



SCHOOL-BASED THERAPY SERVICES

UPDATES IN MISSOURI: Recent changes in Missouri now allow behavioral health therapy to be delivered in the school setting to **students not currently covered by an IEP** and billed directly by a licensed therapist/provider. Previously, Medicaid plans did not allow for this direct billing by providers; rather, the school district had the responsibility to bill for this service. This change makes way for significant improvements to children's behavioral health in Missouri by increasing access to needed care.

School-Based Therapy: Designed to provide therapy to students in need of social and emotional support. The services are embedded into the school system in an effort to reach students in need, serving them in a familiar setting, while increasing access to care by eliminating many barriers associated with seeking behavioral health services (e.g. transportation limitations and parental ability to take off work).

Benefits of School-Based Therapy:

- Bringing needed behavioral health services into the school setting reduces student time spent outside of the classroom, protecting precious instruction time.
- Having therapy services located in the school system promotes an integrated and holistic approach for student overall health and wellbeing. All team members communicate regularly and contribute to student success.

Benefits offered by Compass Health Network:

- **Compass uses an integrated model of care and provides a full continuum of medical, dental, and behavioral health services.** In addition to providing School-Based Therapy, students served will be screened for additional health needs (medical, dental, Healthcare Home, and other behavioral health needs). Parents will be supported in accessing these additional identified services.
- **Quality and Clinical Oversight:** Compass Health Network (CHN) is committed to providing evidence-based treatments provided by licensed providers. Our system provides access to specialized treatments with proven efficacy for specific conditions. Quality and compliance are at the forefront of our service model and continuous quality improvement is achieved through a variety of internal and external audit and monitoring activities. CHN is a Certified Community Behavioral Health Center (CCBHC), Community Mental Health Center (CMHC), and a Federally Quality Health Center (FQHC). We are credentialed by the Missouri Department of Mental Health and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and the National Committee for Quality Assurance (NCQA).

Next Steps:

Please contact Lucas Taylor, Director of Outpatient Services, at ltaylor@compasshn.org or 816-589-8698, to discuss details related to implementing School-Based Therapy in your school district.

Mission: Inspire Hope. Promote Wellness.

www.compasshealthnetwork.org

**MEMORANDUM OF UNDERSTANDING
FOR SCHOOL-BASED
BEHAVIORAL HEALTH SERVICES**

This Memorandum of Understanding (“MOU”) for the provision of School Based Behavioral Health Services is entered into on this ____ day of _____, 20__, by and between Compass Health, Inc., a Missouri nonprofit corporation, and _____ (hereafter referred to as “the District”).

WHEREAS, Compass Health is a nonprofit health organization that is a Federally Qualified Health Center and a Community Mental Health Center that provides primary health care, dental, and behavioral health services in various regions of Missouri. Compass Health employs or contracts for the services of Licensed and Qualified Psychiatrists, Psychologists and other provisionally or fully licensed clinical staff to provide care to individuals and families within its facilities and at other sites.

WHEREAS, the District is committed to the provision of school based mental health services and Compass Health is a provider of a wide range of services as described above, including school based mental health specialist services for school aged children and their families.

WHEREAS, the District desires to engage Compass Health to provide School Based Therapy Services at agreed upon schools within the District.

The parties agree to the following:

1. Compass Health agrees to provide ____ full time equivalent (FTE) School Based Therapist(s) to assist the students of the District who either (a) do not have an Individualized Education Plan (IEP), or (b) do not have behavioral health services included as part of the students’ IEP under the Individuals with Disabilities Education Act (IDEA). The services to be provided by the School Based Therapist(s) will include screening/evaluations, brief interventions, individual, family and group therapy as clinically indicated, as well as consultation to and with school personnel as requested for mental health and substance use treatment needs at the designated schools in the District as directed by the District administrators.
2. Compass Health shall provide the services of a provisionally or fully licensed professional behavioral health provider to perform duties of school-based therapy included but not limited to screenings/evaluations, brief interventions, therapy and consultation services for mental health and substance use treatment. The following are considered “School Based Therapists” for purposes of this Agreement: Provisionally Licensed or Fully Licensed: Psychologists, Clinical Social Workers or Professional Counselors. Compass Health will ensure that all School Based Therapists provided to the District are provisionally or fully licensed professionals in

the State of Missouri in good standing and authorized under state law to provide behavioral health services to clients.

