

AGREEMENT BETWEEN
SCHOOL BOARD OF CLAY COUNTY, FLORIDA
AND
CLAY COUNTY BEHAVIORAL HEALTH CENTER, INC.
FOR
MENTAL HEALTH COUNSELING SERVICES – FY 2009/2010

THIS AGREEMENT made and entered on this 1st Day of July 2009 and continued for the 2009-2010 school year, by and between the School Board of Clay County, Florida, 900 Walnut Street, Green Cove Springs, Florida 32043 (hereinafter called the CLIENT) and Clay County Behavioral Health Center, Inc., whose address is 3292 County Road 220, Middleburg, Florida 32068, (hereinafter called AGENCY).

WITNESSETH

WHEREAS CLIENT desires to retain an agency that is qualified to furnish mental health counseling and consultation services as needed and has determined that AGENCY has the expertise to perform this task based on information submitted and previous services provided; NOW, THEREFORE, IN CONSIDERATION of the foregoing and the mutual covenants and promises contained herein, the parties agree as follows:

A. The AGENCY agrees to provide, under the general supervision of a licensed psychiatrist, mental health counseling and consultation service as needed and as identified herein.

B. The AGENCY agrees to provide the following insurance coverage's with a carrier authorized to do business in Florida and acceptable to the CLIENT:

- General Liability insurance coverage, three million dollars (\$3,000,000) General Aggregate, one million dollars (\$1,000,000) personal, one million dollars (1,000,000) per occurrence. The CLIENT shall be named as additionally insured and this Agreement shall be named ("Mental Health Counseling Services") on the AGENCY'S insurance certificate.

-Professional Liability insurance coverage, one million dollars (\$1,000,000) per occurrence, three million (\$3,000,000) aggregate.

-Automobile insurance coverage, one million dollars (\$1,000,000) combined-single limit (coverage's shall extend for all owned and non-owned vehicles used in connection with providing services under this Agreement).

-Workers' Compensation insurance coverage as required by Chapter 440, Florida Statutes.

- AGENCY shall indemnify and hold harmless the Board from any and all claims and causes of action against the Board arising out of the performance of these services by the AGENCY.

Nothing contained in this Agreement shall be construed as creating any contractual relationship between a sub-contractor and the CLIENT. The AGENCY shall be as fully responsible to the CLIENT for the acts and omissions of a sub-contractor as they are of persons directly employed by the AGENCY.

The AGENCY shall not assign, transfer, convey, sublet or otherwise dispose of this Agreement or of any or all of its rights, title or interest herein to any agency, person, company or corporation without prior written consent of the CLIENT. The AGENCY has sole and exclusive responsibility for furnishing services in accordance with this Agreement.

All employees of the AGENCY shall be considered to be at all times the sole employees of the AGENCY under its sole direction and not an employee or agent of the CLIENT. The AGENCY shall provide qualified personnel only. Each employee of the CLIENT shall be fingerprinted by the Clay County School District and/or present a Level 2 certified copy of such fingerprinting to the AGENCY's Human Resource Department.

C. The AGENCY agrees to provide services consistent with the highest degree of care and shall comply with all of the medical and ethical requirements imposed by the Florida State Department of health, the Florida State Department of Education and any other applicable regulatory agency.

In the event of delivery of services of a quality not complying with specifications or failure to comply with service schedules, the CLIENT may declare the AGENCY in default and terminate the Contract because of the AGENCY's breach of contract. This termination of Contract shall be by written notice to the AGENCY; the date of termination shall be stated in this notice. The CLIENT shall be the sole judge for determining non-performance.

Either party may terminate this Agreement at any time by giving not less than thirty (30) days advance written notice to the other party. Termination or cancellation shall not affect the rights and obligations of the parties accrued prior to termination unless termination is due to breach of contract.

