Sample Letter of Agreement

Purpose of Agreement

This agreement is made on [dd/mm/yyyy] and is intended to outline and formalize the partnership and site-based agreements between
[School Name] (School) and [Partner Agency] pertaining to the [Community Name] School-Based Health Center.

This agreement is designed to a) articulate the vision, mutual goals and expectations of the partnership, b) outline current services, staffing and schedules, and c) clarify roles, responsibilities and communication mechanisms at the school site.

Vision

The vision of this school-community partnership is:
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

Description of Current Services

- Case management and mental health counseling
- Physical exams/sports physicals
- Diagnosis and treatment of medical conditions
- STD screening and treatment
- Health education related to nutrition/physical fitness, sexual health, etc.
- Youth development programs, including peer health education, student research teams and youth advisory boards
- Professional development for school staff
- Outreach to youth and their families
- Community-wide health promotion events and activities
- Referrals to health and social service providers on and off site

Eligibility and Cost:

The school-based health center is open to all students. All services will be provided to students with no out of pocket costs.

Please also include:

- Other populations served (e.g. families, feeder schools, broader adolescent community.
- Any eligibility requirements/restrictions (e.g. services only available to students with Medi-Cal).

Schedule

The school-based health center will be open on the following dates and times:
___________________________________________________________________________________________________
___________________________________________________________________________________________________

Please include any schedules that are specific to a certain service or program (e.g. medical, mental health, peer health education program, etc.)

The health center is staffed by (Please include title and FTE for 2010-11 School Year, Name):
Contact Information of Both Parties

**Site Administrator or Designated Liaison:**

Main Phone Number: __________________________  Mobile Phone Number: __________________________

**Designated Liaison (if different from Site Administrator):**

Main Phone Number: __________________________  Mobile Phone Number: __________________________

**Primary On-Site Contact at SBHC Partner Agency:**

Main Phone Number: __________________________  Mobile Phone Number: __________________________

**Alternate Contact at SBHC Partner Agency (e.g. Supervisor of SBHC Coordinator, Medical Director, etc.):**

Main Phone Number: __________________________  Mobile Phone Number: __________________________

Shared Goals and Objectives

For the [YEAR] school-year the shared goals and objectives (e.g. outcomes, strategies, utilization, focus populations, etc.) for this partnership are:

- Example 1) Increase utilization of health services by young men on campus by [XX%] to address the disparity between young men and women in accessing healthcare
- Example 2) Screen [XX%] of school-based health center clients during visits for academic needs in order to provide appropriate support and referrals
- Example 3) Implement Coordination of Services Team (COST) to increase referrals and case coordination between support service providers
- Example 4) Increase professional development around health issues for school staff to a) improve staff wellness and, b) to increase school staff knowledge of how to identify health needs of students and when/where to refer students for services
- Example 5) Conduct or arrange health education workshops for families in order to increase family engagement around health issues
- Example 6) Expand services to students at feeder schools and/or broader adolescent community to increase access to health services for these populations

Expectations of Both Parties

**The School will:**

**Logistics**

- Provide the school-based health center with space for provision of agreed upon services and activities.
- Provide school-based health center coordinator and staff with keys required to access the school-based health center space, campus and any other agreed upon space.
- Provide the school-based health center with access to the following school equipment and resources:
  - Example 1: Copy Machine and/or Fax Machine
  - Example 2: Mailbox in Main Office
  - Example 3: Outgoing Mail Service
  - Example 4: Classroom Announcements
Example 5: Space in Hallways for Announcements & Health Education Information

- Notify provider at least [NUMBER] weeks in advance of closure of school campus (i.e. over school holidays, winter break, summer vacation, professional development days). Where appropriate and possible, the school administration will assist the school-based health center with submission of facilities use permits to access school-based health center space for service delivery and clinic administrative activities when the school is closed.

- Provide the school-based health center with daily custodial services and notify the school-based health center coordinator of any changes in provision and availability of custodial services.

- Other

Integration

- Include Partner Agency, as appropriate, in school events (e.g. mandatory registration, back to school night, staff meetings, retreats, etc.)
- Support the implementation of a Coordination of Services Team
- Participate in health needs assessment and planning with Partner Agency and other support service providers to identify and address comprehensive health needs of students and families
- Include SBHC staff, as appropriate, in professional development for school staff
- Include Partner Agency, as appropriate, in the development and leadership of a Full Service Community School
- Other

Communication

- Establish and/or maintain ongoing, consistent communication with Partner Agency
- Ensure that Partner Agency is oriented annually to the school’s staff, priorities and goals
- Educate students, families and staff about the services provided by the school-based health center through school meetings, events, school site plan and marketing materials.
- Follow established referral protocols for crisis and treatment, including a) who can refer, b) how to refer, c) when to refer and for what reasons, d) what action is taken after the referral is made; and e) how communications and feedback are handled regarding referral
- Provide access to aggregate and individual student information required for service delivery, program planning, research and evaluation purposes, in accordance with and to the extent allowed by FERPA and other federal and state law.
- Provide letters of support, as appropriate, for grants being submitted by Partner Agency to support delivery and sustainability of agreed upon services at the school site
- Utilize collaborative problem solving approach to resolve issues as they arise.
- Other

The Partner Agency will:

Logistics

- Provide administration and fiscal oversight of the school-based health center
- Be responsible for hiring the SBHC Coordinator and monitoring of the entire project
- Avoid pulling students out of core classes, whenever possible, to minimize impact on class participation
- Arrange appointments, whenever possible, at times which minimize absences from core classes
- Send reminders in writing the day before an appointment to minimize calls to classrooms
- Other

Integration

- Maintain continued membership and active participation in the Coordination of Services Team and other collaborative decision-making bodies
• Include school representative(s) as appropriate in the hiring of school-based health center staff

• Comply with school and District policies and practices related to non-medical programs and activities (e.g. field trips, classroom-based health education, facilities use permits)

• Collaborate with the school and other project partners to ensure the linkage and delivery of services that respond to student and family needs (includes, but not limited to: social services, mental and physical health assessment and mental health services)

• Routinely screen for academic and attendance problems to the extent possible to support academic achievement and remove barriers to learning.

• Include at least one representative from the school on SBHC Advisory Board

• Offer professional development, as appropriate and available, around health issues for school staff (e.g. minor consent/confidentiality, parent involvement, etc.)

• Partner to delineate roles and responsibilities and include school staff, as appropriate, in the SBHC delivery model (e.g. school nurse, social worker, case manager, etc.)

• Other

Communication

• Orient the school administration, staff and faculty annually to the school-based health center staff, services, schedule, referral protocols, etc.

• Provide health information from their records to the school for the purpose of facilitating provision of health and wellness services, in accordance with and to the extent allowed by HIPAA and other federal and state law.

• Follow established referral protocols for crisis and treatment, including a) who can refer, b) how to refer, c) when to refer and for what reasons, d) what action is taken after the referral is made; and e) how communications and feedback are handled regarding referral

• Notify the school if any services or programs will be subcontracted to other agencies and ensure that these service providers are meeting the expectations of this Letter of Agreement as appropriate

• Notify school of all funding requests being submitted to support agreed upon service delivery at the school site.

• Notify school when additional space is needed to provide agreed upon services and programming

• Utilize collaborative problem solving approach to resolve issues as they arise.

• Other

Signature of Both Parties

Authorized School Official ______________________________________ Date ______________________

Agency Director ______________________________________________ Date ______________________

School-Based Health Center Director __________________________________ Date ______________________