



**Intra Departmental Letter of Agreement between
Children, Adults, and Families (CAF) and
Office of Mental Health and Addiction Services (OMHAS)
November 22, 2005**

Working units responsible for assistance with this agreement are the CAF Residential Treatment and Licensing Unit and OMHAS Community Treatment Systems Section.

Goal

To develop an effective relationship between OMHAS and CAF on behalf of the children and families that we jointly serve, who require specialized and coordinated mental health and child welfare services.

Purpose of Agreement

The intent of this agreement is to promote child protection and permanence through community and family partnerships by outlining roles and responsibilities in collaborating at all services levels throughout the State. This Letter of Agreement has been developed as the Children's Mental Health System Initiative (CSCI) is in process of implementation, and, due to the significant changes in the children's mental health system, will be reviewed and revised as needed, will be formally and jointly reviewed at least annually.

Shared Core Values

Through ongoing communication and participation in system planning, CAF and OMHAS have identified the following as core values for system development:

Child Centered, Family Driven

CAF and OMHAS will ensure meaningful family involvement at the levels of child and family, policy, local or regional, and provider, and will establish mechanisms to ensure family involvement in decision-making processes.

Community Based

Services will be delivered in the most natural environment possible. Services will be designed to keep children "at home, in school and out of trouble." OMHAS and CAF are committed to a collaborative planning process to identify workforce development issues, and to provide technical assistance and training to address the staff and caregiver (including foster parents) workforce education, training, and skills which will be required to successfully implement the Children's System Change Initiative.

Locally Developed

The strength of the CSCI is in the partnerships developed at the local level. Department of Human Services Service Delivery Area (SDA) staff, in collaboration with local child serving partners, including the Community Mental Health Programs (CMHPs) and Mental Health Organizations (MHOs), are the principal parties in developing collaborative working relationships in local communities. Problem solving, too, will be initiated at the local level. Technical assistance and consultation from OMHAS and CAF may be requested at any time when local planning is unable to resolve the identified issue or problem. OMHAS and CAF are committed to collaborative analysis to resolve systemic issues as they are identified, either locally, or on a statewide level.

Culturally Competent

Services provided to families will honor each family's identified cultural values. Workforce development will address increasing the cultural competence of all staff.

Mutual Guiding Principles and Responsibilities:

Based on these core values, CAF and OMHAS agree on the following principles and responsibilities in guiding the development of statewide systems change initiatives and the development of local systems of care, which are accessible statewide to children and their families.

Local Systems of Care

We believe that all families/guardians:

- Are to be welcomed and oriented to be able to participate as full partners in the planning, delivery, and evaluation of services. Participation in service planning and delivery should include any person or family providing care for the child, including foster parents;
- Should have access to a comprehensive, coordinated array of community-based services, including access to specialized mental health services through the Integrated Service Array;
- Should have cost-effective services across systems;
- Should have access to services within the least restrictive and most natural environment where their needs can be met.

We agree that care coordination will be available to any child based on clinical need for this service, regardless of custody status.

We agree that community-based placement disruption should be minimized through collaborative planning and service delivery. Local child welfare and mental health services should be coordinated to provide holistic early intervention services that foster health development and self sufficiency.

OMHAS and CAF agree that mental health and child welfare partners will be invited and will participate in local or regional advisory councils, local community coordinating teams, and child and family teams, when appropriate.

OMHAS and CAF agree to assist in the development of local memoranda of understanding (MOU) to encourage local collaboration between SDAs and/or local child welfare branches and MHOs and/or CMHPs. MOUs will formalize partnerships on behalf of children and families that are jointly served through specialized and coordinated child welfare and mental health services. Local MOUs may include collaboration and planning between partners, including sharing resources.

CAF and OMHAS agree that local system planning will include a process for immediate response by the MHO and/or CMHP for mental health emergencies, including after hours and weekends. This process will include a pre-established system for addressing immediate placement and

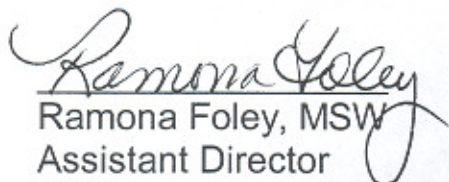
treatment concerns, and will establish protocols for the care coordination team to develop a comprehensive plan during the next business day.

Statewide Systems Initiative Development

- CAF agrees to invest in statewide mental health system by participating in the statewide Mental Health Planning and Advisory Council, including relevant subcommittees.
- OMHAS agrees to invest in statewide child welfare system by participating in the Child Welfare Advisory Committee, including relevant subcommittees.
- CAF and OMHAS agree to establish and maintain a CAF SDA manager and OMHAS workgroup as a forum for statewide problem solving and information sharing.
- OMHAS and CAF agree that financial resources identified for children's mental health services will exclusively fund children's services, and will not be used to supplement the adult mental health service system.
- CAF and OMHAS agree to develop procedures to be used by staff for eligibility and enrollment decisions. Consistent enrollment with the Mental Health Organization will promote continuity of care, system accountability, and community-based care coordination.
- OMHAS and CAF agree to collaborate on the following for the purpose of ongoing systems monitoring:
 - managed care contract language
 - system outputs and outcomes
 - data and information system collaboration, and
 - system oversight, monitoring, and technical assistance
- CAF and OMHAS agree that "DHS Custody" is defined as: children who have been removed from their homes and are in Department of Human Services (DHS) custody pursuant to a court order.
- OMHAS and CAF agree that children do not need to be in DHS custody in order to receive mental health services, and that DHS

child welfare should not be asked by mental health professionals to take custody of a child for purposes of obtaining mental health services.

- CAF and OMHAS agree that contractors will be held accountable for services and timelines outlined in the MHO contract.
- CAF agrees to make timely referrals for comprehensive mental health assessments of children coming into care. OMHAS agrees that children in DHS custody will receive a comprehensive mental health assessment within 60 days of referral.
- CAF and OMHAS agree to provide assistance in developing a locally driven level of need determination process. Planning efforts will also include the development of procedures to monitor the implementation of the process.
- OMHAS and CAF agree that children identified through the local level of need determination process as requiring Intensive Mental Health Treatment Services (ITS) are generally complex cases and require team collaboration regardless of which agency has lead responsibility. The Behavior Rehabilitation System (BRS) should not be used as an alternative to Psychiatric Residential Treatment Services. There may be times, however, when local teams may agree that a combination of resources may meet the child's needs, including a BRS or foster care placement paired with appropriate mental health treatment and support services.
- OMHAS and CAF will develop a dispute resolution process when unresolved conflicts are identified at the state and local level.


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