

Sample Memorandum of Understanding (MOU)

FAMILY INTERVENTION TEAM

Interagency System of Care

MEMORANDUM OF UNDERSTANDING

PARTIES

This agreement defining the Family Intervention Teams (FIT) is entered into between the _____ County Department of Mental Health, Alcohol and other Drugs, _____ County Social Services Department, _____ County Probation Department, _____ County Health Department, _____ County Office of Education, _____ City Schools, _____ Regional Center.

MISSION

The mission of FIT is to promote and facilitate whenever possible inter-departmental and interagency cooperation and collaboration in the establishment and enhancement of a community based comprehensive interagency system of care for at risk children and youth utilizing the resources of the family and extended family in managing clinical and fiscal risk.

GENERAL PRINCIPLES

- A. Planning will strive to balance mandates, interests and resources of member agencies, while using a consensus model for decision making.
- B. Children will be provided strength based, culturally competent services within the context of their family system and within their community whenever possible.
- C. Services shall be provided within the home community whenever possible and appropriate in order to maximize family reunification efforts.
- D. Placement of children outside the home should be in the least restrictive setting possible and used only when necessary for the protection of the minor and/or the community or when treatment within the home or community is no longer viable. Extended family resources shall be fully explored.
- E. The return of children and youth placed out of home will be a primary focus of FIT.

- F. Resources shall also be prioritized to provide necessary services to those children at high risk of out of home placement.
- G. Services and interventions will recognize the need to protect the child and the community.
- H. Computer applications utilized by FIT will be developed using software agreed upon by participating agencies, whenever possible.

STRUCTURE

The FIT structure is comprised of three Tiers. While each Tier has a distinct scope of service, the FIT approach requires some planned overlaps.

GENERAL SCOPE OF FIT TIERS

The FIT Interagency Case Management Committee will staff the cases of children with interagency involvement who require local service coordination.

The FIT Out of Home Placement Committee will staff the cases of all children who are placed out of county or are being considered for out of county placement, or placed in a group home in _____ County by a member agency or the Juvenile Court.

The FIT Policy Council will provide oversight for the FIT Interagency Case Management Committee and FIT Out of Home Placement Committee and monitor client/fiscal risk indicators from a multiagency perspective.

FIT INTERAGENCY CASE MANAGEMENT COMMITTEE:

Agency Members: Mental Health, Probation, Department of Social Services, _____ County Office of Education, _____ City Schools, and _____ County Alcohol and other Drug Programs. _____ Regional Center will send a representative, when notified in advance, of a client whose case requires their presence.

TARGET POPULATION

1. Multiagency children, youth and families who require coordinated services to remain in their home, school or community.
2. Children and youth returning from placement who require a coordinated interagency transition and/or an ongoing service plan to successfully reintegrate into their community.

DUTIES

FIT Interagency Case Management Committee shall:

1. Receive FIT Referrals on target population Wards, Dependents, Mental Health Clients or other at risk children from participating departments or in response to court order (with Consent for Release of Information).
2. Conduct interagency staffing with the goal of developing a joint plan for the child and family. The joint plan will be solution-focused with measurable outcomes.
3. Outcomes will be tracked to evaluate the appropriateness of the joint plan.
4. A joint written plan will be developed containing the FIT team recommendations.
5. In the exceptional case where consensus cannot be reached, the case and a summary of issues that will block the development or implementation of the plan will be referred to the Policy Council.

SCHEDULE

FIT Interagency Case Management Committee will meet biweekly for two hours on a regularly scheduled basis. The dates and times of the meetings will be determined by FIT Interagency Case Management Committee members in consultation with FIT Policy Council.

GENERAL

1. In addition to the appointed FIT Interagency Case Management Committee representative, other case carrying or supervising staff may attend FIT Interagency Case Management Committee at the discretion of the regular agency member for the purpose of facilitating case coordination. Regular members of the FIT Interagency Case Management Committee are responsible for preparing staff from their department to present to the team.
2. Individuals from agencies not a part of this MOU will not attend FIT Interagency Case Management meetings unless pre-approved by FIT Policy Council. These “guests” will present information only for the staffing for which they were invited. Written information from other agencies will be welcome when submitted through a participating FIT agency.

3. All involved agencies will send an informed alternate to participate when the regular member is unable to attend. This will allow for continuing case staffing to occur and avoid delays.
4. All members will be provided an agenda within a sufficient time-frame and be prepared to discuss their agency's involvement at the subsequent FIT Interagency Case Management Committee meeting.
5. When meeting time available does not allow for the review of all cases, the meeting members will prioritize which cases to staff based on the immediacy of the child's needs and their risk for out of home placement.
6. The FIT Policy Council will designate a chair for the FIT Interagency Case Management Committee.
7. Presentation of new cases will, in general, be limited to 20 minutes.

FIT Out of Home Placement Committee:

Agency Members: Supervising level staff or appointed representative (who has the authority to commit agency fiscal and/or program resources) of the Mental Health Department, Probation Department and Department of Social Services and _____ Regional Center (as needed) who can act for, make recommendations to and on behalf of their agency regarding placements and resources.

TARGET POPULATION

Eligible wards and dependents Chapter 26.5 SED Pupils or SED Mental Health clients or _____ County children placed by State Adoptions who: are currently in out of home placement; are at imminent risk of out of county placement; have been ordered or referred by the Court to an out of county placement; or who have been recommended for potential group home placement by the FIT Policy Council.

DUTIES

1. Coordinate and initiate priority Mental Health assessments, other assessments and agency services required to determine whether a child/youth requires out of home or out of county placement.
2. Reach consensus recommendation for and on behalf of the lead agencies regarding placement type, level, treatment plans (goals, outcomes, and/or changes in behavior), and estimates for the length of stay.

