

The Board of Education of Dorchester County

CONTRACT REVIEW VERIFICATION

The attached contract has been reviewed by the individuals below. The services and/or products are necessary to meet the needs and programmatic goals of the Board.

Vendor/Contractor Name: ___The Wellness Center_____

Total Amount of Contract: \$_N/A_

Accounting Code to be Charged: _____

Any additional information to support accepting the attached contract?

_____MOU services as guidance for provision of school -based mental health services by qualified staff of The Wellness Center to DCPS students.

Hadine Broch 8/10/22
Signature of Principal or Supervisor Date

[Signature] 8/16/22
Signature of Grant Manager Date

[Signature] 8/15/22
Signature of Comptroller Date

Signature of Director Date

Confirm Review by Board Attorney, or, Explanation for Not Sending

Signature of Superintendent if needed Date



Board of Education of Dorchester County

and

The Wellness Center **Memorandum of Understanding** **2022-2023**

This *Memorandum of Understanding (MOU)* is entered into on July 1, 2022, by and between the Board of Education of Dorchester County (BOE) and The Wellness Center. This Agreement sets forth all terms and conditions to provide voluntary school-based mental health services that will be supported by grants, when available, and fee for service.

The purpose of this MOU is to establish guidelines for the provision of school-based mental health services by qualified staff from The Provider to students attending Dorchester County Public Schools (DCPS).

A. TERM OF AGREEMENT

This MOU is to have a fixed term beginning July 1, 2022, and terminating, August 31, 2023.

B. DUTIES AND RESPONSIBILITIES

BOE will provide the following:

- Provide office and counseling space for the program at the school of the program.
- BOE will provide a photo identification badge.
- BOE will adhere to all HIPAA Regulations related to all privacy of personal health information and all FERPA Regulations related to the disclosure of student information.
- Facilitate the referral process by:
 - A. Counseling Staff, Teachers, Crisis Teams, Self-Referred, School Psychologists, and Parents. These individuals will primarily refer students. The referring source at the school will contact parents regarding the referral.

B. All mental health referrals will forward the referral to Student Services Office to the District Mental Health Services Coordinator.

C. The School Designee will contact parents for additional information as needed.

The Provider will provide the following:

- Operate as an Outpatient Mental Health Clinic as defined under the Code of Maryland Regulations of the Department of Health & Mental Hygiene. (COMAR) and is responsible for all administrative requirements mandated by the regulations for an Outpatient Mental Health Clinic as contained in COMAR 10.63 and other applicable codes, requirements and COMAR regulatory ordinances of mental health practice. Provider will provide clinicians qualified under the Outpatient Mental Health Clinic License.
- Provide services for all students and families where resources exist for funding the treatment services. Will manage all aspects of billing for client services.
- Per COMAR Regulations, The Provider will obtain parental permission for services and authorization for communication between the DCPS professional staff and The Provider.
- Will sign-in and sign out at the visitor's book in the main office whenever they visit any school and be responsible for obtaining the student's schedule to conduct future scheduled appointments.
- Will alternate meeting times with students to ensure that students are not removed from the same class every week.
- Will provide individual, family, group, crisis intervention, consultation services, medication evaluations, and diagnostic assessments. As appropriate, clinicians will attend meetings related to students (i.e. MTSS), and initiate referrals to other in-school and community services.
- The Provider clinicians will be available for each of their assigned school(s) and will establish consistent hours on specific days at schools, barring an emergency crisis situation. The Provider will supply necessary materials.
- The manager/director will attend meetings as needed with Dorchester County Public School administration to evaluate efficiency and quality of school-based mental health services.

- Will have an emergency crisis protocol and include the residing school crisis team members. Provider Staff will make themselves available in emergency situations to provide a risk assessment for students with open cases. The Provider staff that has active/open clients requiring an emergency Risk Assessment will work in cooperation with the appropriate school personnel to expedite the student's admission to the ER. If the student is not an active client but in need of an emergency evaluation and believed to be at-risk, staff would engage the school crisis team members.
- Will exhaust all available options to maintain, sustain and reengage the client before discharging a client.
- Will contact another DCPS approved Service Provider in the event a client cannot be served to ensure the student has access to mental health services.
- Discuss the case in a multidisciplinary team meeting with appropriate mental health staff and/or DCPS designated personnel.
- Provide pre-employment background checks and additional information if requested to the school system's satisfaction.
- Will be responsible for providing monthly statistics to include the following:
 - A. Total number of individual sessions calculated by school.
 - B. Total number of students seen for services by school unduplicated and sorted by diagnosis without student names.
 - C. Total number of students (by school) referred for additional services within and/or to other community agencies.
- Will adhere to all HIPAA Regulations related to the privacy of personal health information.
- The Provider shall hold BOE harmless and indemnify it against any and all claims arising from services provided to student clients.
- The Provider must provide an insurance certificate indicating coverage for liability for at least \$1,000,000 and worker's compensation insurance in the State of Maryland. The Provider will add the Dorchester County Board of Education as an additional insured.