D. The AGENCY agrees to submit to the CLIENT monthly invoices for the hours they have scheduled services. This monthly invoice shall reflect billing at the current Medicaid hourly rate for hours scheduled during that month. Additionally, the AGENCY agrees to maintain a log, reporting the time spent in the performance of authorized services rendered. The CLIENT shall include this log in their audit of the billing to make any adjustments needed when there are differences between services scheduled and services actually rendered. Audits shall be performed every four months during the Contract period to make any adjustments needed for the previous four month period. This "Adjustment" invoice shall reflect a line item listed as "four month adjustment" stating it is either an additional charge or a credit based on the CLIENT'S attached log of actual time spent providing services.

E. The AGENCY agrees to comply with all policies and procedures established by the CLIENT which shall include but not be limited to the following:

- a. Priorities of Service
- b. Communication Procedures
- c. Referral, Screening, Evaluation, Staffing, Scheduling and Dismissals
- d. Record Keeping and Reporting
- e. Confidentiality
- f. Participation in Required Individual Educational Plan Meetings and Documentation

F. The AGENCY agrees to provide, prior to performance under this contract, the following documents:

- 1) Copy of Provider's State of Florida License
- 2) Certificate of Insurance as specified herein.

G. The AGENCY'S goal is to maintain, or return, the Emotionally Handicapped, Severely Emotionally Disturbed or Emotionally Behaviorally Disordered student to the least restrictive educational environment, in part, through the provision of appropriate mental health services.

H. DEFINITIONS

1-**Eligible Students** - Students who:

- a) Are already staffed into ESE Programs and
- b) Display emotionally/behavioral problems which have not been re-mediated in spite of the implementation of appropriate interventions, and
- c) Are in need of additional or more-in-depth counseling than can be provided by CLIENT'S staff.

2-**Referral Process**

The ESE Contract Counseling Request with attachments is to be submitted to the Supervisor of ESE. Upon receipt, the Supervisor shall review and consider for approval all referrals. The AGENCY shall be notified by letter of all approved requests together with copies of the ESE Contract Counseling Request itself. This shall authorize the AGENCY'S staff to contract the school that confers with appropriate personnel regarding the IEP review. During or before the IEP review, the AGENCY'S staff shall complete the Registration and Consent for Treatment form

The precise number of cases that shall require counseling services is unknown and none is guaranteed by the CLIENT.

I. The AGENCY shall provide the following services as related to students reviewed for therapeutic counseling by the CLIENT'S ESE Supervisor and Student Services Supervisor:

1-AGENCY shall provide all authorized counseling services at CLIENT facilities during regular school hours, with the exception of authorized group meetings held at school facilities during evening hours. Such group meetings may include, but are not limited to, parent education meetings.

2-The primary responsibility of the AGENCY in providing services to EH Self-Contained or Emotionally Behaviorally Disordered students shall be to meet the counseling needs of these students as documented on their Individual Educational Plans. It is the intention of the CLIENT that these services are primarily utilized by students in the EHSC and SED programs. Any exception to this policy shall be made on a case by case basis.

3-The initial schedule of the AGENCY'S time at school sites shall be based on these IEP requirements. A county-wide meeting shall be held at each site to include, at least, the following individuals:

- a. The Principal or Administrative Designee
- b. The ESE teacher(s)
- c. CLIENT'S Appropriate Personnel

The purpose of this meeting - and any later ad hoc meetings - shall be to discuss the AGENCY'S service provisions in the following priority areas:

- a. Direct Counseling with Students, Per IEP Requirements
- b. Group Therapy
- c. Parent Education

Recommendations from these meetings must be approved by the AGENCY; the CLIENT'S ESE Supervisor and, if approved, should be reflected on subsequent logs and billings under this Agreement.

4-AGENCY shall review all information provided on students referred for direct counseling services

5-AGENCY shall schedule and conduct in-school groups and/or individual counseling sessions, in cooperation with CLIENT personnel, and with the students. The scheduling and extent of the counseling must be approved by the Supervisor of ESE based on recommendations resulting from a review of the student's Individual Educational Program.

6-AGENCY shall participate in IEP Reviews and planning sessions regarding ESE students, as authorized by the CLIENT'S Supervisor of ESE for students referred under this contract. These planning sessions shall include, at least, the Principal, ESE teachers, ESE District Office Representative and the AGENCY'S Mental Health Provider and Supervisor.

