

MEMORANDUM OF UNDERSTANDING
Between the Department of Mental Health, Community Services Agency
and District of Columbia Public School System

PARTIES

The Department of Mental Health, Community Services Agency (DMH-CSA) and the District of Columbia Public School System (DCPS), in order to provide prevention, assessment, and treatment services to children and adolescents enrolled in DCPS through a collaborative effort by both parties. A mental health clinician is defined as an employee of the DMH-CSA that is placed in a school to provide prevention, early intervention, and treatment services to students enrolled in the school.

SHARED VISION FOR MENTAL HEALTH IN SCHOOLS

To support a school environment in which all children are emotionally prepared, ready to learn and able to progress toward productive adulthood.

SHARED MISSION FOR MENTAL HEALTH IN SCHOOLS

To create a child and family centered school-based mental health program to include prevention, early intervention and treatment in collaboration with schools and community-based child and family serving organizations.

FUNCTIONS TO BE CARRIED OUT TO ACHIEVE THE VISION AND MISSION

- A. Assessment for initial screening of problems, as well as for diagnosis and intervention planning (including a focus on needs and assets)
- B. Referral, triage, and monitoring/management of care
- C. Direct service and instruction (including primary prevention programs/activities, early intervention, individual, family, and group counseling, crisis intervention and planning)
- D. Coordination, development, and leadership related to school-based programs, services, resources, and systems toward evolving a comprehensive, multifaceted, and integrated continuum of programs and services
- E. Consultation, supervision, and in-service instruction with a multidisciplinary focus
- F. Enhancing connections with and involvement of home and community resources

STRUCTURE FOR CARRYING OUT THE FUNCTIONS

Referral and Triage Teams- Participating schools will have or will establish an infrastructure for developing and implementing a school mental health program and for providing systemic approaches to prevention, early intervention, and treatment programs (including referral, triage, assessment, and other related interventions). The infrastructure will involve the Teacher Assistance Teams (TATs) or equivalent team with participation from the school principal or a designee, all other mental health clinicians working in the school (both school hired and DMH-CSA clinicians), the school nurse, and any other relevant staff members who would have input in the development of a school-based mental health intervention. Referrals to this team will be structured so that there is one point of entry at each school. The team then reviews the information provided in a timely manner and the most appropriate mental health clinician is assigned. All team members that have regular contact with the identified client will provide feedback on the development of an intervention plan. The clinician assigned to work with a student and his/her family, whether hired by the DMH-CSA or the school, will have responsibility for monitoring services offered and providing periodic progress reports to the TAT consistent with the provisions of the Mental Health Information Act.

Services Will Supplement Existing Programs. The school-based services provided through the DMH-CSA will supplement and not supplant services already in place. This includes mental health services already being provided by the DMH-CSA in various DC public schools. Although all students will have access to prevention activities and targeted students can be referred for early intervention activities, the school-based services provided through the DMH-CSA will not replace treatment services provided through the school for students involved in the special education process.

SPECIFIC ROLE AND FUNCTIONS OF THE MENTAL HEALTH CLINICIAN OF THE DEPARTMENT OF MENTAL HEALTH, COMMUNITY SERVICES AGENCY

The clinician hired by the Department of Mental Health is placed in each participating school to assist in the development of a school mental health program and to provide prevention, early intervention, treatment, and assessment services to children and adolescents enrolled in the school. The clinician will also provide consultation, training, and support to teachers, administrators, and other school staff. Although functioning in a school setting, the clinician is still governed by the Department of Mental Health, Community Services Agency policies and procedures.

WORKING CONDITIONS RELATED TO THE MENTAL HEALTH CLINICIAN

The following are specific matters related to the mutual responsibilities and accountabilities of the clinician and the school in working together.

