

MEMORANDUM OF AGREEMENT

Between

Colorado LINKS for Mental Health

and

[Name of group]

AUTHORITY

Colorado Revised Statute (C.R.S.) § 25-20.5-101 directs, among other things, the coordination of prevention, intervention and treatment services to improve the health and well being of children, youth and families in Colorado. In accordance with C.R.S. § 25-20.5-105, a state plan to coordinate prevention, intervention and treatment programs managed by state departments is required to be reviewed and revised every two years to ensure collaboration among programs for the provision of a continuum of services for children and youth in the state.

A revised *State Plan for Prevention, Intervention and Treatment Services for Children and Youth, 2006-2009*, was submitted to Governor Bill Ritter, Jr., who signed the *State Plan* on March 17, 2008. Among the benchmarks of this *State Plan* is the formalization of the relationship among state-level collaborative groups, state advisory councils and statutory groups that address children and youth issues, in particular behavioral health issues.

In addition, in accordance with C.R.S. § 25-20.5-107, the Executive Directors of four State Departments (Human Services, Public Health, Public Safety and Transportation) and the Commissioner of Education each signed a Memoranda of Understanding that includes a commitment to implementing the Colorado LINKS for Mental Health's *Children and Youth Behavioral Health Action Plan*.

PURPOSE

The purpose of this Memorandum of Agreement (MOA) is to establish a formal relationship and a formal line of communication between Colorado LINKS for Mental Health, an interagency collaborative group, and the [insert name of the group]. Through this MOA the Colorado LINKS for Mental Health and the [insert name] acknowledge the common areas of focus of each group in regard to these goals of the Colorado LINKS for Mental Health's *Children and Youth Behavioral Health Action Plan*:

- integrating behavioral health efforts to better meet the needs of children and youth;
- partnering with families and youth in statewide policy efforts; and
- identifying and building support for innovative strategies for budget, funding and financing of children and youth behavioral health programs and services.

For purposes of this MOA, behavioral health is defined as encompassing both mental health and substance use (use, abuse, and dependence/addiction) disorders, and developmental disabilities.

The mission of Colorado LINKS for Mental Health is to promote partnerships among state agencies and key stakeholder groups by weaving together existing efforts to create a more coordinated continuum of behavioral health services for Colorado children, youth, and families.

The mission/statutory duty of the *[insert name of group]* is *[insert mission/statutory duty; add any specific aspects related to behavioral health priorities]*.

OBJECTIVES

With the above stated purpose, this MOA identifies the following joint objectives:

- Integrating Behavioral Health Efforts to Better Meet the Needs of Children and Youth
 - Streamline practices across state agencies and increase interdepartmental coordination.
 - Help local communities develop specific integrative practices and engage non-traditional partners
- Partnering with Families and Youth in Statewide Policy Efforts
 - Ensure consistent and institutionalized participation of families and youth on state and local boards.
- Identifying and Building Support for Innovative Strategies for Budget, Funding and Financing
 - Reform budget, funding and finance practices in order to develop long-term, consistent and flexible funding streams.

SHARED VALUES AND PRINCIPLES

Many young children with social, emotional and behavioral challenges have complex needs and may be involved with multiple public systems. Behavioral health challenges in children can be recognized and successfully treated by communities, professionals and families working together in constructing a networked array of community-based services and supports, and by developing partnerships at the service delivery and policy levels.

In order to better align policy level and service delivery level efforts in the State of Colorado, the following values and principles serve as a common guide and foundation for jointly creating a more coordinated, integrated continuum of behavioral health services for Colorado children, youth and families. These values and principles describe essential aspects of community-based systems that serve children youth and families, which Colorado LINKS for Mental Health and [name of group] support through their work and in making decisions, formulating recommendations, and determining policies and strategies.

Values

1. A system of care is child/youth-centered and family-focused, with the needs of the child, youth and family dictating the types and mix of services provided.
2. A system of care is community-based, with the locus of services as well as management and decision-making responsibility resting at the community level.
3. A system of care is culturally competent, with agencies, programs, and services that are responsive to the cultural differences, including racial, ethnic, gender, age, sexual orientation, socio-economic, spiritual (religious), and geographic differences of the population.

