**Memorandum of Understanding**

**between**

(Insert name of School District) and

(Insert name of Mental Health agency)

**I. Purpose and Parties**

This memorandum of understanding, hereinafter referred to as “MOU”, entered into by (Insert full name of Mental Health Provider) hereinafter referred to as (Insert short name), located at (address) and (Insert full name of school district) herein known as (Insert short name), located at (insert address). The purpose of the MOU is to provide mental health services and programs to children and youth in the (insert school district name) between (insert time period).

**II. Roles and Responsibilities**

Mental Health Provider will provide:

1. The services listed below will be offered as clinically necessary at (list individual schools):
   1. (Begin list of services with definitions)
2. Day Treatment Programs where applicable (list of individual schools).
3. Monthly tentative schedules for therapists/community support specialists and day treatment programs to each school designee indicated in Section VI Communication.
4. Notification to the designated staff of the students in each school who receive services during the school day with parental consent.

School District will provide:

1. Private and confidential space conducive to therapy.
2. Classroom for day treatment (20 square feet per child) if applicable.
3. Access to phone, fax, internet, and technical support if available.
4. Referrals to services as described in Section V Referral Protocol.
5. Access to child/youth participating in services in a manner not to interrupt the academic process.

Both parties acknowledge the following:

1. (Insert provider name) will not engage in any disciplinary actions of students.
2. Both parties will work cooperatively to ensure school-based services are provided in accordance with standards, rules and regulations of the Mississippi Department of Mental Health and Division of Medicaid.
3. Both parties agree that (insert provider name) therapists or community support specialists will not assume regular school staff duties such as proctoring tests, lunch or bus duty, or substitute for an absent teacher.

**III. Confidentiality**

1. It is understood by both parties that each child’s mental health treatment and educational records will remain confidential between the agency and school staff. Both parties will abide by HIPAA and FERPA regulations regarding the confidentiality of services provided. Information about a student’s mental health treatment will remain confidential between the school and Mental Health Provider staff. Parental consent is required to receive services at the school and for exchanging information between the school and agency.

**IV. Mandatory Reporting Requirements**

1. Both parties understand the following mandatory reporting requirements regarding children in Mississippi:

Any person, including, but not limited to, attorney, physician, nurse, psychologist, social worker, intern, family worker, law enforcement worker, public or private school employee, or any other person who knows or has reason to suspect abuse or neglect of a child by a parent, legal custodian, caregiver, or other person(s) responsible for the child’s care, is required by law to make a report to the Mississippi Department of Child Protection Services, 1-800-222-8000. ([**https://www.mdcps.ms.gov/report-child-abuse-neglect/**](https://www.mdcps.ms.gov/report-child-abuse-neglect/)) See Section 43-21-105 and Section 43-21-353 of the Mississippi Code.

**V. Referral Protocol**

1. A school representative will contact the parents for consent before making a referral.
2. All referrals will be made using the appropriate referral form provided by the Mental Health Provider.
3. Referrals will be submitted to the following designees for each school: (List schools and therapist or community support specialist contact name and number)

**VI. Communication**

1. To ensure effective and accurate information is exchanged between parties, each school and provider will designate a primary person for contact listed below.
2. Meetings to discuss communication issues, exchange of information, referral protocol, and feedback regarding job performance will be conducted at least twice annually.
   1. (List contact for each school including name, phone number and email address.)
   2. (List contact for provider for each school including name, phone number and email address.)
3. The school principal or designee will be notified if the (insert provider name) staff will be absent or if the schedule changes.
4. Upon parental consent, the written initial assessment summaries and/or recommendations must be shared with the school designee within 48 hours of the initial assessment.

**VII. Effective Date and Signature**

This MOU shall be effective upon the signatures of (insert provider name) and (school district’s name) authorized officials. It shall be in force from (insert begin date) through (insert end date).

