incomplete or unclear information in areas such as budget, service provision, or issues related to the proposed clinic satellite space (size, location, confidentiality/privacy concerns, furnishings, etc.). The detailed outline below will help providers prepare a complete EZ PAR application. Working closely with the local field office and local government leadership also helps to ensure a complete application is submitted.

Some providers and schools may already have a standard format used for this type of agreement. If so, they will want to ensure that all required items are included. Providers without a standard template may use available resources, including the local field office.

B. Guidance: Submission of an EZ PAR to Create a SBMHC

1. **Prior Consultation:** The provider should contact the field office, county government, and the school to discuss the proposed plans and establish support for submitting an EZ PAR.
    a. Prior consultation must have occurred within six months of submission.
    b. A letter of support must be obtained from the county local govenment and uploaded to the EZ PAR prior to submission.
    c. Letter of Support/memorandum of agreement between school district and provider should be attached as evidence of support and should also be attached for review.
    d. After prior consultation, a representative of the field office will provide a document substantiating that the discussion occurred and that it supports the submission of the EZ PAR.

2. **Rationale:**
    a. Need: Describe any factors or indications that warrant the development of a school-based satellite. This may include:
        i. Supporting community/agency data
        ii. Requests from school districts/personnel to address a need
        iii. Requests by Local government to address a need in an area

    b. Impact on Staffing: Describe any changes that will be made to the staffing configuration of the existing clinic. This should include:
        i. New staff: Indicate if new staff will be hired.
        ii. Impact on current staff: Indicate if existing staff's hourly schedules or site assignments will change, and if caseload volume will change.

iii. **Prescriber hours:** Indicate if current prescriber coverage is enough to absorb an increase in capacity. Indicate the wait-time for a client to have an initial appointment with a prescriber.

iv. **Plan for increased need of prescriber hours:** Confirm how the program will monitor prescriber coverage and indicate the threshold for the program to increase prescriber coverage. This may be quantified by caseload or by wait-time..

v. **Supervision:** Describe how supervision occurs with staff stationed at school-based clinic satellites. This should include:
   1. Access to supervisor – Indicate where and when supervision occurs and confirm that the staff at the school-based clinic satellite has a plan for immediate access to a supervisor if needed.
   2. Appropriate qualifications of supervisor – Confirm the credentials of the supervisor and indicate the supervisor's experience in treating the children or adolescents or supervising clinicians treating these individuals.

vi. **Safety of staff after-hours:** Confirm the plan to ensure staff and client safety during the hours of operation of the school-based clinic satellite, including the safety procedures and precautions in place if the satellite's hours extend beyond the school's hours

c. **Impact on recipients:**

i. **Existing clients:** Indicate if this proposal will result in any clients being required to change clinicians due to reassignment of staff.

ii. **Transferring clients:** Should this proposal involve a clinician being reassigned, describe the warm hand-off process for clients to be transitioned to another clinician. This should involve how clients are informed of the change, and how their needs will be prioritized should there be resistance to the transfer.

iii. **New clients:** Indicate how this proposal will adequately meet the identified needs of the target population.

iv. **Access to prescriber:** Indicate if on-site prescriber coverage will be offered at this school-based clinic satellite. If on-site prescriber services will not be offered at this location, indicate the plan for clients to have access to prescriber services, including the consideration of telehealth services.

d. **Supporting Documents:**

i. **MMIS and NPI numbers:** Include these codes in the narrative or in an attached document for confirmation of billing processes.

ii. **Optional/recommended Memorandum of Understanding**

iii. **Clinic Satellite Site:**
   1. Satellite name or title must include school name
   2. Indicate the address of the school and include the room number of the proposed space.
   3. Address must include the zip code +4.
   4. Phone number for the school.
   5. Proposed open date – **Note:** EZ PAR should be submitted at least 30 days prior to the intended start date to ensure sufficient time to process the application.

iv. **Floor plans:**
   1. Room dimensions and square footage requirement, which must be at least 80 square feet with dimensions indicated.
   2. Designated space must be clear and legible on the floor plan.