3. Jointly develop, recommend, locate and monitor placements and services.
4. No less than semiannually, screen each case for:
 - A. Continuing need for level of care (least restrictive criteria)
 - B. Service augmentation needs
 - C. Progress toward placement goals as pre-developed by Fit Out of Home Placement Committee
 - D. Time of anticipated return to the County
5. Coordinate as needed with the Fit Policy Council when issues arise that cannot be resolved by FIT III.
6. Coordinate with the FIT Interagency Case Management Committee on children returning to the community for the purpose of treatment and education planning.

SCHEDULE

FIT Out of Home Placement Committee will meet twice weekly for four hours for the initial sixty days of operation. A graduated increase up to three days a week, four hours a day may be implemented as indicated by case load and outcomes in coordination with FIT Policy Council.

GENERAL

1. Individuals from agencies not a part of this MOU will not participate in FIT Out of Home Placement Committee meetings unless pre-approved by FIT Policy Council. Written material from treatment providers and court appointed advocates is encouraged.
2. FIT Agencies will work toward developing and maintaining an interagency data base to be utilized by FIT Out of Home Placement Committee in providing input to placing agency in determining placement options and reviewing placements.
3. Quarterly reports on fiscal/clients outcomes will be provided to FIT Policy Council.
4. Monthly caseload/placement status will be provided to FIT Out of Home Placement Committee by System of Care Analyst.
5. Monthly agency specific placement and cost data will be provided to FIT Out of Home Placement Committee by _____ County Mental Health System of Care Analyst.

FIT POLICY COUNCIL:

Agency Members: Senior Management from the Departments of Mental Health, Probation, Department of Social Services, _____ County Office of Education, _____ City Schools, _____ County Public Health (as needed), _____ County Alcohol and Other Drugs (as needed), and _____ Regional Center.

TARGET POPULATION

1. General oversight of all FIT Interagency Case Management Committee and FIT Out of Home Placement Committee target populations.
2. Specific high risk/high cost cases that have been referred from FIT Out of Home Placement Committee for resolution or initiated at the request of a FIT Policy Council member.

DUTIES

The FIT Policy Council shall, under the direction and with the approval of participating agency Directors, negotiate and determine the overall policies, planning and evaluation necessary for effective delivery of interagency services.

Specific responsibilities of FIT Policy Council include:

1. Developing and obtaining from involved directors and collaborating agencies Memorandums of Understanding and Interagency Agreements as needed.
2. Functioning in an oversight capacity in monitoring the activities and the structure and functioning of the FIT Interagency Case Management Committee and FIT Out of Home Placement Committee.
3. Monitoring of the FIT Interagency Case Management Committee and FIT Out of Home Placement Committee client, program and fiscal outcome measures on an ongoing basis.
4. Recommending and overseeing the implementation of changes to FIT Interagency Case Management Committee and FIT Out of Home Placement Committee.
5. Appointing staff and alternates to serve on FIT Interagency Case Management Committee and FIT Out of Home Placement Committee.

SCHEDULE

FIT Policy Council shall meet every other week or as needed, at dates and times determined by FIT Policy Council agency members.

GENERAL

1. Agencies not a part of this MOU will not attend FIT Policy Council meetings unless pre-approved by FIT Policy Council.
2. The status of fiscal/client outcomes will be reported to Human Services Cabinet on a monthly basis.
3. Human Service Cabinet member agencies will assist the FIT Policy Council in the pursuit of accomplishing mutually developed outcomes and goals.

MUTUAL COMMITMENTS

1. It is acknowledged that those children and youth requiring (MediCal) Mental Health services while in placement after January 1, 1998 will be required to have a _____ County Mental Health Children, Youth and Family Services assessment that indicates a need for and includes _____ County Mental Health approved treatment services prior to a placement in order to obtain a _____ County Mental Health payment authorization. This is as required under Outpatient Consolidation. _____ County Mental Health will retain sole responsibility for determining, directly or through contract providers, (MediCal) mental health treatment needs and authorization for payment.
2. The authorization process for commitment to the California Youth Authority, Juvenile Hall, Camps or other non-treatment locked detention facilities will remain under the purview of the Chief Probation Officer or designee.
3. The authorization process for level 14 placements, Community Treatment Facilities or other locked psychiatric settings will remain under the purview of the Mental Health Department per current Government Codes.
4. Space for FIT Out of Home Placement Committee functions, in addition to all associated costs (support personnel, hardware, software, furniture) will initially be provided by _____ County Mental Health at the Children, Youth, and Family Services site. However, it is agreed that if EPSDT or other _____ County Mental Health revenue shortfalls occur, the participating County Agencies will meet and consult regarding support for continued operation of FIT Out of Home Placement Committee.

5. The Departments of Probation and Social Services will provide, in a timely manner, the data necessary for FIT reports and Outpatient Consolidation requirements to the Mental Health Department.
6. Mental Health will provide in a timely manner, assessments, treatment recommendations and Specialty Mental Health Service authorization requests for children placed out of home whose level and service needs are pre-approved by Children, Youth and Family Services Mental Health Staff.

TERM OF AGREEMENT

The term of this Memorandum of Understanding shall commence August 1, 1997 and shall continue until modified or terminated as determined by participating Human Service Cabinet Directors.

RENEWAL

Any additions or deletions that would advance the mission of the Family Intervention Team towards collaborative services may result in a modification of this agreement upon consent of all involved parties.

_____, Director

_____ County Mental Health

_____, Chief Probation Officer

_____ County Probation Department

_____, Superintendent

_____ City School District

_____, Director

_____ County Department of Social Services

_____, Director

_____ County Public Health

_____, Superintendent

_____ County Office of Education

_____, Director

_____ Regional Center