

**National Coalition for the State Advancement of School Mental Health
Template MOU for district-level SHAPE participation**

**Memorandum of Understanding
between
[STATE NAME] and
[SCHOOL DISTRICT NAME]**

The Parties of this Memorandum of Understanding (MOU) are [STATE NAME] and [SCHOOL DISTRICT NAME], hereinafter collectively referred to as the Parties.

- I. **Purpose:** The purpose of this agreement is to establish roles and responsibilities of the Parties to improve capacity to address student social and emotional needs and school climate at the state, district and local levels. This will be accomplished specifically by using The School Health Performance and Evaluation System (The SHAPE System, <http://www.theshapesystem.com>), which is a free, interactive web-based system designed to improve school mental health accountability, excellence and sustainability.
- II. **Roles and Responsibilities:** The Parties agree to the following roles and responsibilities.
 - a. Responsibilities of [STATE NAME]
 - i. Provide support and technical assistance related to [SCHOOL DISTRICT NAME] adoption and implementation of The SHAPE System, including but not limited to:
 - *facilitating opportunities for [SCHOOL DISTRICT NAME] to share lessons learned and experiences with other participating school districts,*
 - *sharing [STATE NAME] recommended state-specific strategies to facilitate use of The SHAPE System among districts,*
 - *ensuring [SCHOOL DISTRICT NAME] is acknowledged for their participation demonstrating commitment to school mental health quality by [posting all participating district names on state website/including an announcement in X newsletter/including district names in a broadcast email to X group],*
 - *providing general support and technical assistance related to adoption and implementation of The SHAPE System (see section IV related to Technical Assistance for more information).*
 - *responding in a timely manner with quality improvement strategies and suggestions for any strengths and needs that [SCHOOL DISTRICT NAME] identifies through use of The SHAPE System related to student social and*

emotional needs and school climate that [SCHOOL DISTRICT NAME] wishes to [STATE NAME] support.

- b. Responsibilities of [SCHOOL DISTRICT NAME]
- i. Assemble a team of 3-8 individuals who are knowledgeable about the characteristics and operations of [SCHOOL DISTRICT NAME] and its school mental health promotion, prevention, early intervention and treatment services and supports.
 - ii. Assign a SHAPE Team Leader among the assembled team to register [SCHOOL DISTRICT NAME] with The SHAPE System and coordinate a series of 2-3 meetings to collect input on SHAPE data. Information that will need to be collected includes the type of mental health services and supports available in the district, what data systems are used to monitor those supports, school- and community- employed team members who are part of the district school mental health team, and how well school mental health services are working in [SCHOOL DISTRICT NAME] among as many schools as is possible to capture in the reporting process.
 - iii. Complete the School Mental Health Profile and 1 Quality Assessment or 1 Sustainability assessment **[by x date]**.
 - iv. Notify [STATE NAME] about any barriers to adoption or implementation **[by y date in advance of x due date above]** to ensure proactive, coordinated strategies can be put in place to support [SCHOOL DISTRICT NAME].

III. **Funding Agreement:**

- a. There are no financial payments or exchange of funds for this memorandum of understanding.

IV. **Technical Assistance:**

- a. The faculty and staff at the University of Maryland Center for School Mental Health (CSMH, <http://www.csmh.umaryland.edu>) are the primary contacts for training and technical assistance related to use of The SHAPE System. Any schools or districts who have questions about how to most effectively use SHAPE should email the CSMH at csmh@som.umaryland.edu or use the “Contact Us” tab on SHAPE (<https://theshapesystem.com/contact>) and will receive a reply within 48 hours. Additionally, [STATE NAME] has been assigned a CSMH Faculty Resource Specialist, Dr. [Elizabeth Connors/Sharon Hoover/Nancy Lever] who can be reached directly at econnors@som.umaryland.edu / shoover@som.umaryland.edu / nlever@som.umaryland.edu].

V. Duration and Termination:

- a. This Agreement is for the period beginning **Month/Day/Year to Month/Day/Year**. Either party may terminate this Agreement for non-performance after first giving written notice of breach to the other party and an opportunity for the other party to cure the non-performance within fifteen (15) days of the receipt of written notice. Notice shall be deemed effective when delivered via certified mail to the following:

[STATE NAME]

Address
City, State

And to

[SCHOOL DISTRICT NAME]

Address
City, State

VI. Whole Agreement:

- a. This MOU contains the entire agreement between the parties with respect to the subject matter set forth herein, but may be modified with the written consent of both parties.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their authorized representatives.

_____ By: _____

State Superintendent
STATE NAME

_____ By: _____

Superintendent or Assistant Superintendent
XX County Public Schools

_____ By: _____

State Director of Student Support Services
STATE

_____ By: _____

District Director of Student Support Services
XX Public Schools System

_____ By: _____

Executive Director
XX Community Mental Health Agency