

# THE KENTON COUNTY BOARD OF EDUCATION

1055 EATON DRIVE, FORT WRIGHT, KENTUCKY 41017

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Dr. Henry Webb, Superintendent of Schools

### KCSD ISSUE PAPER

**DATE:** 

**September 19, 2019** 

# **AGENDA ITEM (ACTION ITEM):**

Consider/Approve a Standard Memorandum of Understanding for mental health assessments, substance abuse assessments, and crisis assessments for students in the Kenton County School District.

### APPLICABLE BOARD POLICY:

01.11: General Powers and Duties of the Board

#### **HISTORY/BACKGROUND:**

One in five students in schools today have a mental health disorder. (NIMH, 2015). Depression and anxiety are rising among children. Increased access to mental health services is an identified need in our schools. Over the past four years, the KCSD mental health coordinator has collaborated with community partners and agencies to provide mental health assessments, substance abuse assessments, and crisis assessments in our schools at no cost to the Kenton County School District. In an effort to provide equity and access to all schools, the need for a standard, Memorandum of Understanding, for mental health service providers was identified.

#### FISCAL/BUDGETARY IMPACT:

\$0.00 at the district level.

## **RECOMMENDATION:**

Approve a Standard Memorandum of Understanding for mental health assessments, substance abuse assessments, and crisis assessments for students in the Kenton County School District.

#### **CONTACT PERSON:**

Tara Sides, Assistant Superintendent of Middle School Curriculum and Instruction

Principal

Director

Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.

Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.

## **Kenton County Board of Education**



# **The Kenton County School District**

Agreement:

# Name of Agency/Provider

# **Insert School Year**

	laborative Service Agreement between the staff of Kenton Cou	nty School District and	will			
have th	e following components:	-				
1.	referred by the Kenton County School District or its agents and qualify for services.					
2.						
				3.		
4.						
				5.		
				6.		
				7.		
10						
				This agreement shall automatically renew each year for a perio	-	
				Either party may cancel by providing written notice, at least si	· ·	w year of their
				intention not to exercise their option to renew.	xty (00) days prior to the beginning of ar	ly year, or then
Mary Be				eth Huss, Director of Reducing Barriers to Learning	Date	
Kenton				County School District		
Agency Representative		Date				