



Improving the Mental Health of Mississippi's Children & Youth

Mississippi School Safety Act of 2019

In the 2019 Legislative Session, legislators passed the Mississippi School Safety Act of 2019. As a result of the legislation, the Mississippi Department of Mental Health and the Mississippi Department of Education, both of whom are a part of the Governor's school safety task force, have developed *Improving the Mental Health of Mississippi's Children* as a resource to help school districts comply with three components of the legislation. Those include:

Effective in the 2019-2020 school year, the Mississippi Department of Mental Health (DMH) shall develop a standardized Memorandum of Understanding (MOU) to be utilized by DMH certified providers and mental health facilities in providing mental health services to local school districts. The MOU shall include standardized screening and referral protocols, procedures, and forms to be utilized by the local school districts. DMH shall provide online training for appropriate school personnel to conduct initial behavioral health screening of students experiencing or exhibiting behavioral stress or at risk of harming themselves or others.

The Mississippi Department of Education (DoE) shall establish three pilot sites in six school districts utilizing an evidence-based curriculum to provide students in K-5 with skills to manage stress and anxiety. The Mississippi Department of Mental Health shall be responsible for the development and/or selection of the content of the training. The results of the program shall be measured and reported, and such results shall be sued in consideration of statewide implementation

The comprehensive local school district safety plans, beginning in the 2019-2020 school year, shall be required to include refresher training on mental health and suicide prevention for all school employees and personnel. DMH shall be responsible for the development and/or selection of the training. Districts shall report completion of the training to the Mississippi Department of Education.

In February 2019, the Mississippi Department of Mental Health and Mississippi Department of Education were accepted as part of the Southeast Mental Health Technology Transfer Center's Learning Community (SE MHTTC). The SE MHTTC provided Mississippi with technical assistance in developing components of the standardized Memorandum of Understanding. The assistance will culminate with a training in February 2020 on the National School Mental Health Curriculum to improve understanding of the core components needed to establish comprehensive school mental health in districts in Mississippi.

Included in *Improving the Mental Health of Mississippi's Children* are the list of selected mental health and suicide prevention refresher trainings, mental health resources available in the state, the Memorandum of Understanding, and the School Mental Health Non-Crisis Referral form.



Improving the Mental Health of Mississippi's Children & Youth

Mental and emotional problems among youth are common and need to be addressed, just like physical problems such as asthma and diabetes. Mental and emotional problems can have a serious impact on learning and the classroom. The stigma surrounding mental health issues often keeps students, parents

and teachers from coping as easily as they would physical health issues.

School staff can play several roles in the mental health of students including being an observer. As an observer, you can notice social or academic behaviors that appear inappropriate or distressing. It is important to take note of the duration, frequency and impact. Teachers are most often the first to

notice these types of changes in students' behaviors.

School staff can also serve as a role model. As a role model, you can use strategies to demonstrate empathy, be encouraging and hopeful when others may be discouraged by the student's behavior. Think

before speaking in frustration. Don't take it personally - separate the child's actions from the person.

*Did you know?*

Nearly 35,000 of Mississippi’s children and youth have severe and persistent mental health needs. A significant relationship exists between adverse childhood experiences and risk of attempted suicide throughout the life span. Environmental factors such as parental unemployment, severe deprivation due to poverty, single parenthood, and regular exposure to domestic violence or abuse puts children at higher risk for the development of mental health

problems, creating a ripple effect that can lead to suicide.15

The following signs may indicate a child or adolescent needs professional help:

Decline in school performance

Repeated refusal to go to school or

take part in normal activities

Poor grades despite strong

efforts

Hyperactivity of fidgeting

Frequent temper tantrum

Anxiety

Persistent disobedience or

aggression

Depression,sadness, or

irritability

Persistent nightmares

*Early identification, diagnosis and treatment can help children reach their full potential.*

**Memorandum of Understanding**

**between**

(Insert name of School District) and

(Insert name of Mental Health agency)

**I. Purpose and Parties**

This memorandum of understanding, hereinafter referred to as “MOU”, entered into by (Insert full name of Mental Health Provider) hereinafter referred to as (Insert short name), located at (address) and (Insert full name of school district) herein known as (Insert short name), located at (insert address). The purpose of the MOU is to provide mental health services and programs to children and youth in the (insert school district name) between (insert time period).

**II. Roles and Responsibilities**

Mental Health Provider will provide:

1. The services listed below will be offered as clinically necessary at (list individual schools):
   1. (Begin list of services with definitions)
2. Day Treatment Programs where applicable (list of individual schools).
3. Monthly tentative schedules for therapists/community support specialists and day treatment programs to each school designee indicated in Section VI Communication.
4. Notification to the designated staff of the students in each school who receive services during the school day with parental consent.

