

Shellie Mills
Director of Children's Services
P.O. Box 568
Corbin, Ky 40701
Phone (606) 528-7010 extension 2041

**CUMBERLAND RIVER
BEHAVIORAL HEALTH, INC.**

Dear School Partner,

I want to thank you for your continued support and working relationship with our Child/Family Interventionist in your school system. Through this collaborative process, the children and families in your area are receiving needed services. We hope to continue providing the best quality services to your school.

Enclosed you will find the contract for the upcoming school year. Please keep one copy for your record, sign and return the other copy at your earliest convenience. If you have any questions or concerns, please contact me.

Sincerely,

Shellie F. Mills NED LPCC

Shellie Mills

Director of Children's Services

Cumberland River Behavioral Health, Inc.

.....*Shellie F. Mills* NED LPCC.....

" Promise of Opportunity" for Children and Families

Cumberland River Behavioral Health, Inc.

American Greeting Road

P.O. Box 568

Corbin, KY 40701

(606) 528-7010

Fax (606) 528-5401

CUMBERLAND RIVER BEHAVIORAL HEALTH, INC.

PROTOCOL for 2015-2016

INDEPENDENT BOARD OF EDUCATION

220 NORTH 20TH STREET

KY 40965

School-Based Treatment Service

1. This Memorandum of Agreement has been signed by Cumberland River Behavioral Health, Inc. and the Board of Education to provide mental health and dual-diagnosis (mental health/substance abuse) school-based treatment services for the August 2015- July 2016 academic school year.
2. This written document is the PROTOCOL developed after all parties agree upon its content and ensures that all parties have an exact understanding of what will occur for successful collaboration. This document outlines a referral procedure, lines of communications, lines of authority, procedures for offering services, and the role and responsibilities of the therapist agreed upon by both the school and Cumberland River Comprehensive Behavioral Health, Inc.
3. The agreed upon PROTOCOL will be effective for the current school year and may extend into summer depending on need and resources. All parties will possess a written copy. If either party wishes to change the PROTOCOL during the year another meeting of the same persons will be called where changes can be discussed, agreed upon, and a new PROTOCOL written and disseminated. Once the PROTOCOL is agreed upon, it will be followed even if changes need to be made, until a new PROTOCOL is written and is agreed upon.
4. Cumberland River Behavioral Health, Inc. will assign a therapist to come to each school after collaborating and determining need. The therapist will be at the school on the same day each week. If the therapist schedule needs to change either temporarily or permanently, the changes will be worked out between the therapist and the designated school personnel who will notify the school Principal. The assigned therapist will remain the same barring illness, resignation, or position transfer. If any of these occur, a new therapist will be assigned as available.
5. The Family Resource Youth Center Director or other identified school personnel will be the point of contact and/or designated liaison assigned by the school for the school system, parent, and Cumberland River Behavioral Health, Inc. The appropriate party to address any problems with at Cumberland River Behavioral Health, Inc. is **Shellie Mills, Children's Services Director, phone # (606) 528-7010 ex 2041.**

5a. The therapist will notify the school if they will not be at the school preferably 24 hours prior to the scheduled day, or by 7:50 a.m. on that day in the case of illness. The therapist will ask the school to notify each child of the cancellation. The therapist will arrive daily no later than 8:30 am.

5b. If illness or indisposition persists for three weeks, a new therapist will be assigned to fill in temporarily until the assigned therapist returns. If a change of therapist occurs, parents will be notified by letter.

5c. If the therapist has a problem at the school, he/she will discuss it with the identified school personnel who will decide to discuss it with the principal or call a meeting to work it out. As many persons who need to be invited can be according to the discretion of the school.

5d. If the principal has a problem with the program, he/she can discuss it with the CFI's Direct Supervisor (listed in #5) who will decide to speak to the therapist or appropriate party or call a meeting to discuss the issue.

5e. If a parent has a problem with the program and wishes to discuss it with the therapist, the parent may contact the therapist directly or contact the school personnel.

5f. The referral process will be as follows:

- ◆ Anyone that identifies that a child needs Mental Health services/Substance Abuse will complete a referral
- ◆ The referral will be given to the identified school personnel who in turn contacts the parents regarding the referral. If the parents agree to therapy at the school, an appointment will be made either at the school or the outpatient clinic to fill out the necessary forms including a release of information and items to bring to the appointment.

5g. Children will be seen for services at the school after screening, intake, and staffing occur. The parent may accompany the child to the intake appointment. Parents will be asked to sign a release of information for the School in order to talk with the child's teacher, the school counselor (if appropriate) and the principal. Information will be discussed only for the purpose of assuring successful treatment on a need to know basis. Children will be seen as frequently as the treatment plan indicates.