What DMH-CSA Provides: The Department of Mental Health, Community Services Agency provides supervision and support for mental health clinicians. The DMH-CSA will hire and supervise one or more clinicians who will be placed in participating schools. Each clinician is expected to attend a weekly supervisory and training meeting. The DMH-CSA policy dictates that mental health clinicians are expected to call their supervisors whenever troublesome cases or unusual incidents arise and will file unusual incident reports as required to both the DMH-CSA supervisor and to the Principal of the school to which they are assigned. Should a conflict arise with respect to DMH-CSA policies and procedures, it is the responsibility of the clinician's supervisor to work with the school in resolving the matter.

What the School Provides: For the DMH-CSA clinician to work effectively, the school must provide a private space, a locking filing cabinet, and a dedicated phone line for each clinician assigned to a school. In addition, schools are asked to provide necessary supplies, materials, and allow use of their office equipment so that mental health clinicians can conduct mental health services in ways that would enable them to complete their responsibilities at the school.

DMH-CSA Clinician as a Member of The School Team: Although not a school employee, the mental health clinician is expected to work closely with the school staff, to share nonconfidential and confidential information with the staff as appropriate under the conditions noted below, and to assist staff in responding to behavioral health concerns. Administrative aggregate information such as the number of students seen, the number and theme of therapeutic groups and general concerns raised can be shared in accordance with the Mental Health Information Act, D.C.

Code Section 7-1201.01 et seq. Mental health clinicians can acknowledge receipt of a mental health referral and indicate whether that student has been seen. Compliance with a request to share any other information related to a student's treatment would require an appropriate release of information signed by the student. Monthly summary reports of aggregate mental health data will be provided to the principal. Efforts will be made to resolve dilemmas that arise from the legal confidentiality requirements that are in place for the DMH-CSA and the school so that all staff involved with a student can work together in the student's best interest while adhering to mandatory mental health laws.

DC Permits Students To Obtain Mental Health Services Without Parental Consent: The Mental Health Service Delivery Reform Act of 2001 indicates that a clinician may deliver outpatient mental health services and mental health supports to a minor who is voluntarily seeking such services without parental or guardian consent for a period of 90 days if the clinician determines that 1) the minor is knowingly and voluntarily seeking services and 2) the provision of services is clinically indicated for the minor's well-being. At the end of the 90-day period, the clinician will make a new determination that mental health services are voluntary and are clinically indicated. This important feature of DC law allows students to self refer and to consent to confidential mental health services. Mental health clinicians routinely encourage students to inform and involve their parents in treatment, and concerted effort will be demonstrated in this regard. Schools must to clarify the law in meetings with parents.

Meetings Outside of The School: Mental health clinicians may visit students' homes or community agencies as part of their job without obtaining permission from the school.

Referrals To The Mental Health Clinician: All referrals to mental health clinicians by school staff must be made in the referral format suggested by the Department of Mental Health, Community Services Agency and in a manner consistent with DCPS policy. All schools are requested to convene a team of relevant individuals that meet regularly to review and assign requests for services. The uniform referral process is critical to the Department's service delivery, record keeping, and accountability. All referrals, whether self-referral by the student or by the staff, contain confidential information and cannot be shared or copied without appropriate authorization.

Compensation for Services: According to the District Personnel Manual and the Department of Mental Health, Community Services Agency human resource policies, mental health clinicians cannot be financially compensated by the school for work completed as part of their normal duties.

Hours: The mental health clinicians are responsible for reporting their hours to the Department of Mental Health, Community Services Agency, but should sign in and out of the school if the school requires such a procedure. Mental health clinicians will report their schedules to the school on a monthly basis, and each carries a cell phone provided by the program to assure that they can be reached when out of the building.

Requests for Leave Time: Requests for leave time will be approved by supervisors at the Department of Mental Health, Community Services Agency with consideration given to school schedules and needs. Principals will be informed of this leave in writing.

Program Evaluation Responsibilities: In order to assure that we are having a positive and significant impact on children, youth, and families, the Department will collect information to assess the utilization of services and their quality as a basis for revising and improving the program at regular intervals. School staff (administrators and teachers), families, and students will be asked to participate on a regular basis in these evaluations. In addition, schools will be asked to share school-level data (e.g., attendance records, disciplinary actions, grades) so that we can assess impact on achievement and school behavior. Results will be shared with schools.