7-AGENCY shall participate in weekly planning meetings with teachers of students served under this contract.

8-AGENCY shall participate in monthly planning meetings (meetings between the AGENCY'S supervisor of mental health and the school administrator).

9-AGENCY may engage the assistance of other qualified mental health professionals in the counseling provided the assisting mental health professional remains under the direct supervision of and at the expense of the AGENCY.

10-AGENCY shall provide full written progress reports to the CLIENT and to the appropriate principal as a regular part of services rendered (included in the hourly rate listed herein). The AGENCY'S mental health supervisor shall review and approve all materials prior to submitting to the CLIENT.

11-AGENCY Agrees to initially bill the CLIENT on a monthly basis for scheduled hours to be adjusted to clock hours actually worked after each four-month period. Actual clock hours shall be recorded as they occur on a form agreed to by the CLIENT'S Supervisor of ESE and shall be verified by the principal at each site where counseling is performed.

12-Under the conditions stated herein the AGENCY shall be responsible for administration of the AGENCY'S role in this therapeutic counseling as may be necessary for successful delivery of authorized counseling, and invoice to the CLIENT on a continuing basis.

13-AGENCY shall provide technical assistance, training, or other related help as may be necessary for teachers, support personnel, parents, or others regarding a carryover of the therapeutic counseling.

14-AGENCY'S Supervisor shall review and approve all therapy materials prior to their use with CLIENT'S Students.

15-AGENCY shall provide psychiatric consultation to staff serving Severely Emotionally Disturbed students or severe Emotionally Behaviorally Disordered students.

16-AGENCY shall provide psychiatric evaluation of students referred by the CLIENT'S Supervisors of Exceptional Student Education and/or Student Services (approximately 5-6 students).

17-AGENCY shall provide psychiatric monitoring of medication for Severely Emotionally Disturbed students referred via the Supervisors of Exceptional Student Education and/or Students Services (approximately 5-6 students, 1-2 times/month).

18-AGENCY shall provide access to psychiatric intervention during emergency crisis situations involving Emotionally Handicapped, Severely Emotionally Disturbed students or Emotionally Behaviorally Disordered students during the school day.

19-AGENCY shall ensure that each of their employees who come in contact with client's students or who enter upon school grounds when students are present have, at no cost to the CLIENT, undergone fingerprinting and background screening or have otherwise met the requirements of 1012.465, 1012.467 or 1012.468, prior to having contact with students or entering upon school grounds when students are present.

J. The CLIENT shall do the following:

1-CLIENT agrees to provide the facilities necessary for on-site therapeutic counseling

2-CLIENT agrees to design and implement all referral forms as may be required for the administration of this program by all parties.

3-CLIENT agrees to design and implement procedures for the identification and referral of students in need of therapeutic counseling services.

4-CLIENT agrees to administer such part of this counseling program as may be necessary for the development and maintenance of the CLIENT 'S project records concerning referrals, planning and counseling and payment procedures and other records as may be deemed desirable for the student's welfare or for CLIENT'S needs.

5-CLIENT shall be responsible for presenting eligible pupils at their appointed time for counseling by the AGENCY.

6-CLIENT shall ensure staff members' participation in quarterly meetings with the AGENCY for

the purpose of planning and scheduling for services to CLIENT'S ESE students.

7-CLIENT shall pay to the AGENCY, on a monthly basis, charges based on the current hourly Medicaid Rate and invoiced for authorized on-site counseling services. Fractional hours shall be rounded to the nearest quarter hour. Such hourly compensation for on-site work shall be the only compensation payable by the CLIENT and shall be deemed by the parties as total compensation to the AGENCY hereunder including but not limited to compensation for procedural updating, supervision, management billing, travel, and any off-site work performed by the AGENCY in their performance of this Agreement.

This Agreement constitutes the entire agreement between the parties and supersedes all previous agreements and understandings relating to the work to be performed.

SCHOOL BOARD OF CLAY COUNTY

CLAY COUNTY BEHAVIORAL HEALTH CENTER, INC.

By _____

By _____

Date _____

Date _____

Attest _____
Supervisor of Exceptional Student Education

Attest _____