

Community and School Based Behavioral Health (CSBBH) Commitment to Fidelity Implementation Agreement: School District Attestation

The following are commitments required of school districts to ensure the successful implementation and sustainability of the CSBBH Program, a team delivered behavioral health treatment model developed by Community Care Behavioral Health Organization (Community Care) in partnership with educational, state, county and family stakeholders.

School District Commitments

1. District superintendent endorses the implementation of the CSBBH Team Program and commits to writing a letter of support for the provider agency to submit to the Office of Mental Health and Substance Abuse Services (OMHSAS) within the PA Department of Public Welfare.
2. District staff members commit to participate in an orientation of the CSBBH Team Model and an overview of Interconnected Systems Framework for the consideration of adoption of School Wide Positive Behavior, Interventions, and Supports (SWPBIS) and integration of school mental health.

Building Principal/Director Commitments

3. A dedicated space for the team to use that, at minimum, includes a working space area with electrical outlets, phone line and Internet access (when available in the building) for team to conduct office tasks, and a private space for confidential therapeutic interventions with students and their families.
4. Develop and convene at least twice monthly a core meeting of key building staff, or utilize the existing SAP or Child Study Team, to identify referrals for CSBBH, discuss social and emotional needs of students, and review CSBBH students' progress in treatment.
5. A dedicated time for the entire faculty and support staff to participate in an overview presentation of the CSBBH Team Program.
6. Designating a primary contact at the school for the CSBBH Team and Community Care for ongoing communication.
7. Consideration of the CSBBH Team as the first behavioral health treatment option for students needing care that is more intensive than outpatient mental health services.
8. Utilization of the CSBBH Team as a consultative resource during crisis, for both CSBBH and non-CSBBH enrolled students, and for coordination with formal crisis services when needed.
9. Support of Community Care's CSBBH Evaluation Plan by supporting teacher completion of the Strengths and Difficulties Questionnaire (SDQ) on a quarterly basis and by agreeing to provide academic, attendance, and discipline data for CSBBH students on a semester basis to inform treatment planning.
10. Arranging for an orientation for the CSBBH Team staff that addresses: district/building policies and procedures, dress code, ID badges, sign-in requirements, parking, daily schedules, school calendar, and other areas deemed important.



11. Assuring a school representative, who knows the student, participates in the Interagency Service Planning Team (ISPT) meetings conducted by the CSBBH team to plan for services and treatment.
12. Assuring that families can attend meetings within the school building including additional people the family identifies as needed resources for treatment planning and delivery of service; for example, a clergy member.
13. Meeting with Community Care and the CSBBH Team twice per year to maintain open communication, assess processes, and procedures and make recommendations for improvement.

Assurance Documentation

On behalf of Warren County School District, I read and understand the expectations specified in the Community Care CSBBH Commitment to Fidelity Implementation Agreement and am fully committed to supporting the expectations if the CSBBH service is implemented in the district.

A district administrator or building principal must initial the School District Commitment Statement to acknowledge awareness of district responsibilities. This form will require superintendent signature if the application moves forward.

District administrator or building principal name: _____

Initials: _____

Date: _____

Superintendent Signature: _____

Superintendent Printed Name: Amy J. Stewart

Date: _____

Principal Signature: _____

Principal Printed Name: _____

Date: _____

Board President Signature _____

Donna L. Zariczny

Date: _____

ATTEST:
Board Secretary _____

