Memorandum of Understanding

MCHHS & NWSDS

This agreement is between representatives of Northwest Senior & Disability Services ("NWSDS") and Marion County Health & Human Services – Adult Behavioral Health ("MCHHS-ABH"). Each party to this agreement is separately called "Agency" and collectively called "Agencies" herein.

This Memorandum of Understanding (MOU) outlines a working agreement between the two Agencies. The agreement addresses their mutual interest in assisting/supporting adult individuals who live with the effects of mental illness, physical disability or physical limitations.

Representatives of both Agencies agree that health outcomes for their shared individuals are generally more positive when staff from both Agencies are coordinating services and working collaboratively. This MOU provides a basic understanding of mutually shared goals and responsibilities related to individuals served by both Agencies.

Collaborative Meetings

Structure: The Agencies agree to meet and share agency announcements, provide system/Agency education, review complex cases and problem solve system challenges.

Frequency: Bi-monthly. Frequency of meetings could change at the discretion of the Agencies.

Hosting & Facilitation: Hosting and meeting facilitation rotates between Agencies.

Meeting Place: The meeting host Agency agrees to secure a meeting place and notify attendees in advance of the meeting.

Meeting Agenda: One week prior to each meeting, the host Agency agrees to distribute a draft agenda to attendees. Based on feedback, the host Agency agrees to make corrections/additions to the agenda prior to the meeting.

Attendance: Leadership within each Agency will decide who from their respective teams should attend the collaborative meeting. Those in attendance are expected to commit to the following;

- Joint collaboration
- Mutual respect
- Problem solving at the most effective & efficient level
- Improving the experience and services for individuals
- Providing a forum for cross Agency learning
- Improving working relationships among staff at both Agencies

Communication Monday through Friday

Both Agencies agree to respond to requests or questions from each other's staff within one business day.

Exceptions: When line staff are either out sick or on vacation, the covering staff or Agency supervisor is expected to manage crisis/urgent client situations only. Examples include situations where individuals in service are a serious danger to self or others. Another example might involve a vulnerable individual in service, who is going through an immediate or imminent eviction from licensed housing.

All non-urgent or non-crisis situations will be attended to when the assigned line staff, or the supervisor, are back in the office. Efforts will be made to proactively identify a back-up staff to cover planned staff absences.

Service Referral Process

MCHHS – ABH clinical staff can refer adults to NWSDS by using the *NWSDS referral form* (see attachment A). A referral is appropriate when the individual in service or enrolled at MCHHS – ABH, is assessed by the assigned ABH clinician to need APD funded supports/services to address the individual's activity of daily living functional limitations, (as defined in the most recent version of OAR 411-015-0006);

- Mobility (Ambulation & Transfer)
- Eating
- Elimination (Bladder, Bowel, Toileting)
- Cognition (Self-Preservation, Decision Making, Ability to Make Self Understood & Unsafe Behaviors)

NWSDS Case Managers and Eligibility Specialists can refer adults to MCHHS-ABH by using the *Adult Intensive Care Coordination* referral form (see attachment B). A referral is appropriate when the individual is identified by, or in service at NWSDS;

- Is a resident of Marion County.
- Agrees that mental health services are needed to address a mental health concern.
- Has health insurance through Pacific Source CCO.
- Could benefit from one or more of the following outpatient mental health services, (as defined in Oregon Administrative Rules, Chapter 309, Divisions 19 and 32;
  - Service Eligibility Screening
  - Referral to Mental Health Provider Network (when necessary)

- Comprehensive Mental Health Assessment to Determine Medical Necessity
- Mental Health Case Management Linking Individual to Community Resources
- Skills Training
- Individual and/or Group Therapy
- Peer Services
- Residential Placement in a licensed Mental Health Facility

Confidentiality

Both Agencies will follow applicable regulations, rules, and Agency policies involving confidentiality of individuals in service. Use of an Agency-approved Release of Information form, signed by the individual in service, is required before discussing Protected Health Information or sharing written information about the individual.

MOU Duration

This MOU is a mutual agreement between the Agencies and shall be reviewed at least every five years. The MOU does not imply a legal commitment. Modifications to this MOU must be in writing and signed by all parties.

MOU Signed by Agency Representative

	Ryan Matthews	12/29/20
Marion County Health & Human Services	Printed Name	Date
	Terese Rummell	12/18/20
Northwest Senior & Disability Services	Printed Name	Date

NWSDS

Marion County
OREGON
Health & Human Services

NorthWest Senior & Disability Services
Marion County Mental Health

NWSDS Services	E-mail: information.nwsds@nwsds.org Fax: (503) 304-3421
Benefits (Medicaid, Food Stamps, In-Home services, etc. – Please specify):	

CONSUMER INFO

Last Name:		First Name:	MI:
SSN:	Marital Status: ☐ Divorced ☐ Married ☐ Widowed ☐ Separated ☐ Never Married		Sex: ☐ Male ☐ Female
DOB:	Phone Number:	Language Spoken:	
Residence Address Including City and Zip Code:			
Mailing Address:			
Primary Diagnosis:			
Income:	Resources:		

CONSUMER NOTES

Staff Name:	Staff Phone #:
NOTES – Please include Activities of Daily Living (ADL) and Instrumental ADL needs, current complex care needs, and a brief history:	
Other Referrals made on behalf of consumer:	

WHO SHOULD WE CONTACT?

Last Name:	First Name:	MI:
Cell #: Home #: Work #:	Relationship to Consumer: ☐ Child ☐ Friend ☐ Grand Child ☐ Neighbor ☐ Parent ☐ Sibling ☐ Spouse ☐ Other Family ☐ Not Related	
Address:		

Note: This referral form is coming from Marion County Mental Health. Revised 08/14/2019

ATTACHMENT B

Adult Intensive Care Coordination Referral Form

Individual Information			
Date:	Referred by:		Phone:
Individual Name (Please Print):			Date of Birth:
Address:			Phone:
Mental Health Agency (if any):			Phone:
Case Manager (if any):			Phone:
Does Individual have a Guardian?		☐ Yes	☐ No
If so, Guardian name:			Phone:

Benefits Information			
OHP Benefits?		☐ Yes	☐ No
Will Individual lose OHP by leaving Residential services?		☐ Yes	☐ No
SSI Amount:	Other Income Amount:		
SSD Amount:	Sum of all monthly income:		
Does Individual have Payee?		☐ Yes	☐ No
If so, Payee Name:			Phone:

Services Requested

Peer-Delivered Case Management ☐

Collaborate with individuals and other service providers, prescribers, primary care and family members to effectively coordinate care. Support individuals in developing skills to interact positively to promote independence. Support individuals in their pursuit of wellness and communication with healthcare providers. Assist in linkages to community and peer delivered services.

Comments:

Wraparound ☐

Individuals voice and choice in a team-based collaboration for community-based services and supports

Comments:

☐ **Copy of MHA & ISP included**

Please submit referral form by fax to Intensive Services & Supports, to the attention of **Intake Team**
Fax #: 503.361.2728

Agreement #HE-3755-20

MARION COUNTY

APPROVED AS TO FORM:

N/A

Chief Administrative Officer Date

N/A

Marion County Legal Counsel Date

[signature] 11/4/2020

Marion County Contracts and Procurement Date