**School District**

Name and Position



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| --- |
|  |
| Date |

**Mental Health Provider**

Name and Position



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| --- |
|  |
| Date |

Memorandum of Understanding

between School Districts and

Mental Health Providers

Guidance

**I. Purpose and Parties**

Insert full names of parties and short name where indicated.

**II. Roles and Responsibilities**

**A.** List the names of the schools within the district and the Mental Health Services from the list below to be provided:

1.) School-based Outpatient Therapy – These services include individual, group, and family therapy and are provided by a Certified Master’s Level Therapist at the school.

2.) Crisis Intervention Services – Crisis response services are provided by trained Certified Mental Health professionals who assess the mental health crisis and intervenes to immediately stabilize the child/youth’s crisis situation using solution-focused and recovery-oriented interventions to avoid unnecessary hospitalization.

3.) Community Support Services – This service is provided by a Certified Community Support Specialist and include coordinating and linking children and their families to needed medical or social services, referrals to community resources, monitoring of progress and symptoms, and outreach.

4.) Psychiatric/Physician Services – These services are provided by licensed psychiatrist or nurse practitioner based on individual need and by appointment at the Mental Health Agency. This service also includes medication evaluation and monitoring, and nurse assessments.

5.) Targeted Case Management – This service provides information/referral and resource coordination for children and their families, or other supports. A Targeted Case Manager monitors the child’s service plan and ensures team members complete the tasks that are assigned to them and follow up for updates.

6) Assessments – All children and youth referred will receive an Initial Assessment that includes presenting problems, description of needs, trauma history, social information, family history, educational status, medical and developmental history, summary and recommendations. A functional assessment, the Child and Adolescent Functional Assessment Scale (CAFAS), will be completed within 30 days of the initial assessment. The CAFAS assesses the degree of impairment in children and youth with emotional, behavioral, psychiatric, or substance abuse problems across eight life domains.

7) Day Treatment – These programs provide eligible children and youth with behavioral interventions to address self-esteem, positive feedback, problem solving, conflict resolution and other social skills necessary to stay in school and their home. These programs typically operate a minimum of two (2) hours per day, several days per week with a minimum of four (4) and maximum of (10) students enrolled.

8) Wraparound Facilitation – This service includes the creation and facilitation of a child and family team for the purpose of developing a single plan of care to address the needs of youth with complex mental health challenges and their families. Wraparound Facilitation targets children and youth who have experienced acute hospital stays, psychiatric residential treatment, at-risk for out-of-home placement, numerous interruptions in services, fail to show improvement with traditional services, or exceeded the resources of a single agency or service provider.

9) Training and education for teachers and school staff – (list topics or presentations available from your agency)

10) Consultation services are available upon request as time and resources allow.

11) MYPAC – Mississippi Youth Programs Around the Clock is a home and community-based Medicaid program for children and youth with Serious Emotional Disturbance (SED) that follows high fidelity Wraparound Facilitation. MYPAC includes service coordination that involves finding and organizing multiple treatment and support services for children and youth.

**B.** List the names of the schools that will have day treatment programs

**C.** Tentative schedules for therapists and/or community support specialists, and day treatment programs are provided to the designated school contact person at least monthly.

**D.** Provide a list of children and youth who are enrolled and receiving services (with parental consent) to the designated school staff.

**II – IV.**

Insert the short names identified in Section I in the appropriate spaces.

**V. Referral Protocol**

C. List the schools and the therapist or community support specialist that will receive referrals. Include the staff’s name, phone number and email. Include how the referrals will be accepted (e.g. fax, box/folder in school office, email, telephone, etc.) and length of time between school referral and provider’s contact with parent/guardian.

**VI. Communication**

A. List contact name designated for each school to include name, phone number, and email address.

B. List designated Provider contact for each school to include name, phone number, and email address.

C. Notify the principal or school designee if the assigned staff has an unscheduled absence or when the schedule changes.

D. Written summaries or recommendations on school referrals will be provided within 48 hours of the initial assessment, upon parental consent. The written summaries or recommendations will be submitted to the school designee.