Principles

1. **Persistent Commitment to Families, Youth & Children.** Colorado and its communities make a commitment to the fundamental rights of every child, youth and family to achieve and maintain permanence in home, school and/or community and stability of support in a safe environment.
2. **Safety (Child, Youth, Family, and Community).** Services and supports are developed and implemented to best ensure the safety of the child, youth, family, and community.
3. **Child/Youth-centered.** Services and supports are provided in the best interest of the child or youth to ensure that the child's or youth's needs are being addressed.
4. **Family-focused.** The child or youth is viewed as a part of the whole family. System, services and supports are based on the strengths and needs of the entire family. Children, youth and their families shall participate in discussions related to their plans, have opportunities to voice their preferences and ultimately feel that they own and drive the plan.
5. **Individualized.** Plans and supports for children, youth and their families are tailored to the unique culture, beliefs and values, strengths, and needs of each child, youth and family. Funding sources must be flexible to support individualization.
6. **Culturally Responsive.** The system of care is culturally competent, with systems, agencies, programs, and services that are responsive to the cultural differences, including racial, ethnic, gender, age, sexual orientation, socio-economic, spiritual (religious), and geographic differences at the system and individual child, youth and family levels.
7. **Strengths-based.** Assessments, services and supports are based on identified strengths of the child, youth, family, and community.
8. **Early Access.** Services and supports should have a prevention and early intervention focus to facilitate wellness for the child, youth, and family.
9. **Community-based.** Services and supports are provided in the most appropriate and least restrictive environment and in the home community of the child, youth and family. A system of care is community oriented with the location of services, management and decision-making responsibility resting at the community level.

10. **Natural Supports.** Children, youth, and families are supported by family and community social networks and community resources (e.g., service organizations, faith based organizations and businesses). Services build on and strengthen these natural supports.
11. **Collaborative.** Collaboration between agencies, schools, community resources, youth and families is the basis for building and financing a local comprehensive and integrated system of care that supports easy access to needed services and supports for children, youth, and families.
12. **Family, Youth, and Professional Partnership.** Family and youth are partners with professionals at all levels of assessment, planning, implementation and governance of a system of care.
13. **Outcome-based and Cost Responsible.** Services and supports are outcome based with clear accountability and cost responsibility. The system values and funds outcome and quality management. This accountability includes prudent and effective use of public and private funds. As communities find ways to reduce the use of restrictive care the funding is retained in the community and reinvested in the prevention and early intervention that has made these improvements possible.
14. **Transition.** Children and youth should be ensured smooth transitions through all major changes in their lives.

ROLES AND RESPONSIBILITIES

Colorado LINKS for Mental Health:

Refer to and utilize the shared values and principles when determining priorities and making decisions about recommendations, strategies, and/or policy.

Update the *Colorado LINKS Guidebook to Interagency Planning Efforts Addressing Kid's Behavioral Health* bi-annually, including a matrix of family and youth involvement in statutory groups, and disseminate the updated version to designated group representatives.

Partner with the [name of group] on the above-mentioned objectives, including work on joint committees and sub-committees.

Invite members of the [name of group] to participate in work groups that address issues related to the above mentioned-objectives.

Provide training on the value of and meaningful ways to involve families and youth as active participants of interagency collaborative and statutory groups [*or name of group*].

Build communication and alignment via shared updates concerning the activities related to implementing the LINKS Behavioral Health Plan via the *LINKING YOU to Important Kids' Behavioral Health News* on-line update.

Commits to including in the guidebook a matrix of family and youth involvement in statutory groups as an accountability mechanism.

[Partner group name here]:

Refer to and utilize the shared values and principles when determining priorities and making decisions about recommendations, strategies, policy, and/or funding.

Utilize the *Colorado LINKS Guidebook to Interagency Planning Efforts Addressing Kid's Behavioral Health* when working on or developing priorities and action steps to determine if another group is addressing the same priorities and actions steps.

