



Kenton County School District | *It's about ALL kids.*

**THE KENTON COUNTY BOARD OF
EDUCATION**

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Dr. Henry Webb, Superintendent of Schools

KCSD ISSUE PAPER

DATE:

April 25, 2019

AGENDA ITEM (ACTION ITEM):

Consider/Approve a Standard Memorandum of Understanding for Mental Health Service Providers within the Kenton County School District.

APPLICABLE BOARD POLICY:

NA

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. Currently, 535 students take advantage of school based counseling services in our schools. Over the past four years, the KCSD mental health coordinator has collaborated with community partners and agencies to provide mental health counseling 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 during 2018-2019.

FISCAL/BUDGETARY IMPACT:

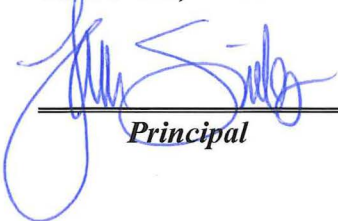
\$0.00 at the district level.

RECOMMENDATION:

Approve the Standard Memorandum of Understanding for Mental Health Service Providers.

CONTACT PERSON:

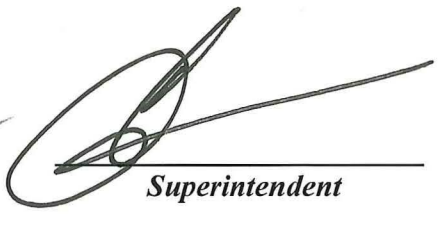
Tara Sides, Director of Reducing Barriers for Learning



Principal



Director



Superintendent

Kenton County Board of Education

Board Members: Carl Wicklund, Chairperson Karen L. Collins, Vice Chairperson Shannon Herold. Carla Egan Jessica Jehn

"The Kenton County Board of Education provides *Equal Education & Employment Opportunities.*"



The Kenton County School District
Memorandum of Understanding: Mental Health Service Providers
2019-2020

The Collaborative Service Agreement between the staff of Kenton County School District and (INSERT NAME OF SERVICE) will have the following components:

1. The goal is to facilitate the provision of **mental health counseling for individuals or groups and/or mental health case management services** to students who are referred by the Kenton County School District or its agents and qualify under Medicaid, private insurance and/or fee for service with (INSERT NAME OF SERVICE).
2. (INSERT NAME OF SERVICE) therapists will provide intake and ongoing **mental health counseling and/or mental health case management** services for students in the school setting and consult and collaborate with school staff to provide supports for students.
3. (INSERT NAME OF SERVICE) therapists will be credentialed with their licensure boards and provide copies of licenses as requested.
4. (INSERT NAME OF SERVICE) will insure compliance with all existing federal, state, and local laws and regulations governing the scope of practice of mental health professionals.
5. (INSERT NAME OF SERVICE) will maintain appropriate professional and liability insurance. To the extent not covered and paid by insurance (INSERT NAME OF SERVICE) agrees that he/she will be responsible for any claims, losses, liability, demands and damages, and agrees to hold harmless and/or indemnify from any loss, damage, claim or expense incurred by the KCS D based solely on negligence, errors, or omissions by (INSERT NAME OF SERVICE) related to the performance of services conducted by (INSERT NAME OF SERVICE) pursuant to this agreement.
6. (INSERT NAME OF SERVICE) will provide a list of therapists and/or other personnel and their role, who will be working in the Kenton County School District, by the first day of school and updated if changes are made during the term of the agreement.
7. (INSERT NAME OF SERVICE) will comply with state regulations which may include background checks, fingerprinting, child abuse and neglect check, etc as required by the Kenton County School District for outside providers working with students in the Kenton County School District. (REG 160.151)
8. (INSERT NAME OF SERVICE) will only provide services at schools assigned by the Kenton County School District.
9. During the term of this agreement, the Kenton County School District agrees to:
 - provide a safe environment, space, and reasonable accommodations to allow the provision of services during the school day and in the school buildings.
 - Identify students for mental health counseling services.
 - Assign agencies to schools.
 - Comply with FERPA standards.
 - Provide a district liaison for questions and concerns from providers.
10. The Kenton County School District is not responsible for payment for services provided by (INSERT NAME OF SERVICE).
11. The terms of this agreement are valid for one calendar year. It is contingent on approval from the Kenton County Board of Education.
12. The Kenton County Board of Education reserves the right to terminate the agreement at any time, without cause.

This agency is assigned to the following schools:

Tara Sides, Director of RBTL
Kenton County School District

Date

(INSERT NAME OF SERVICE)

Date

Date approved by KCS D Board of Education: _____