**Board Memo**

**DATE:** 8/3/2021

**AGENDA ITEM DETAILS:**

**School/Department**

Student/Community Services

**Product Vendor or Grant Issuer**

 Expanded Collaborative Services Agreement Childlren's Home of Northern KY/CHNK Behavioral Health

**Product or Grant Name**

Outpatient Behavioral Health Services

**Date/Term (Beginning and End Dates/Year)**

July 2021-June 2022

**APPLICABLE BOARD POLICY:**

09.13 & 09.22

**DESCRIBE USE OF CONTRACT/PURCHASE/AGREEMENT**

Comprehensive services expanded in the 2018-2019 school year to include provision of Outpatient Behavioral Health Services. Services woud provide comprehensive Assessments, idividualized treatment plans, individual student and family therapy sessions, case management , aftercare plans, and follow- up evaluations.

**FUNDING FOR PURCHASES AND OTHER REQUESTS:**

**Total Cost**

NA

**Funding Source**

NA

 **\*If more than one funding source, list below along with amount or percent for each source**

NA

**IF THIS IS A GRANT, ENTER AMOUNT TO BE AWARDED:**

Click or tap here to enter text.

**RECOMMENDATION:**

I recommend the board approve Expanded Collaborative Service Agreement with Children’s Home of Northern Kentucky, as presented

**CONTACT PERSON: (submitter)**

Kathleen G. Reutman