School District will provide:

1. Private and confidential space conducive to therapy.
2. Classroom for day treatment (20 square feet per child) if applicable.
3. Access to phone, fax, internet, and technical support if available.
4. Referrals to services as described in Section V Referral Protocol.
5. Access to child/youth participating in services in a manner not to interrupt the academic process.

Both parties acknowledge the following:

1. (Insert provider name) will not engage in any disciplinary actions of students.
2. Both parties will work cooperatively to ensure school-based services are provided in accordance with standards, rules and regulations of the Mississippi Department of Mental Health and Division of Medicaid.
3. Both parties agree that (insert provider name) therapists or community support specialists will not assume regular school staff duties such as proctoring tests, lunch or bus duty, or substitute for an absent teacher.

**III. Confidentiality**

1. It is understood by both parties that each child’s mental health treatment and educational records will remain confidential between the agency and school staff. Both parties will abide by HIPAA and FERPA regulations regarding the confidentiality of services provided. Information about a student’s mental health treatment will remain confidential between the school and Mental Health Provider staff. Parental consent is required to receive services at the school and for exchanging information between the school and agency.

**IV. Mandatory Reporting Requirements**

1. Both parties understand the following mandatory reporting requirements regarding children in Mississippi:

Any person, including, but not limited to, attorney, physician, nurse, psychologist, social worker, intern, family worker, law enforcement worker, public or private school employee, or any other person who knows or has reason to suspect abuse or neglect of a child by a parent, legal custodian, caregiver, or other person(s) responsible for the child’s care, is required by law to make a report to the Mississippi Department of Child Protection Services, 1-800-222-8000. ([**https://www.mdcps.ms.gov/report-child-abuse-neglect/**](https://www.mdcps.ms.gov/report-child-abuse-neglect/)) See Section 43-21-105 and Section 43-21-353 of the Mississippi Code.

**V. Referral Protocol**

1. A school representative will contact the parents for consent before making a referral.
2. All referrals will be made using the appropriate referral form provided by the Mental Health Provider.
3. Referrals will be submitted to the following designees for each school: (List schools and therapist or community support specialist contact name and number)

**VI. Communication**

1. To ensure effective and accurate information is exchanged between parties, each school and provider will designate a primary person for contact listed below.
2. Meetings to discuss communication issues, exchange of information, referral protocol, and feedback regarding job performance will be conducted at least twice annually.
   1. (List contact for each school including name, phone number and email address.)
   2. (List contact for provider for each school including name, phone number and email address.)
3. The school principal or designee will be notified if the (insert provider name) staff will be absent or if the schedule changes.
4. Upon parental consent, the written initial assessment summaries and/or recommendations must be shared with the school designee within 48 hours of the initial assessment.

**VII. Effective Date and Signature**

This MOU shall be effective upon the signatures of (insert provider name) and (school district’s name) authorized officials. It shall be in force from (insert begin date) through (insert end date).

**School District**

Name and Position



|  |
| --- |
|  |
| Date |

**Mental Health Provider**

Name and Position



|  |
| --- |
|  |
| Date |

Memorandum of Understanding

between School Districts and

Mental Health Providers

Guidance

**I. Purpose and Parties**

Insert full names of parties and short name where indicated.

**II. Roles and Responsibilities**

**A.** List the names of the schools within the district and the Mental Health Services from the list below to be provided:

1.) School-based Outpatient Therapy – These services include individual, group, and family therapy and are provided by a Certified Master’s Level Therapist at the school.

2.) Crisis Intervention Services – Crisis response services are provided by trained Certified Mental Health professionals who assess the mental health crisis and intervenes to immediately stabilize the child/youth’s crisis situation using solution-focused and recovery-oriented interventions to avoid unnecessary hospitalization.

3.) Community Support Services – This service is provided by a Certified Community Support Specialist and include coordinating and linking children and their families to needed medical or social services, referrals to community resources, monitoring of progress and symptoms, and outreach.

4.) Psychiatric/Physician Services – These services are provided by licensed psychiatrist or nurse practitioner based on individual need and by appointment at the Mental Health Agency. This service also includes medication evaluation and monitoring, and nurse assessments.

5.) Targeted Case Management – This service provides information/referral and resource coordination for children and their families, or other supports. A Targeted Case Manager monitors the child’s service plan and ensures team members complete the tasks that are assigned to them and follow up for updates.

6) Assessments – All children and youth referred will receive an Initial Assessment that includes presenting problems, description of needs, trauma history, social information, family history, educational status, medical and developmental history, summary and recommendations. A functional assessment, the Child and Adolescent Functional Assessment Scale (CAFAS), will be completed within 30 days of the initial assessment. The CAFAS assesses the degree of impairment in children and youth with emotional, behavioral, psychiatric, or substance abuse problems across eight life domains.