C. TERMINATION AND RENEWAL OF APPOINTMENT

The Agreement will end automatically on the termination date specified herein unless, prior to the termination date, the Agreement is extended and renewed. Dorchester County Public Schools may terminate this Agreement due to the Provider's failure to fulfill in a timely and proper manner its obligations under this Agreement, or substantial violation by the Provider of any of the covenants or stipulations of this Agreement with 30 days advance notice. The Provider may terminate this agreement by submitting a letter expressing the wish to do so with 30 days advanced notice.

D. COMPLIANCE WITH LAWS

No person served or employed by the Provider shall be discriminated against on the basis of race, color, sex, creed, national origin, age, marital status, sexual orientation, religion, ancestry or physical or mental disability or any other classification protected by law. The Provider shall hold BOE harmless and indemnify it against any claim arising out of Provider's failure to comply with relevant federal, state and local laws and regulations.

The Provider shall possess all necessary licenses, permits, certifications or other government authorizations and shall ensure that each member of its staff have all necessary licenses, permits, certifications or other government authorizations necessary to perform their duties under this agreement. Licenses must specify training and malpractice insurance requirements.

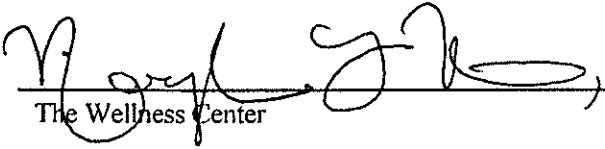
E. GENERAL PROVISIONS

This Agreement constitutes the agreement and understanding between the parties with respect to the appointment of the Provider and does not preclude additional appointments by the Dorchester County Public Schools. The terms of this agreement may be modified only by subsequent written agreement signed by both parties. In the event that any part of this agreement is declared or rendered invalid by court decision or statute, the remaining provisions of the agreement shall remain in full force and effect.

F. SIGNATURES

Superintendent of Schools Dorchester
County Public Schools

Date


The Wellness Center

CSW-C,
C-CTP

7/1/2008
Date



**SOCIAL WORKERS PROFESSIONAL AND SUPPLEMENTAL LIABILITY
INSURANCE POLICY DECLARATIONS - CLAIMS MADE AND REPORTED**

Customer ID:	<u>4H6F7M89A8</u>	Named Insured:	<u>The Wellness Center</u>
Policy Number:	<u>P-GRO4H6F7SP3KF-00</u>		
Effective Date:	<u>10/08/2021</u>	Address:	<u>111 Ridgeview Ct</u>
Expiration Date:	<u>10/08/2022</u>		<u>Centreville, MD 21617-1253</u>
Retroactive Date:	<u>10/08/2021</u>		

NOTICE: A LOWER LIMIT OF LIABILITY APPLIES TO JUDGEMENTS OR SETTLEMENTS WHEN THERE ARE ALLEGATIONS OF SEXUAL MISCONDUCT. (SEE POLICY FOR DETAILS) THE POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED, THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Liability Per Claim Limit	\$1,000,000.00	\$105.00
Liability Aggregate Limit	\$3,000,000.00	
Liability Aggregate Limit	\$3,000,000.00	
Liability Per Claim Limit	\$1,000,000.00	
Deposition Expense	\$5,000 per deposition/\$35,000 per policy period	
Subpoena Expense	\$400.00 per policy period	
State License Board Investigation Defense	\$35,000.00 per policy period	
Emergency First Aid	\$15,000.00 per policy period	
Health Information - HIPAA	\$25,000.00 per policy period	
First Party Assault	\$15,000.00 per policy period	
Medical Payments	\$5,000 per incident/\$50,000 per policy period	
Wage Loss and Expense	\$1,000 per day/\$35,000 per policy period	

TOTAL PREMIUM FOR THIS COVERAGE PART: \$105.00

NOTICE: THIS POLICY IS ISSUED BY YOUR RISK RETENTION GROUP. YOUR RISK RETENTION GROUP MAY NOT BE SUBJECT TO ALL OF THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE. STATE INSURANCE INSOLVENCY GUARANTY FUNDS ARE NOT AVAILABLE FOR YOUR RISK RETENTION GROUP.