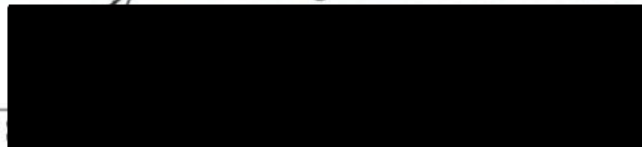
5h. If a teacher has information regarding a child's classroom behavior that a therapist needs to know, he/she can relay to the school personnel that they wish to speak to the therapist or contact the therapist directly. If a therapist needs to speak to the teacher, the school personnel can assist with making an appointment with the teacher during their break. It is expected that the teacher of each child receiving treatment services will conference with the therapist at least monthly and more often if deemed necessary by the therapist.

5i. The school personnel will be notified if a student is not meeting required appointments and/or parents are not cooperative in their child receiving services. No counseling services will be terminated without school personnel involvement.

6. Payment for services will be through the Kentucky Medical Assistance Program, insurance, or the agency's sliding fee scale. All children can be seen regardless of their ability to pay. No fees will be collected nor money exchanged at the school. These educational groups can include topics such as anger management, stress management and/or grief resolution.
7. Children will be seen by appointment at the school. The therapist will follow the school guidelines as to how the child is called for the session. Every effort will be made by the school and the therapist to not identify that a child is receiving Mental Health Services and to safeguard the child and the family's confidentiality.
8. If a child is sick or not at school on the appointment day, they will be re-scheduled for the next week. If the child is not seen for four consecutive appointments, the case may be closed. Before any case is closed the school district will be notified. If the school district ordered counseling the district must be notified before the chart is closed. If a student has missed up to three counseling appointments consecutively the district must be notified immediately by letter.
9. The school may receive a list of students receiving counseling services upon request if needed for tracking purposes.
10. If the child has not been seen at school due to illness, but the parent feels the child is at risk, the child may be brought to the clinic for treatment. Children who have been seen at the school can be seen at the out patient clinic during the summer months or participate in summer program. If the child needs to be seen by the doctor, they can be seen at the outpatient clinic.
11. If a child is in crisis after hours, assistance can be sought at any hour by calling 1-877-454-3702. During office hours the therapist can be contacted at Cumberland River Behavioral Health, Inc. Office.
12. Parents will be expected to participate in the treatment planning for the child and to meet with the therapist either at the school or at the Outpatient Clinic at least monthly. A therapist may request a case conference with the parents and the school if warranted. School personnel may be asked to assist in accessing or contacting parents if difficulties arise.
13. The school will provide an appropriate and confidential space to the therapist and a private phone, if possible, to use in case of emergency.
14. The school will provide an appropriate and confidential space where an after school/ summer program can be held such as an empty classroom.
15. Behavior disruptions by children who are not clients of Cumberland River Behavioral Health, Inc will be handled, as they are every other day that the therapist is not present. The therapist will not be able to take time from scheduled children to handle behavior problems. If a child who is a client of the therapist is experiencing problems on the day the therapist is there, the therapist can be notified and may be able to deal with the problem.
16. If the child is in crisis and is in danger of harming himself or others, the therapist can provide crisis intervention services whether or not the child is a client. However, every effort will be made by the school to notify the parents, who must come to the school as soon as possible. If the parents cannot be contacted, the school will call the Department for Community Based services to assist with locating the parents. A therapist can assess the child and make a referral to the outpatient

clinic or a psychiatric facility if necessary, but only with the permission of the parent, **unless the schools previously received written permission in their enrollment/consent forms.**

17. If the child comes into the clinic in crisis and the child's therapist is at the school, the therapist will be contacted at the school. The therapist and supervisor will conference by phone and decide how to handle the situation.
18. If a child is in crisis on a day when a therapist is not present, the school can contact the parent or if the parent cannot be found, can contact the Department for Community Based Services who take the child by car or ambulance to the Cumberland River Behavioral Health, Inc. Outpatient Clinic or to the closest hospital emergency room.
19. A child who is in treatment can be referred to the Kentucky IMPACT program for more intensive services by the school based therapist, or the parent. Every child who is in the IMPACT Program must be receiving treatment from some source.
20. A school-based therapist (CFI) will not perform psychological testing. If testing needs to be done to determine an appropriate school placement, a referral can be made to a Psychologist at Cumberland River Behavioral Health, Inc. or any other provider for this service.
21. Cumberland River Behavioral Health, Inc. will provide brochures describing other services to the school for use by the FRYSC.
22. Treatment records will be housed at the Outpatient Clinic. No record keeping or billing will be done at school.
23. If a child who is referred for services has a personal relationship with the therapist assigned to the school, services for that child will be provided at the Cumberland River Behavioral Health, Inc. Outpatient Clinic by another therapist.
24. If siblings are referred for services, a conference will occur between the therapist and the supervisor to determine how to handle the situation. In any case, both children's services will be covered under the school-based grant.
25. If a child is referred for services who has issues that would be better handled outside a school based settings or a child has issues that require specialized services, a referral will be made to a more appropriate provider. Consultation will occur with the parent and the supervisor whenever issues such as these arise.
26. This Memorandum of Agreement is for the following parties.




Executive Director CRBH 7/23/15
Date

School Board Chairman Date