7) Day Treatment – These programs provide eligible children and youth with behavioral interventions to address self-esteem, positive feedback, problem solving, conflict resolution and other social skills necessary to stay in school and their home. These programs typically operate a minimum of two (2) hours per day, several days per week with a minimum of four (4) and maximum of (10) students enrolled.

8) Wraparound Facilitation – This service includes the creation and facilitation of a child and family team for the purpose of developing a single plan of care to address the needs of youth with complex mental health challenges and their families. Wraparound Facilitation targets children and youth who have experienced acute hospital stays, psychiatric residential treatment, at-risk for out-of-home placement, numerous interruptions in services, fail to show improvement with traditional services, or exceeded the resources of a single agency or service provider.

9) Training and education for teachers and school staff – (list topics or presentations available from your agency)

10) Consultation services are available upon request as time and resources allow.

11) MYPAC – Mississippi Youth Programs Around the Clock is a home and community-based Medicaid program for children and youth with Serious Emotional Disturbance (SED) that follows high fidelity Wraparound Facilitation. MYPAC includes service coordination that involves finding and organizing multiple treatment and support services for children and youth.

**B.** List the names of the schools that will have day treatment programs

**C.** Tentative schedules for therapists and/or community support specialists, and day treatment programs are provided to the designated school contact person at least monthly.

**D.** Provide a list of children and youth who are enrolled and receiving services (with parental consent) to the designated school staff.

**II – IV.**

Insert the short names identified in Section I in the appropriate spaces.

**V. Referral Protocol**

C. List the schools and the therapist or community support specialist that will receive referrals. Include the staff’s name, phone number and email. Include how the referrals will be accepted (e.g. fax, box/folder in school office, email, telephone, etc.) and length of time between school referral and provider’s contact with parent/guardian.

**VI. Communication**

A. List contact name designated for each school to include name, phone number, and email address.

B. List designated Provider contact for each school to include name, phone number, and email address.

C. Notify the principal or school designee if the assigned staff has an unscheduled absence or when the schedule changes.

D. Written summaries or recommendations on school referrals will be provided within 48 hours of the initial assessment, upon parental consent. The written summaries or recommendations will be submitted to the school designee.

Date:

**STUDENT INFORMATION:**

Name:

Male / Female / Other Race:

DOB:

Age:

Grade:

IEP Ruling/Services (if applicable):

**PARENT/LEGAL GUARDIAN INFORMATION:**

Parent/Legal Guardian Name: Relationship: Phone: Address:

Parent/Legal Guardian Name: Relationship: Phone: Address:

**SCHOOL INFORMATION:**

Name: Homeroom Teacher:

**REASONS FOR REFERRAL: *(Circle ALL that apply and write a brief description)***

Behavioral Social Emotional

**CONCERNS/PROBLEMS: *(Please CIRCLE ALL that apply)***

Abuse:

Emotional/Physical/Verbal/Sexual/Neglect\* Anger:

Aggressive/Argues Often/Frequent

Fights/Often angry/Loses Temper Easily Anxiety, Nervousness

Behavior Problems

Bullying, Harassment (by or to others) Chronic Absenteeism

Compulsive Behaviors Concentration:

Fails to finish tasks/Difficulty focusing

Defiant/Oppositional Depression:

Sadness/Cries Often Destroys Property Disrespectful Disruptive in Class Does Not Sit Still

Frequent Temper Tantrums Frequently Sent to Office:

Multiple School Suspensions Hallucinations:

Auditory/Visual

Impulsive

Lies Often

Mood Swings

Needs Testing

Picks Fights w/Peers Runs Away

Sexually Acting Out Talks Excessively Withdrawn

Other Concerns:

**ACTIONS ALREADY TAKEN BY SCHOOL: *(ISS, Alternative School, Referral to Tier 2 - document the timeline). List any behavioral intervention attempts and document the timeline.***

***\*As a Mandated Reporter, if you suspect he/she is being abused and/or neglected, it is your responsibility to report it to the Child Abuse Hotline at: 1-800-222-8000 or online at: https://reportabuse.mdcps.ms.gov/***

Staff Making Referral / Title

**SCHOOL STAFF RECEIVING REFERRAL:**

Name/Title: Date:

***\*Contact Parent/Legal Guardian PRIOR to sending referral\****

Contact Attempts:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Parent/Legal Guardian** | **Relationship** | **Date** | **Time** | **Contacted? Yes or No** | **Consent? Yes or No** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Referral sent to , on

***(Mental Health Provider) (Date)***

by Fax: /Other:

***(Fax #)***



Signature



The Mississippi Department of Mental Health Provides Hope by Supporting a Continuum of Care for People with Mental Illness, Alcohol and Drug Addiction, and Intellectual or Developmental

Disabilities.

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