LEGAL CONSIDERATIONS

The following are legal requirements to which clinician's must adhere.

Mandatory Reporting Laws: Under D.C. Code 2-135 1, *et sequ.* "the following personnel (in their professional or official capacity) must report any known (or) suspected case of child abuse (sexual or physical) or neglect: every physician, psychologist, medical examiner, dentist, chiropractor, registered nurse, licensed practical nurse, person involved in the care and treatment of consumers, law enforcement officer, school official, teacher, social service worker, day care worker, and mental health professional." The statute goes on to warn that "willful failure to make such a report by any of the above-mentioned persons may result in a fine... and/or imprisonment". Note that school staff, as well as mental health clinicians, are mandated reporters of child abuse and neglect. Individuals who have contact with a suspected victim of abuse or neglect should make the report within the required period of time, Mental health clinicians will comply with DC statute, Department of Mental Health, Community Services Agency policy, and DCPS policy on procedures for reporting. Clinicians, in accordance with DCPS policy, are expected to inform the school principal of a report.

Mental Health Records Are Confidential and Not Part of The School Record: All mental health clinicians must abide by the Mental Health *Information Act*, a statute that dictates how information should be shared and with whom. When a record is developed in response to a referral for mental health services and the DMH-CSA mental health clinician assigned to a school provides these services, that record belongs to the Department of Mental Health, Community Services Agency and is not a part of the school record. As such, only those individuals authorized by the Department of Mental Health, Community Services Agency (i.e., a direct clinical supervisor), those who have a written authorization for release of information, or those with a court order can have access to information in these records.

Disclosure of Mental Health Information: The DC Mental Health Information Act states that "except as specifically authorized... no mental health professional ... shall disclose or permit the disclosure of mental health information to any person" (pg. 249) except "...on an emergency basis... if the mental health professional reasonably believes that such disclosure is necessary to initiate or seek emergency hospitalization of the client ... or to otherwise protect the client or another individual from a substantial risk of imminent and serious physical injury" (pg. 255). (See also D.C. Code Section 7-1203.03.). A mental health clinician may disclose information with the written authorization of a parent or legal guardian to a school staff employee, however if disclosure of mental health information is made, that school employee may not disclose said information to any one else without the written authorization of the parent or guardian as required by the Mental Health Information Act.

Release Of Mental Health Records Can Be Pursuant To A Court Order: In the District of Columbia a court order signed by a judge is required before a mental health record can be released to the courts or court designee. A subpoena is not sufficient for the release of a mental health record, If a court order or a subpoena is served to the "custodian of the records" and they are referring to the mental health records, the mental health clinician will be responsible for following appropriate procedures outlined by the Department of Mental Health, Community Services Agency and complying with the law in regards to this request. The Department requests that the original or a copy of the court order be given to the mental health clinician in order to submit the request for an appropriate release of the record. The mental health clinician will not be allowed to turn over the mental health record immediately, but will need to contact his or her supervisor to apprise her of the situation and then call the Corporation Counsel's office to verify the court order and to discuss procedures for complying with the request.

TERMS OF THE AGREEMENT

This agreement shall be for a period of one year beginning October 1, 2001 and ending September 30,2002.

TERMINATION CLAUSE

Violation of client's rights as outlined in the Mental Health Information Act or violation of policies or regulations of the Department of Mental Health, Community Services Agency may result in the immediate termination of this memorandum of understanding and subsequent clinical services,

I _____
(signature of DCPS representative) have read the above and agree to follow the program procedures and expectations as defined herein as a condition of accepting the Department of Mental Health, Community Services Agency's mental health clinician in DC Public Schools.
_____ (date)

I _____
(signature of DMH representative) have read the above and agree to follow the program procedures and expectations as defined herein as a condition of providing mental health services through the Department of Mental Health, Community Services Agency clinician in DC Public Schools.
_____ (date)

(11/1/01)