3. A detailed summary of the Job Description for the School Based Therapist is attached hereto as Exhibit "A" and incorporated herein by reference.
4. This MOU will provide for School Based Therapy, as needed and as based upon the number of agreed upon FTE(s). The School Based Therapist(s) will be available to the District when school is in session. In the event the District does not need the School Based Therapist(s) throughout certain times of the year (such as end of course exams, homecoming, etc.), the District may elect to utilize staff less during those times and will arrange that with the School Based Therapist(s) accordingly. Both parties may mutually agree to change the number of school based therapy hours worked each week.
5. The School Based Therapist(s) described herein shall report to both the District as well as the administration of Compass Health. However, the School Based Therapist(s) will remain an employee (or employees) of Compass Health, will be compensated by Compass Health and continue to be covered under the Compass Health liability insurance plan during the term of this MOU.
6. In addition to direct service responsibilities, the School Based Therapist will also attend professional development days and specified meetings held by the District during the regularly scheduled school year. He/she/they will work all days other school professionals work and be off all days school professionals are off. He/she/they will not work during school holidays and will not be required to be present during summer school.
7. The District agrees to provide reasonable accommodations for a private work space designated to be used by the School Based Therapist(s). The District will also provide Wi-Fi access.
8. Notices given to either party shall be made in written form, and shall be considered delivered if sent via U.S. Postal Service to:

To Compass Health:

Attn:

To the District:

Attn:

9. The term of this MOU will begin _____, and extend to _____, and will be automatically extended for successive periods of one (1) year each upon the same terms and conditions set forth in this contract unless

this MOU is terminated by either party as herein provided. Either party may terminate this MOU with or without cause upon providing sixty (60) days advanced written notice to the other party at the address set forth herein. In addition, this MOU may be changed and modified if amendments are agreeable to both Compass Health and the District, are made in writing, and are signed by both the District and Compass Health.

10. Compass Health shall provide professional malpractice insurance coverage for the School Based Therapist described herein. The District shall not be required to obtain or maintain any other professional malpractice insurance coverage for or on behalf of the Behavioral Health Provider provided by Compass Health, however, additional coverage may be purchased at the option of the District.
11. HIPAA. The parties acknowledge that the Health Insurance Portability and Accountability Act (HIPAA) requires Compass Health to obtain a Business Associate Agreement from individuals or entities with whom Compass Health shares or obtains Personal Health Information (PHI) concerning its consumers or staff. Personal Health Information is defined as “any information, which may reasonably be used to identify a health care consumer.” A copy of the Business Associate Agreement between Compass Health as a covered entity and the District is attached hereto as Exhibit “B” and incorporated herein by reference.
12. FERPA. The parties recognize that they are bound to comply with the Family Educational Rights and Privacy Act (known as the Buckley Amendment) (the “Act”) in their handling of educational records of Students enrolled in their programs, including, without limitation, the annual notification to Students or parents of Students of their rights under the Act. Both parties agree to protect these records in accordance with this Act. Neither party shall be permitted to authorize and further disclose the educational records of students of the other party to persons nor entities not a party to this Agreement without first having received permission of the other party, and having obtained assurances that the other party has fully complied with the provisions of the Act. Any permitted redisclosure to persons or entities not a party to this Agreement shall be under the condition that no further disclosure by such party shall be permitted. Each party agrees to save, indemnify and hold harmless the other party and its officers, employees and agents from any liability, damages, claims actions, causes of actions, demands judgments or awards of whatsoever kind or nature, arising out of any failure by the other party or its officers, employees or agents to abide by the Act or its implementing regulations.

IN WITNESS WHEREOF, Both parties are duly authorized by all necessary laws, resolutions and corporate action to enter into this MOU, and by signing below, agree to the terms and conditions herein contained.

The District

By: _____

Date: _____, 20__

COMPASS HEALTH, INC.

By: _____

Date: _____, 201__