

Collaboratory Preparatory Academy Board Meeting, 7/16/18

Attendees: Trey Traviesa, Suzanne Legg, Darren Curtis, Kevin Scott, Heather Jenkins, Caitlin Dreher, Victoria Baptiste

Agenda

1. Call to Order- 1 minute
2. Additions or Corrections- Up to 5 minutes
3. Public Comment on Agenda Item- Up to 5 minutes
4. Consent Agenda – Approval of Mental Health Assistance Allocation Plan- Up to 5 minutes
5. Old Business- Up to 5 minutes
6. New Business- Up to 5 minutes
7. Comments- As Needed
 - a. Public
 - b. Principal
 - c. Board

Adjourn

Mental Health Assistance Allocation Plan

The Collaboratory Preparatory Academy has contracted with Baycare Mental Health Services to provide a series of training sessions for all staff and administration focused on:

- Child/adolescent mental health awareness;
- De-escalation techniques;
- Crisis Intervention
- Screening and referral process to mental health specialists;
- BAYCARE and Community resources available for specialized services.

Baycare Mental Health Services will provide a series of training sessions for all staff and administration that includes screening and referral process to mental health specialists where necessary. The contract also provides for referrals for community resources available for specialized services including ongoing counseling, individual, group and family therapy. Baycare will coordinate a non-emergency and emergency contact process between Baycare or other local mental health specialists and Collaboratory Preparatory Academy administration for routine, urgent and emergent issues.

Of the MHSAA, 100% are allocated for direct mental health services and coordination of services with primary care and mental health providers. Total initial disbursement to BAYCARE is \$1350 to be used for the following services:

1. Training at a rate of \$125.00 per hour x 6 hours.
2. Consultation at a rate of \$75.00 dollars per hour.
3. *Specialized Screening at a rate of \$60.00 dollars per event.

The remaining funds will be disbursed to Baycare or its local mental healthcare affiliate for ongoing counseling of students when determined that student does not have third party insurance coverage for mental health services.

Baycare Mental Health Services (or its local mental healthcare affiliate) will coordinate with the primary care provider of any student referred for services for the purpose of information sharing and coordination of services.

The Collaboratory Preparatory Academy will document all students referred for services and/or receiving services in the Hillsborough County EdConnect system.

This Mental Health Assistance Allocation Plan does not supplant other funding sources and does not increase any staff salary or provide any staff bonus or stipend.

The Collaboratory Preparatory Academy will seek grants and other funding opportunities to provide additional mental health services where necessary in addition to the MHAA.

Principal

Date

Board President

Date

AGREEMENT FOR SERVICES AND MUTUAL COOPERATION

This agreement made and entered into this 1st day of August, 2018, and run through the 30th day of May, 2019, by and between **BAYCARE BEHAVIORAL HEALTH, INC.**, herein referred to as "**BAYCARE**" and **COLLABORATORY PREPARTORY ACADEMY**, hereinafter referred to as "**CP**".

WITNESSETH:

WHEREAS, **BAYCARE** has the staff and facilities necessary for providing certain specialized services including psycho-education and training services in Hillsborough County, and

WHEREAS, **CP** requires such services from time to time, and

WHEREAS, there is a need for cooperation and sharing of services and resources between **BAYCARE** and **CP**.

NOW THEREFORE, in consideration of the premises and the mutual covenants contained in this agreement, it is agreed by and between the parties that:

BAYCARE will:

a) Establish a training schedule and dates for all **CP** educational and support staff focused on:

- Child/adolescent mental health awareness;
- De-escalation techniques;
- Screening and referral process to mental health specialists;
- **BAYCARE** and Community resources available for specialized services.

b) Coordinate a non-emergency and emergency contact process between **BAYCARE** or other local mental health specialists and **CP** administration for routine, urgent and emergent issues.

c) Provide on-site training and consultation for the **CP** staff on the administration of agreed upon behavioral health screening tools.

d) Provide referrals for local mental health care and individual, group and family counseling services as needed to those individuals and families referred by **CP** school personnel with parental consent.

e) Provide staff and/or parent training/consultation/crisis intervention.

f) Comply with all consent and release of information regulatory guidelines.

CP will:

a) Provide space and access for training of staff.

b) Generate referrals with parental consent.

Sharing of Information and Support

1. During the duration of the agreement, the supervisory/administrative staff of **BAYCARE** and **CP** will communicate and cooperate on matters of mutual concern.

2. Per Florida Statute 1012.32, **BAYCARE** acknowledges that a Level 2 fingerprint screening is required of any individual who has direct contact with students while delivering services under the provision of this agreement. **BAYCARE** will provide the names of specific employees who will provide services through direct contact with students and will cooperate with **CP** in meeting the requirements of the referenced statute.

3. Requests by **CP** for services to be performed by **BAYCARE** shall be authorized by the **DSA** Principal or designee.

4. Either party upon thirty (30) days written notice may terminate this Contract.

5. As provided for under common law, and to the extent specifically authorized by Section 768.28, Florida Statutes, **BAYCARE** hereby agrees to indemnify and hold **CP** harmless from and against all damages of any nature whatsoever which are caused or materially contributed to by the negligent acts of any officer, employee, and agent or other representative of **BAYCARE** and which are not caused or materially contributed to by any officer, employee, agent or other representative of **CP**.

6. Changes to this Agreement may be made by Addenda; such changes will be in writing, at the mutual agreement of the parties.

Financial Agreement

Total disbursement to **BAYCARE** is \$1350 to be used for the following services:

1. **Training** at a rate of \$125.00 per hour (6 hours total).

- 2. **Consultation** at a rate of \$75.00 dollars per hour.
- 3. ***Specialized Screening** at a rate of \$60.00 dollars per event.

* When determined that student does not have third party insurance coverage for mental health services, payment for services will be provided at the above noted rate by **CP. BAYCARE** shall provide a monthly accounting of all services rendered and **CP** shall remit payments to **BAYCARE** accordingly.

BAYCARE agrees to accept the designated payment amount as payment in full and shall not seek compensation from additional sources.

CP shall issue payment for services within thirty (30) days from receipt of invoices, provided the services have been received in a satisfactory and proper manner.

HOLD HARMLESS: Each of the parties to this Agreement hereby agrees to indemnify and hold the other party hereto harmless from and against all damages of any nature whatsoever which are caused or materially contributed to by the negligent acts of any officer, employee, and agent or other representative of the indemnifying party and which are not caused or materially contributed to by any officer, employee, agent or other representative of the indemnified party.

**COLLABORATORY PREPARATORY
ACADEMY**

**BAYCARE BEHAVIORAL
HEALTH, INC.**

BY: _____

Principal

BY: _____
Vice President

BY: _____
Witness

BY: _____
Witness

DATE: _____

DATE: _____