ATTENTION: THE POLICY OF INSURANCE IDENTIFIED ABOVE HAS BEEN ISSUED TO THE NAMED INSURED FOR THE POLICY PERIOD INDICATED. ALL INSURED ARE SUBJECT TO THE LIMITS OF LIABILITY THAT ARE APPLICABLE TO THE POLICY. THE LIMITS OF LIABILITY MAY NOT BE STACKED TO INCREASE THE AMOUNT WE WILL PAY FOR ANY CLAIM. THE AGGREGATE LIMIT MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Regarding Cancellation:** Should the policy be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions to the Named Insured.

Authorized Representative:

Tony Benedetto

Tony Benedetto

Brokered and Administered by:



NASW RRG Plan Administrator
1200 E. Glen Avenue
Peoria Heights, IL 61616-5348
License: CAF 076076, AR# 1322

The NASW RRG Inc. supports this policy with its full faith, credit and assets.

This policy is reinsured by Swiss Re America.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/08/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsements.

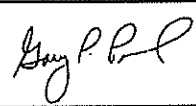
PRODUCER NASW RRG Plan Administrator 1200 East Glen Avenue Peoria Heights, IL 61616-5348	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
E-MAIL ADDRESS:			
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED The Wellness Center 111 Ridgeview Ct Centreville, MD 21617-1253	INSURER A: NASW Risk Retention Group		14366
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

CUSTOMER ID: 4H6F7M89A8 CERTIFICATE NUMBER: P-GRO4H6F7SP3KF-00 REVISION NUMBER: 001

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR YWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR EPLI - CLAIMS MADE EPLI - OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N ANY PROPRIETOR/ PARTNER/ EXECUTIVE OFFICER/ MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under Description of Operations below		N/A				PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EACH EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	Professional Liability Insurance Retroactive Date: 10-08-2021	N	N	P-GRO4H6F7SP3KF-00	10/08/2021	10/08/2022	Per Claim Limit \$1,000,000.00 Aggregate Limit \$3,000,000.00 State Licensing Board Limits \$35,000.00	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ON ACCORDANCE WITH POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



Naryah Miles <n miles@the-wellnesscenter.org>

(no subject)

1 message

Mon, Jun 13, 2022 at 6:12 AM


To: Nmiles@the-wellnesscenter.org

To whom it may concern,

I'm writing this to recommend Naryah Miles as a therapist. I've been a client of Ms.Miles for about a year now and she's been a pivotal part of me navigating my life changes. Naryah is compassionate, professional and has a great personality. Naryah goes the extra step to make me feel seen as well as heard. She has created a safe environment where I can fully, and comfortably, express my feelings and thoughts openly. If you are looking for someone who is supportive I would highly recommend Ms.Miles. She's an important part of my life and had absolutely helped shape and change my life for the better.

Sincerely,



To: Mrs. Kawana Webb and Mrs. Ashley Hayden
Dorchester County Public Schools

June 15th, 2022

Subject: Professional Letter of Recommendation

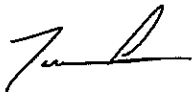
To Whom it May Concern,

I, Turner Rascoe, Chief Executive Officer of Live Benevolent and New Day New Start LLC, am writing this letter to personally recommend Ms. Naryah Miles and The Wellness Center to be an addition to the team of providers that service the students at Dorchester County Public Schools. With this letter, I would like to bring to your kind notice that I have personally known her for the last 5 years and she worked under my immediate supervision with the utmost sincerity and dedication.

Ms. Miles was and still is appreciated for her patience, regularity and sincerity toward her work in the community. Ms. Miles goes above and beyond for the individuals under her care. She is passionate about teaching clients skills to self-regulate and cope with current or past challenges in a healthy way. She also teaches other clinicians effective techniques to ensure clients are presented with interventions that promote progress to integrate into their everyday lives.

I am confident that Ms. Miles and her team would prove to be a positive addition to the team of providers already in place and I have no hesitations in recommending them. If you need any other details regarding the recommendation, please feel free to contact me via phone or email.

Best Regards,



Turner Rascoe

CEO of Live Benevolent and New Day New Start LLC

trascoe@livebenevolent.org

202-210-4962