COLLABORATIVE AGREEMENT

XXXX Community Schools
And

XXXX County 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 XXXX County 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 August 1, 2008 to July 31, 2009.

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. XXXX County 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. XXXX 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 HIPPA, 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 XXXX Middle School, (XXX address) 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 August 1, 2008 and shall expire on July 31, 2009. This Agreement may be early terminated with or without cause by either DHS or the XXXX 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:

__________________________________________
, Superintendent                        Date
XXXXX Community Schools

__________________________________________
, Director                       Date
XXXXX County Department of Human Services