

MTSS-B Community Mental Health Agency MOU Guidance



Using this guidance

This Memorandum of Agreement (MOU) guidance outlines the essential elements of district-community mental health agency MTSS-B collaboration and can be used in place of a DCLT Letter of Commitment. It offers optional elements to calibrate the template to the desired level of collaboration. This agreement should be supplemented with a legal contract if the community mental health agency will be providing clinical services on school grounds.

Sample MOU elements

[School District] and [Community Mental Health Agency] MTSS-B MOU

[School District] (hereinafter “District”) is engaging in a comprehensive effort to address the social-emotional, behavioral, and mental health needs of its students in order to promote student wellness, improve engagement in learning, and support student success using the NH Multi-Tiered System of Supports for Behavioral Health and Wellness (MTSS-B) framework. Toward this end, the District seeks to collaborate with [community mental health agency] (hereinafter “community mental health agency”) to develop and implement an integrated behavioral health delivery system for NH school-aged youth experiencing or at risk for mental health concerns and their families. The collaboration will establish and/or strengthen the District-community mental health agency partnership in order to leverage resources, create common understandings, and increase access to high-quality mental health services and supports for those students and their families served within the District and community mental health agency regions.

MTSS-B planning and implementation

The community mental health agency will engage in the MTSS-B comprehensive planning process, with the goal of promoting the integration of school mental health systems through changes in policy and practice, infrastructure development, program monitoring and evaluation, and increased access to evidence-based services and supports for all students. This includes:

- Attending relevant trainings
- Evaluating data and current initiatives to determine needs and gaps in services
- Participating in annual MTSS-B fidelity assessments
- Supporting school-level MTSS-B initiatives
- Developing and monitoring formal contract(s) as needed to support the community mental health agency’s provision of clinical services within the school setting
- Contributing to the development and implementation of an integrated plan of action for capacity building, professional development, coaching, and sustainability
- The District and CMHA should work together to develop policies and procedures that support a facilitated referral pathway



District-Community Leadership Team participation

The community mental health agency will participate in the District-Community Leadership Team (DCLT) – the district-wide MTSS-B planning and action team. The community mental health agency will appoint a representative with mental health expertise and decision-making authority to the DCLT who will consistently attend DCLT meetings (>85% attendance). The community mental health agency will [not be/be] responsible for covering the cost of meeting attendance and travel.

School-level team participation

The community mental health agency clinician(s) providing clinical services in schools will participate on advanced tier (Tier 2 and 3) school-level teams as appropriate and feasible to help plan and implement a comprehensive array of school-level social-emotional and mental health services. The community mental health agency clinician(s) providing clinical services in schools will participate on individual student support teams for students to whom they are providing clinical services to provide consultation and problem-solving strategies.

OPTIONAL: SCHOOL LIAISON POSITION

The community mental health agency will establish a “School Liaison” to:

1. Serve as the primary community mental health agency point of contact for communications with the District and any other project stakeholders (e.g., DOE and DHHS) about MTSS-B
2. Act as a core member of the DCLT
3. Participate in school-level teams at each tier, as feasible
4. Facilitate the community mental health agency policies and procedures that support an integrated delivery system (e.g. developing facilitated referral pathways, ensuring collaboration on school-based teams, establishing communication procedures)
5. Ensure rapid access to clinical services for students who are un/underinsured
6. Provide behavioral health consultation, coaching, and training to school-based staff to support high-fidelity implementation of social-emotional and mental health supports

Facilitated referrals

The District and community mental health agency will develop policies and procedures that support a facilitated referral pathway for in-school and community-based services (e.g., those delivered at the community mental health agency). With appropriate authorization and consent, the community mental health agency will share the outcome and disposition of facilitated referrals to the community mental health agency with the relevant District staff.

OPTIONAL: ACCESS TO SERVICES

The community mental health agency will facilitate rapid access to clinical services for un- or under-insured students.

Provision of Tier 3 Mental Health Services

The community mental health agency will provide licensed clinician(s) to provide mental health services to identified/referred students within the school setting. (Specify amount of clinical service/FTE here in your formal contract with the community mental health agency).

The community mental health agency clinician(s) will provide evidence-based (whenever possible), individualized Tier 3 mental health services on school grounds for students with identified mental health concerns. These services may include individual therapy, psychodiagnostic assessment, risk assessment, behavior planning, etc.



OPTIONAL: PROVISION OF TIER 2 SUPPORTS & SERVICES

The community mental health agency clinician(s) will provide selected Tier 2 group counseling/psychosocial/ psychoeducational supports designed to support students who have been identified as at risk for mental health concerns.

OPTIONAL: CONTRIBUTION TO TIER 1 SUPPORTS

The community mental health agency clinician(s) will contribute to the planning and delivery of universal Tier 1 supports: schoolwide, grade-level and/or classroom-level to promote positive social, emotional, and behavioral skills and wellbeing for all students. Examples include schoolwide behavior expectations, discipline practice/policies; universal social emotional curricula; other schoolwide/grade/classroom-level practices (e.g., mindfulness skills).

Communication and confidentiality

The District and community mental health agency will establish communication and confidentiality protocols that ensure informed consent and adherence to HIPAA, FERPA, and all applicable ethical guidelines.

OPTIONAL: CRISIS RESPONSE AND MANAGEMENT

1. The District and community mental health agency will develop a system for coordinating and facilitating mental health crisis response for students on school grounds.
2. The community mental health agency and District staff and administration will establish and follow a procedure to assist students and families access help outside of school hours during a mental health crisis.

Progress monitoring

1. The community mental health agency clinicians will participate in ongoing monitoring and evaluation of service implementation and outcomes at the aggregate/system and individual student level. This may include:
2. Use of screening and other data in addition to direct referrals to determine the need for mental health intervention;
3. Assessing the implementation fidelity of specific behavioral health services and supports;
4. Regular review of advanced tier intervention data to inform ongoing decision-making and quality improvement (e.g., determining how students are responding to Tier 2/3 interventions).

OPTIONAL: DATA REPORTING

The community mental health agency clinician(s) will actively participate in any required data collection activities, including use of school-based data collection platforms and/or platforms required for program evaluation and reporting to funders.

Signatures

School District

Signature _____

Name _____

Role _____

Community Mental Health Agency

Signature _____

Name _____

Role _____