

## ESMH MEMORANDUM OF UNDERSTANDING

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between

### **Any County Schools**

and

### **Selected Local Community Organizations**

Vision: The \_\_\_ County Partnerships supports the academic success of all students through promoting their physical and emotional health.

Mission: The mission of the \_\_\_ County Partnership for Expanded School Mental Health Services (ESMH) is to expand school-community connections to promote and care for the behavioral and emotional health of \_\_\_ County students in collaboration with students and their families.

### VALUES

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This partnership will be guided by the following principles.

Our work shall:

1. Reflect an appreciation for the training, skills, and unique contributions of members of the partnership.
2. Support mutual trust, respect and equality.
3. Reflect an appreciation for social justice, fairness and the value and dignity of individuals, families and communities.
4. Use the strengths and resources of all involved to facilitate development of the school and the community.
5. Provide for continuing education and training for all participating organizations and individuals.
6. Evaluate and document activities and share results with the community, families and supporters.
7. Include the weaving together of resources owned by the school, community organizations and other willing partners to meet common goals.

8. Deal with students, families, teachers and other professionals holistically, individually, developmentally, culturally and as members of families, students in schools and citizens of communities.

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## GOALS

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### Goal 1:

*To eliminate the isolation between the schools and mental health services in the community, by encouraging a joint effort in meeting student's mental health needs among the school, the community and families.*

### Goal 2:

*To connect community mental health services, local youth service organizations, and families with the work of the school student assistant teams, health education and that of the school counseling program.*

### Strategy for Goal Attainment:

To develop a private-public partnership between the school system and local community organizations that may involve use of school or neighborhood facilities and equipment; sharing resources; collaborative fund raising and grant applications; shared underwriting of some activities, networking; recognition and public relations; mutual support; shared responsibility for planning, implementation, and evaluation of programs and services related to encouraging the mental health of students; shared celebrations; and expanding opportunities for providing mental health services to \_\_\_ County students.

### Agreements:

#### Agency .

- \_\_\_ Agency agrees to only adopt prevention and care services that are age and culturally appropriate and that are proven to be effective with youth in their care and work with Tucker County Students.
- \_\_\_ Agency agrees to share professional staff and agency leadership to meet the objectives of this partnership.
- \_\_\_ Agency agrees to work collaboratively to seek funding for the activities of the partnership through shared grant writing, searching for funding opportunities and developing shared resources when funding is available.

- \_\_\_ agrees to provide social services so Tucker County families are better connected to mental health services provided at school sites and communication between parents and the schools is enhanced and supported.
- \_\_\_ agrees to serve as liaison between the Core Team and the current funding organization, The Office of Behavior Health Services of the West Virginia Department of Health and Human Resources, located in Charleston, WV.
- \_\_\_ agrees to respond to referrals made by Tucker County school personnel, parents and other partners in a timely manner, including no more than three business days after receiving referral.
- \_\_\_ recognizes that TCS staff may refer youth to other mental health providers in the community such as the Appalachian Community Health Center and other private providers and agrees to communicate to parent's their right to choose other local mental health providers.
- --- will explain to parents their and their child's rights to confidentiality, their rights to participate or not participate in ESMH services and the costs of those services.

#### Any County Schools

- \_\_\_ County Schools (ACS) agrees to recognize \_\_\_ as an approved referral agency for mental health services for youth.
- ACS agrees to support each schools' Student Assistant Team's (SAT) efforts to connect students to expanded school mental health (ESMH) services provided through the Tucker County Partnership.
- ACS agrees to provide space within each participating school for ESMH services.
- ACS agrees to facilitate communications between members of the Tucker County Partnership and school staff and organizations.
- ACS agrees to support cross-training between mental health and school personnel.

#### Any County Family Resource Network (FRN) agrees to:

- Serve as a member of the Any County Partnership (ACP) Core Team.
- Serve as the lead media outlet for the ACP.
- Provide age appropriate and culturally relevant prevention education services to ACS students in collaboration with the ESMH project.
- Serve as an important link between the project and the community.
- Accept referrals from participating partners for services the FRN provides that are appropriate for Tucker County students.

#### Any Community Mental Health Center (ACHC) agrees to:

- Provide age appropriate and culturally relevant prevention mental health services to ACS students in collaboration with the ESMH project.
- Accept referrals from the ACP participants for mental health services for youth and provide feedback as to the status of those referrals.
- Respond to referrals made by Any County school personnel and parents in a timely manner, including no more than three business days after receiving a referral and provide feedback as to the status of those referrals.
- ACHC recognizes that ACS staff may refer youth to other mental health providers in the community such as \_\_\_Agency and other private providers and agrees to communicate to parent's their right to choose other local mental health providers.
- ACHC will explain to parents their and their child's rights to confidentiality, their rights to participate or not participate in ESMH services and the cost of those services.

Upon written notice, submitted to \_\_\_Agency., a member of the Expanded School Mental Health Core Team, any party participating in the Memorandum of Understanding may withdraw their participation after thirty-days from the receipt of the notice.

This agreement does not *require* any exchange of funds between parties.

Signatures:

\_\_\_\_\_, \_\_\_\_\_ Any County Schools  
 Name & Title Date

\_\_\_\_\_, \_\_\_\_\_ Any Agency, Inc.  
 Name & Title Date

\_\_\_\_\_, \_\_\_\_\_ Any Community Mental Health Center  
 Name & Title Date

\_\_\_\_\_, \_\_\_\_\_ Any County Family Resource Network  
 Date