v. Photos:

1. Photographs of the intended space may be submitted in lieu of a pre-opening visit. Contact the regional field office for clarification.
2. If permitted, photographs should be attached to the EZ PAR and should show the intended space from all angles.
3. The space should be furnished for use as a satellite and must demonstrate the capacity to provide comfort and preserve confidentiality. This may include window coverings and sound machines, among other elements to furnish the area.

vi. Budget:

1. The budget should be site specific and only reference expenses that are related to the opening of this satellite. For example:
    a. Salaries
    i. If a clinician works three 8-hour days at the site, and two 8-hour days at the main clinic, only 0.6 FTE should be indicated on the budget for this location.
    ii. If a clinic works three 10-hour days at the site, and two 5-hour days at the main clinic, 0.75 FTE should be indicated on the budget for this location.
    b. Rent (if any)
    c. Materials and/or any additional costs to fund the provision of services at the satellite location.
2. Any increase in expenses at the primary clinic/provider, directly resulting from the opening of a school-based satellite, should be included in the budget. This may include:
    a. Costs related to increase in prescriber hours at the primary clinic program to ensure adequate prescriber coverage to absorb the increase in client population
    b. Costs related to increased administrative/supervisory needs
3. Payor mix should be included on the budget projections.
4. Units of service should be projected on the budget per month, and per year.
5. Any non-clinical services provided under CFR 1510 should not be included on the budget breakdown for the school-based satellite. If the provider is compensated in any fashion for the provision of non-licensed and/or non-clinical services, this should be noted in the EZ PAR, separately.

vii. Staffing Plan:

1. Interns may be included in the staffing plans for school-based clinic satellites with appropriate supervision. If interns are used in the staffing plan, supervision of such individuals should be described in the EZ PAR.
2. Staffing should be adequate for the proposed hours of operation and proposed caseload

viii. Crisis/afterhours plans:

1. The clinic program is responsible for providing after-hours telephonic crisis intervention. This may be provided by the clinic or a contracted entity.
2. If the provider contracts for after-hours telephonic crisis intervention, the contract with the respective agency should be attached to the EZ PAR.
3. The applicant should confirm that the crisis plan conforms to the county's plan for telephonic and mobile crisis services in which the satellite is embedded.
4. Note: The clinic satellite is intended to provide licensed services to clients enrolled in clinic services. Crisis interventions are not expected to be provided by the clinic satellite for youth not enrolled in clinic.

ix. Population Served:

1. Select populations served by age.
2. Students served at a satellite may continue to receive services if they are enrolled in the school.
3. Special population served
    a. Adult/family members seen for their own mental health concerns and not as collateral contact to supplement the youth's services.
    b. A member of the recipient's family or household, or other individual who regularly interacts with the recipient and is directly affected by or has the capability of affecting his or her condition and is identified in the treatment plan as having a role in treatment and/or is necessary for participation in the evaluation and assessment of the recipient prior to admission. A group composed of collaterals of more than one recipient may be gathered for purposes of goal-oriented problem solving, assessment of treatment strategies and provision of practical skills for assisting the recipient in the management of his or her illness.

x. Optional Services: All 'optional services' selected in the EZ PAR are site-specific and must be provided on-site at the satellite by an employee of clinic. If the services are only available at the main program, or if staff employed by the school will provide the service (i.e., school nurse with health-related tasks) the optional service should not be selected. **Note:** OMH recommends that providers have Telehealth as an optional service for the clinic satellites.

xi. Definitions of Optional Services:

1. *Health monitoring:* continued measuring of specific health indicators associated with increased risk of medical illness and early death. For adults, these indicators include, but are not limited to, blood pressure, body mass index, substance use, and smoking cessation. For children and adolescents, these indicators include, but are not limited to, BMI percentile, activity/exercise level, substance use, and smoking cessation.
2. *Health physical:* physical evaluation of an individual, including an age and gender appropriate history, examination, and the ordering of laboratory/diagnostic procedures, as appropriate.
3. *Developmental testing:* administration, interpretation, and reporting of screening and assessment instruments for children or adolescents to assist in the determination of the individual's developmental level for the purpose of facilitating the mental health diagnosis and treatment planning processes.
4. *Injectable psychotropic medication administration:* process of preparing and administering the injection of intramuscular psychotropic medications.
5. *Psychiatric consultation:* face-to-face evaluation, which may be in the form of video telepsychiatry, of a consumer by a psychiatrist or nurse practitioner in psychiatry, including the preparation, evaluation, report or interaction between the psychiatrist or nurse practitioner in psychiatry and another referring physician for the purposes of diagnosis, integration of treatment and continuity of care.
6. *Psychological testing:* psychological evaluation using standard assessment methods and instruments to assist in mental health assessment and the treatment planning processes.

7. *Peer Support Services:* services for adults and children/youth, including age-appropriate psychoeducation, counseling, person-centered goal planning, modeling effective coping skills, and facilitating community connections and crisis support to reduce symptomology and restore functionality. Family Peer Recovery Support Services also include engagement, bridging support, parent skill development, and crisis support for families caring for a child who is experiencing social, emotional, medical, developmental, substance use and/or behavioral challenges in their home, school, placement, and/or community to promote recovery, self-advocacy, and the development of natural supports and community living skills.
8. *Telehealth Health Services:* the use of two-way real-time interactive audio and video to provide and support clinical care at a distance. Telehealth services do not include a telephone conversation, electronic mail message, or facsimile transmission between a provider and a recipient or a consultation between two physicians or nurse practitioners, or other staff, although these activities may support telehealth services

xii. Days and hours of operation

1. Hours should specify the defined time when staff will be present at the satellite to deliver clinical services or ancillary services. Staff must be present for the hours indicated on the operating certificate.
2. Flexibility in scheduling can be provided through the 'additional hours as needed' option; however operating hours cannot solely be listed as 'by appointment only.'
3. Primary hours vs. secondary hours should be used to indicate any planned breaks in the day. Example: Monday 9 a.m. – 12 p.m. and 4 p.m. – 8 p.m.
4. The hours of operation should additionally list the plan for hours during brief school breaks and the summer months. While a plan for summer breaks may be 'pending referral volume and need,' a plan is required (e.g., same hours, reduced hours, no hours and all clients will be seen at the primary clinic program).

C. Checklist for Establishing a School-based Satellite

Note: this list is intended as a resource to assist providers with communicating to schools the key components involved in establishing a satellite. Providers are not required to use this list, nor is it intended to be an exhaustive tool.

Checklist for Schools Interested in Hosting a School-Based Mental Health Clinic

Logistical considerations

- Signed agreement and letter of support for a school-based site
- Dedicated space
- At a minimum for one year
- Space should be at least 100 square feet and relatively centrally located for safety and family access
- Appropriate floor plan for submission to OMH
- Some providers may want access to the building 12 months a year (within reason)
- Access to school tool or school platform to help with scheduling
- Designate a site champion within the district to be a liaison and generate referrals
- Conduct a demographics and needs assessment
- School census data
- Healthcare payor mix
- Free and reduced lunch rates

- Number of requests for services
- Number of students considered disruptive due to mental health needs
- Consider startup funds to support clinician recruitment, training, and the time between establishing services and actual enrollment of youth

School information/culture/education considerations

- Embrace a culture of no stigma – treat mental health the same as any other subject and support kids in leaving the classroom to get their mental health needs met
  - Establish clear and collaborative process by which the student is able to make up missed work or class
- Understand how billing for mental health services works and what is necessary to keep a co-located clinic viable and ensure all staff members are on board with students going to their appointments.
  - Kids will need to leave the classroom for services. This time, however, is much less than if they traveled for treatment.
- Prepare to establish regular meetings between clinician and education teams to review shared students and discuss ways to support