Assign a member or staff of [name of group] to submit updated information for inclusion in the *Colorado LINKS Guidebook to Interagency Planning Efforts Addressing Kid's Behavioral Health*

Engage other groups in shared planning around identified priorities, including, when appropriate, convening shared committees.

At least two members of [name of group] will participate in training and/or technical assistance on the value of involving families and youth and meaningful ways for families and youth to be involved with state-level boards, commissions, councils and committees.

Include family and youth as equal partners in making decisions, and actively demonstrate equal partnership with families and youth, whenever possible, by sharing authority and resources with them.

Review the *State Plan for Prevention, Intervention and Treatment Services for Children and Youth* (C.R.S § 25-20.5-105) to provide input into potential revisions for the *State Plan* and to ensure that shared priorities are identified and considered in developing the objectives and benchmarks of the *State Plan*.

Strengthen communication and enhance alignment with other groups addressing children and youth issues by sharing updates concerning activities and priorities of the [name of group] via the *LINKING You to Important Kids' Mental Health News* on-line update.

LIFE OF AGREEMENT

The effective date is the date this agreement is signed by both parties. This agreement shall continue indefinitely, and shall be reviewed at least annually, or more frequently as the need arises. Either party to this agreement may terminate their participation with written notice of intent to terminate followed by a formal termination letter approved by the membership of the initiating party.

APPROVED BY:

Colorado LINKS for Mental Health:

Project Director: Anne-Marie Braga, Colorado Department of Public Health and Environment

Members:

Barb Bieber, Colorado Department of Education
Anna Brown, Federation of Families for Children’s Mental Health ~ Colorado Chapter
Debra Cady, Division of Youth Corrections
Susan Colling, State Judicial Department, Office of the State Court Administrator
Bob Coulson, Colorado Department of Human Services, Division of Child Welfare
George Delgrosso, Colorado Behavioral Healthcare Council
Tom Dillingham, Federation of Families ~ Colorado Chapter
José Esquibel, Colorado Prevention Leadership Council
Margie Grimsley, Federation of Families ~ Colorado Chapter
Jo English, Colorado Department of Public Health and Environment
Norm Kirsch, Colorado Department Human Services, Division of Child Welfare
Anna Lopez, Division of Criminal Justice
Larry Marsh, Colorado Department of Human Services, Division of Mental Health
Carmelita Muniz, Colorado Association of Alcohol and Drug Abuse Providers
Pam Neu, Colorado Department of Human Services, Division of Mental Health
Gary Nitta, Division of Youth Corrections
Natalie Portman-Marsh, Colorado System of Care Collaborative
Sharon Raggio, Mental Health Planning and Advisory Council
Gina Robinson, Colorado Department of Health Care Policy and Financing
Jeanne Rohner, Mental Health America of Colorado
Ashley Tunstall, Colorado Child and Adolescent Mental Health Coalition
Laura Vandeußen, Mental Health America of Colorado
Kathy Watters, Medical Home Initiative
Katie Wells, Colorado Department of Human Services, Alcohol and Drug Abuse Division
Meg Williams, Division of Criminal Justice
Steve Wright, Department of Local Affairs, Office of Workforce Development
Claudia Zundel, Colorado Department of Human Services, Division of Mental Health
Rebecca Kahn, Center for Systems Integration
Jewlya Lynn, Center for Systems Integration
Denise McHugh, Center for Systems Integration

[Name of Group]:

Chair:

[Insert names of members]

SIGNATURES

These responsibilities are agreed to by the following authorized signatories.

Colorado LINKS for Mental Health:

Name (Print) _____ Title _____

Signature of Chair or Designee _____

Date _____

Name (Print) _____

Signature of Family or Youth Leader Representative _____

Date _____

[Name of Group]:

Name (Print) _____ Title _____

Signature of Chair or Designee _____

Date _____

Name (Print) _____

Signature of Family or Youth Leader Representative (if applicable) _____

Date _____