**MEMORANDUM OF UNDERSTANDING**

**National Youth Advocate Program and Big Walnut Local School District**

This Memorandum of Understanding outlines a collective vision of our work together to provide Behavioral Health services to the students and families of Big Walnut Local School District (BWLS). This document sets forth our mutual understanding and does not constitute a legal contract.

Nature of Services

National Youth Advocate Program (NYAP) will collaborate to provide an array of Behavioral Health (BH), Wellness, Therapeutic, and/or Crisis services to the students and families of BWLS. Our vision is to work together through a collective team approach, as authorized and supported by the parent/guardian, to (1) increase family involvement and stability in support of the child’s educational achievement, (2) improve the child’s social and behavioral functioning, and (3) improve school attendance and academic performance.

NYAP shall maintain general and professional liability insurance in the amounts of no less then $1,000,000 per claim or occurrence and $3,000,000 in the aggregate. Upon request, NYAP shall provide BWLS with proof of insurance coverage.

Location of Services

NYAP clinicians provide services at mutually agreed upon schools within Big Walnut Local School District. NYAP clinicians ensure all professional practices are compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and as such must provide services in a location that maintains client privacy while promoting high quality care and protecting their well-being. NYAP clinicians require a private, confidential space to meet with students in a room with a door that closes. Access to district wireless internet is preferable, but not required.

As part of NYAP’s model to provide best client care, clinicians will maintain communication with families through expanded options including telehealth, in-home, and in-office sessions, and will maintain services to students/families during school and summer breaks.

School District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Schedule for Services

NYAP clinicians will schedule sessions with students during the school day in coordination with school administration and staff.

Services and Rates:

During identified days and times, NYAP clinicians provide services including Individual and Group Therapeutic Behavior Services, as well as Individual, Group, and Family Therapy. BWLS will not be responsible for the cost of services provided by NYAP.

Sessions of 45 - 53 minutes per student allows NYAP’s clinicians to provide up to 5 sessions. In-office, community, or telehealth are available at the families’ request and/or when the school day schedule isn’t possible. As the clinicians’ caseload increases, the clinicians building allocation may increase. Other direct services such as service plan development through team and parent meetings will be added to the schedule, as needed.

NYAP shall provide assurance to BWLS that all NYAP staff members providing any services in any BWLS schools have completed an FBI and/or BCII criminal background check and have no disqualifying convictions as listed in Ohio Revised Code 3319.39

Referral Process

Teachers and/or school staff will complete referral forms and discuss services with the child’s guardian prior to initiation of services. The family is contacted by the NYAP clinician to complete needed intake documentation within 24 – 48 hours of receipt of referral. Families may also self-refer by calling or completing the referral form. Upon completion of the intake forms, including required release forms signed by the parent or guardian, NYAP will communicate with authorized school individuals.

Service Coordination:

In an effort to coordinate services, NYAP and Big Walnut Local School District staff will meet on a regular basis. Clinicians will be supervised by an independently licensed NYAP supervisor who will come to the school one time per week to meet with NYAP staff.

Services Commencement Date

The commencement date of the collaboration outlined in this MOU is 1/1/2024.

Services Modification or End Date

We agree to respect the need for each of us, and the students and families we serve, to have adequate notice of any change in our understanding of our collaboration. The agreement will automatically renew for a one-year period unless either party provides a 30 days’ notice of termination. Either party may terminate this agreement at any time and for any reason provided 30 days’ notice given.

Signatures: Authorized School Representative National Youth Advocate Program, Inc.

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Signature Signature

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Printed Name Printed Name

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Title Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**National Youth Advocate Program and Big Walnut Local School District**

**Appendix A**

Location of Services

Big Walnut High School- 713 Miller Dr. Sunbury, OH 43074