

COLLABORATIVE AGREEMENT

[INSERT NAME]

And

[INSERT NAME] Department of Human Services

The purpose of this collaborative agreement is to ensure the provision, integration and coordination of mental health and other family support services for our mutual consumers.

WHEREAS, the School District is engaged in effort to integrate and promote mental health in and throughout the district; and

WHEREAS, the [INSERT NAME] Department of Human Services has the required expertise, experience and resources necessary and appropriate to perform certain functions within the scope of this effort;

NOW THEREFORE, the School District and the DHS mutually agree to the following terms of this contract from [INSERT DATE] to [INSERT DATE].

I. School District agrees to do the following:

- Provide space for a Family Resource Center and assist in supplying the center with materials for students and parents.
- Designate a District Liaison(s) to DHS.
- Encourage families working with DHS to execute mutual release of information authorizations to allow communication between DHS and the school.
- Include the DHS Prevention Worker in student assistance/IEP meetings as needed.
- Refer families to DHS using the agreed upon referral process.
- Promote parent involvement in collaboration with DHS.
- Collaborate with DHS on directing resources to defined priority objectives.
- Educate teaching staff on the services provided by DHS.

II. [INSERT NAME] Department of Human Services agrees to do the following:

- Provide a Prevention Worker to staff the Family Resource Center part-time.
- Assist in identifying and providing appropriate materials for students and parents.
- Encourage families from the schools to execute mutual release of information authorizations to allow communication between DHS and the schools.
- Meet with families referred by the school according to the agreed upon referral process and will provide feedback to the school on referral disposition.
- Promote parent collaboration with the school.
- Collaborate with the schools on directing resources to defined priority objectives.

- Provide mental health visit transportation allowances within the guidelines of the Medicaid program or other available resources.

III. Compliance with Assurances

A. [INSERT NAME] Department of Human Services agrees to the following assurances in order to ensure quality and continuity of care:

1. Staff

Employees or contractors providing services at the Family Resource Center will meet specific qualifications for the services provided.

B. Both Parties agree to the following assurances:

1. Confidentiality

All aspects of services and/or releases of information will comply with Federal and State regulations, including HIPAA, FERPA, PRPA and the Michigan Mental Health Code, regarding consumer privacy and confidentiality. Records will be completed promptly and filed. All records will be retained in a protected safe and secure manner. Access to identifying information in these records will only be as necessary for the purpose of performing responsibilities under this contract and by personnel interacting directly with consumer.

Appropriate disclosure contained in the records will be consistent with confidentiality rights of all parties involved. This includes the sharing of “need to know” information which may contain but is not limited to diagnoses, testing results, social and behavioral functioning information, and familial information.

2. Place of Service

Services will be provided in the [INSERT NAME] Middle School, [STREET ADDRESS]; [CITY, STATE ZIP], and at various off-site locations based on the particular circumstances of the client.

3. Billing Procedures

This Agreement contains no implication of financial responsibility on the part of either institution for the other.

4. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of Michigan.

5. Term and Termination

This Agreement shall commence on [INSERT DATE] and shall expire on [INSERT DATE]. This Agreement may be early terminated with or without cause by either DHS or the [INSERT NAME] Community School District upon thirty (30) days prior written notice to the other party. Each party agrees to meet quarterly to evaluate this Agreement and make any adjustments deemed necessary.

The above mentioned responsibilities and assurances have been agreed upon for all parties involved in the Integrating Mental Health in Schools project:

[INSERT NAME], Superintendent Date
[SCHOOL NAME]

[INSERT NAME], Director Date
[INSERT NAME] Department of Human Services