EMPS-SCHOOL DISTRICT MEMORANDUM OF AGREEMENT

This document serves as a Memorandum of Agreement ("MOA") between Clifford Beers Clinic and Seymour School District and has been developed in order to specify roles and expectations between these parties for meeting the behavioral health needs of Seymour School District students. The MOA has been developed for the following purposes:

- To promote earlier identification of students with behavioral health needs and support timely linkage to appropriate supports and services;
- To develop a uniform process to identify and refer students who have behavioral health and psychiatric needs to community-based services including the Clifford Beers Clinic Emergency Mobile Psychiatric Services team ("EMPS") and other appropriate services;
- To promote alternatives to psychiatric emergency department visits among students with behavioral health concerns;
- To reduce unnecessary arrests, suspensions, expulsions, police contact and other juvenile justice involvement among students with behavioral health concerns;
- To enhance communication and coordination among Clifford Beers Clinic's EMPS teams and Seymour School District regarding students experiencing mental health concerns.

The aim of the EMPS program is to provide a community-based crisis stabilization service to children and families in the least restrictive setting possible, and support their transition to ongoing treatment services, as appropriate.

Clifford Beers Clinic agrees to the following:

- Have mobile EMPS available to respond in person to crisis calls from Seymour School District during EMPS mobile hours (Monday through Friday, 8:00 a.m. to 10:00 p.m.);
- Respond by offering telephone support Monday through Friday 10:00 p.m. to 8:00 a.m. through the EMPS 24 hour centralized access number (211);
- Respond to all requests for service by Seymour School District within 45 minutes or less;
- Offer Seymour School District students brief in-school crisis stabilization services with appropriate follow-up services;
- Develop a student-specific crisis plan within the episode of care and share that plan with the family, school staff, treatment providers, and other relevant parties upon execution of a proper release from the parent or guardian;
- Provide case management service linkages to students referred by Seymour School District, and their families; and;
- Collaborate and maintain close communication with the appropriate educational staff to develop an effective plan of care for each student referred for EMPS services.
Seymour School District agrees to:

- Contact EMPS at 211 (at menu, press "1" for crisis and "1" again for EMPS) when a student is determined to be experiencing a psychiatric or behavioral health crisis and can benefit from in-person crisis stabilization services;
- Collaborate with EMPS staff as needed to develop community-based plans for students receiving EMPS services;
- Provide space for Clifford Beers Clinic EMPS clinician(s) to meet with the student and provide educational staff support to the EMPS clinician(s) as needed; and
- Collaborate with Clifford Beers Clinic to adopt and implement new practices in crisis assessment and referral; adhere to recommendations on the effective utilization of EMPS services; maintain contact with the family or legal guardians of students that utilize EMPS; and maintain consistent working relationships with Clifford Beers Clinic staff.

Both parties agree to:

- Designate a person(s) from each agency to participate in quality review as it relates to the terms of this agreement; and
- Collaborate to develop shared crisis safety planning processes and procedures.

This Memorandum of Agreement will remain in effect unless one or both parties wish to terminate or modify the agreement, or the EMPS program is no longer in operation. Both parties agree to provide 30 days notice in advance of terminating or modifying this agreement.

Name ____________________________ Date ____________________________
Executive Director or Vice President
Clifford Beers Clinic

Name ____________________________ Date ____________________________
Superintendent or Designee
Seymour School District