



PROFESSIONAL SERVICES AGREEMENT FOR SCHOOL-BASED, TRAUMA-INFORMED THERAPY

I. PARTIES

This Professional Services Agreement is entered into between _____
("Provider") a Mental Health Professional, with offices at _____,
and Washington County, Utah, ("the County") with offices at 197 East Tabernacle Street, St.
George, Utah 84770.

II. RECITALS

The County has received funding through a 2019 grant funded by the Victims of Crime Act of 1984 ("VOCA Grant") to provide mental health services in area schools to juvenile victims of crimes who are approved by the Washington County Children's Justice Center ("CJC").

The County desires to contract for the provision of mental health services.

The Provider satisfies the qualification requirements described in this agreement.

The Provider desires to provide mental health services as described in this Agreement.

III. QUALIFICATIONS

Provider meets the minimum qualifications and agrees to meet the on-going requirements described in this section. Provider also agrees to provide the CJC up to date documentation demonstrating the necessary certifications.

- A. Provide proof of a Master's degree.
- B. Provide proof of active Utah DOPL licensure as a mental health professional in good standing.
- C. Provide proof of Professional Liability Insurance.
- D. Provide proof of completion of a minimum of 40 continuing education unit ("CEU") hours in accordance with the Provider's mental health related license requirements, CEUs from specific evidence-based treatment for trauma training, and clinical supervision hours by a licensed clinical supervisor. Specific evidence-based trauma training recognized by the National Children's Alliance ("NCA") is preferred and including, but

are not limited to: Trauma-Focused Cognitive Behavioral Therapy (“TF-CBT”), Parent-Child Interaction Therapy (“PCIT”), Alternatives for Families: a Cognitive Behavioral Therapy (“AF-CBT”), Eye Movement Desensitization and Reprocessing (“EMDR”), Child and Family Traumatic Stress Intervention (“CFTSI”), Child Parent Psychotherapy (“CPP”), Children with Problematic Sexual Behaviors–Cognitive Behavioral Therapy (“PSB-CBT”), and Prolonged Exposure for Adolescents (“PE-A”).

- E. Complete CEUs in the field of child abuse every 2 years. Proof of completion is required.
- F. Provide a CV or resume.
- G. Pass a background check with fingerprints.

IV. RESPONSIBILITIES

Pursuant to the terms of this Agreement, Provider will provide professional services to the County including the following:

- A. Provide mental health services in assigned Washington County School District schools to individuals that the CJC Mental Health Services Coordinator determines qualify for services under the VOCA Grant;
 - 1. Mental health services will be provided to clients from the CJC and students from Washington County School District.
- B. Counseling sessions shall be evidence-based, trauma-focused and include:
 - 1. Trauma-specific assessment including traumatic events and abuse-related trauma symptoms;
 - 2. Use of standardized assessment measures initially to inform treatment, and periodically to assess progress and outcome;
 - 3. Individualized treatment plan based on assessments that are periodically re-assessed;
 - 4. Individualized, evidence supported treatment appropriate for the child client and other family members;
 - 5. Child and caregiver engagement in treatment; and
 - 6. Referral to other community services as needed;
- C. Coordinate with school personnel to have student excused from class for counseling sessions;
- D. Exercise discretion in the frequency and length of counseling sessions;
- E. When requested, participate in client/patient staffings;
- F. Participate in ongoing clinical supervision/consultation with other qualified mental health providers, documentation may be required.
- G. Submit invoices to the CJC within thirty days of providing services. INVOICES RECEIVED AFTER JULY 6th WILL NOT BE PAID;

V. DURATION AND TERMINATION

This Agreement shall take effect on the date it is executed by all parties, and continue until June 30, 2021. The Agreement may be renewed, in writing, if additional grant funds become available.

Either party may cancel this Agreement without cause upon thirty days written notice or immediately with cause.

VI. PROFESSIONAL SERVICES FEE

In consideration for the above referenced services to be performed by the Provider, the CJC agrees to pay a fee in the amount of \$70 per hour (50 minutes of therapy and 10 minutes of administrative work). In addition, documented client-related services (coordination, IEPs, staffings, parent or school meetings etc.) will be paid at \$70 per hour billed in 15 minute increments.

The CJC will provide basic therapy supplies at its discretion, e.g. sand trays, coloring books, Bi-Tapps. The Provider may request additional supplies from the CJC. Unless otherwise negotiated and approved in writing in advance, the professional service fee includes payment for all professional service and out of pocket expenses incurred by the Provider in the normal course of providing services pursuant to this Agreement.

The CJC may provide additional funds for evidence based, trauma certification or re-certification. All trainings must have prior approval through the CJC's Mental Health Services Coordinator.

VIII. SIGNATURE BLOCK

PROVIDER

(Signature) Date: _____

(Printed name and title)

WASHINGTON COUNTY, UTAH

Gil Almquist, Chair
Washington County Commission Date: _____