

**AGREEMENT
BETWEEN
DICKINSON CENTER, INC.
PARTIAL HOSPITALIZATION PROGRAM
And
WARREN AREA SCHOOL DISTRICT**

In order to ensure that students participating in Partial Hospitalization Program services through Dickinson Center Inc. receive an appropriate intensive therapeutic program, education and seamless transition back to their home districts, this Agreement is set forth between Dickinson Center, Inc. and the Warren Area School District on this the 12th day of February 2016.

Referral and Admission

1. Dickinson Center, Inc. and each school district will designate a "Point of Contact". The name of each Point of Contact or alternate Point of Contact as identified by school district administration will be distributed to all referral sources by Dickinson Center, Inc. The Points of Contact are designated as follows:

Dickinson Center, Inc.:	<u>Mrs. Tonya Wolfe, Program Supervisor</u>
Warren Area School District;	<u>Dr. William Clark, Superintendent</u>

2. For the purpose of referral consideration, Dickinson Center, Inc. will accept mental health diagnoses as confirmed by a psychiatrist from evaluations completed by the Seneca Highlands Intermediate Unit Nine Diagnostic and Consultative Clinic. The diagnosis shall be within one (1) year of the date of referral for admission into the Program and demonstrate information consistent with complying with medical necessity criteria. Diagnosis and recommendation for referrals will also be considered from licensed inpatient and outpatient providers, psychiatrists, licensed psychologists. Admission decisions will be based on medical necessity criteria outlined in the Department of Public Welfare and Community Care Behavioral Health Organization's program standards. Individual districts will not be billed for psychiatric evaluations and/or treatment services as required by or provided by the Partial Hospitalization Program.

3. Documentation will exist that all less restrictive mental health treatment options have been utilized or considered and deemed ineffective prior to the placement of a student in the Partial Hospitalization Program.

4. Upon referral and prior to admission, the student's home school district will be invited to become involved in the treatment team planning process regarding the student. An authorized release form will be used by all participating districts and Dickinson Center, Inc. This form will be signed by parent and student at the time of referral (see Appendix A). Dickinson Center, Inc. will be responsible for securing the authorization release form and disseminating a copy. In cases where the respective district is serving as the referral source, the district itself will initiate the appropriate release.

5. The home school district agrees to provide academic materials for its respective student(s) upon admission to the program. If it is the school district's policy to place students on homebound instruction while attending Partial Hospitalization Program, Dickinson Center, Inc. will develop a form to be completed by the psychiatrist which contains the required information for the participating school districts (see Appendix B). The Partial Hospitalization Program psychiatrist will renew the prescription for the homebound instruction as required by each school district.

6. Upon notice of referral, the student's home school district will compile any pertinent educational information (behavioral, academic, and psychological) and forward a copy to the Partial Hospitalization Program. The educational information will be forwarded to the Program Supervisor of Dickinson Center, Inc.'s Partial Hospitalization Program who will ensure the psychiatrist receives the information for consideration. Whenever possible, school district representative(s) will be invited to participate in the Treatment Planning Meeting with the Program Supervisor prior to admission.

7. Dickinson Center, Inc. will gather baseline data upon placement. From baseline information, treatment goals will be established with input from other agencies involved with the student along with student's family. The treatment goals will have set observable and measurable criteria from which treatment data will be collected and maintained. Pertinent treatment information will be available at treatment team meetings and upon discharge with the student's return to his/her home district.

Specific treatment goals will also be developed for each student that will address preparation for reintegration into his/her home school setting.

8. This program will be open to all students, grades six (6) through twelve (12) regardless of age. However, students in lower grades will be considered on a case-by-case basis in accordance with need and appropriate program availability.

Discharge and Reintegration

1. Prior to discharge, The Partial Hospitalization Program will, with student/family permission, schedule a discharge and/or CASSP team meeting in order to arrange for mental health services needed beyond program participation. All applicable service providers will be invited to attend this meeting. No student recommended for discharge will be released from the Partial Hospitalization Program until appropriate mental health services have been identified. Any non-educational costs to extend the Partial Hospitalization Program because of unavailability of mental health service providers or medical assistance/insurance funding deficits will be absorbed by Dickinson Center, Inc., the county, or another funding source.

2. At least twenty-one (21) days prior to the student's identified reintegration date, an interagency planning meeting will be completed. A transition plan to integrate the student into his/her home school setting will be developed. The interagency team will consider, discuss, and plan for the following:

- a. The length of the student's school day and/or week.
- b. The student's degree of need for a mental health component in the school setting.
- c. The student's degree of need for a counseling component in the school setting.
- d. Any educational accommodations and/or supports needed by the student.
- e. The student's degree of need of a behavior support plan in the school setting.
- f. What, if any, formal documentation needs addressed prior to return of the student.

- g. Establishing a "Point of Contact" within the district for the student and who will serve as a liaison for mental health services.

Person(s) responsible for implementing the transition plan will also be designated at this meeting.

3. If a student chooses to leave the program prior to discharge without the recommendation of the treatment team, the referring school district will be informed immediately by the mental health staff assigned at the program. With parental and student agreement, a transition plan will be developed to allow for the home school district to accommodate the students return.
4. A student who fails to attend the program without a proper signed excuse will be considered truant. Truancy will be reported to the home district to be addressed by district policy.
5. A student who refuses to cooperate with program's policies and/or procedures, is a consistent behavioral disruption to the program, or who refuses to identify or work with his/her therapeutic/educational goals will be considered for discharge. In all such instances an interdisciplinary treatment team meeting will be scheduled in addition to CASSP recommended referral.

Fiscal Arrangements

It is the collective agreement of the school districts included in this agreement that the following fiscal arrangements are hereby enacted:

Academic Support and Space

1. In order to maintain an "integrated" program of therapeutic and appropriate educational services for each district's students, services of a teacher with special education certification shall be provided by Dickinson Center, Inc. at an hourly rate. This rate is determined to be \$250.00 per educational day for the 2015/2016 school year. This rate shall hereinafter be determined and approved by all participating districts annually. However, said rate shall be charged to each student's respective home district only during the 185 days of designated instruction. Said rate is to be charged based upon actual days of program attendance by the respective district's students during the 185 days of designated instruction. It is further agreed upon that each district will receive a monthly invoice statement for each participating student in the Partial Hospitalization Program which will be based upon the student's attendance and the participating rate of instruction. The format for reporting and invoicing will be agreed upon by all districts.
2. In order to maintain the integrity of the educational services provided by the Crossroads Program, it has been determined that the services of a teacher's aide are necessary. It has been determined that the cost of the teacher's aide will be \$7,400 per year. This cost will be allocated among the seven participating districts based on the approved rate divided by total attendance and then multiplied by the proportionate district attendance for the month and invoiced in the same manner as the special education teacher billing.
3. In order to ensure that each student involved in the Partial Hospitalization Program has appropriate educational space as may be determined necessary for programmatic inclusion, the districts collectively agree that they shall equally participate in the cost of educational space (classroom) as agreed upon an annual basis. It has been determined that this educational expense is \$5,940 per year. This cost will be equally shared among the eight districts served and each district will be invoiced \$742.50 at the beginning of the school year for this flat fee.

**** Section 3 above is not applicable to you in the 2015/2016 school year but will apply in future years if you continue to utilize Crossroads PHP.**

Transportation/Participation in Services

1. It is further agreed upon that, in the absence of other available and funded sources of transportation that each school district shall provide appropriate and reliable transportation for each of its participating students in the Partial Hospitalization Program throughout the hours/days of operation the student is in attendance.

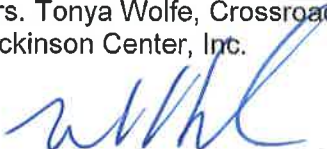
This Agreement may be amended upon the following terms and conditions:

1. Parties involved are informed of and have the opportunity to discuss the proposed amendments.
2. Amendments require the signature of all involved parties.

The following parties acknowledge that they are authorized to execute this Agreement on behalf of their respective organizations and have set their hands and seal this 12th day of February 2016 with the intent to be legally bound forthwith.

Ms. Heidi Thomas, Interim CEO
Dickinson Center, Inc.

Mrs. Tonya Wolfe, Crossroads Program Supervisor
Dickinson Center, Inc.



Dr. William Clark, Superintendent
Warren Area School District



Ms. Patricia Hawley, Director of Pupil Services

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PARTIAL HOSPITALIZATION PROGRAM
And
WARREN AREA SCHOOL DISTRICT**

In order to ensure that students participating in the Crossroads Partial Hospitalization Program are provided with a nutritional lunch daily this agreement is set forth between Dickinson Center, Inc. and the Warren Area School District on this the 12th Day of February 2016.

Programming

The lunch program at Crossroads will include the preparation of lunches with the students daily as part of their academic and therapeutic program. Programming will include life-skills activities such as meal planning, nutrition, meal preparation, grocery shopping, measuring etc. These activities will also support the development of social and teambuilding skills.

Fiscal Arrangements

We have looked comparatively at programming using this same model for meal preparation and have determined the cost to be approximately \$2 per day per student. We are seeking and will continue to seek assistance for this program through local foundations and grants. It is agreed upon each school district will provide financial support to the lunch program for their students at a rate of \$2 per day. Cost to be billed with teacher/teacher aide billing monthly is based on the number of students attending AND eating the prepared lunch each day.

The following parties acknowledge that they are authorized to execute this Agreement on behalf of their respective organizations and have set their hands and seal this 12th day of February 2016 with the intent to be legally bound forthwith.

Ms. Heidi Thomas, Acting CEO
Dickinson Center, Inc.

Mrs. Tonya Wolfe, Crossroads Program Supervisor
Dickinson Center, Inc.

Dr. William Clark, Superintendent
Warren Area School District

Ms. Patricia Hawley, Director of Pupil Services
Warren Area School District