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September 27, 2010

Dear Colleagues:

For the past few years through the *Share the Care* initiative, we have been working to support the Area Agencies on Aging and the county mental health agencies to improve collaboration at the local level to better serve older adults with behavioral health needs. We feel that creating partnerships among agencies, both at the state and local levels, will result in better services to older adults, while maximizing available resources.

The Memorandum of Understanding (MOU) between agencies is an important component of this partnership. It represents a written, mutual agreement of how cross-systems services are developed and implemented in your area. In response to requests from counties for continuing technical assistance in developing MOU's, we partnered with the University of Pennsylvania to develop the enclosed MOU Writing Guide. The guide was piloted in two counties, and we are hopeful that it will help you to strengthen your current MOU. The MOU Writing Guide is also available in electronic format on the PA Department of Aging website (www.aging.state.pa.us) in the [Professionals and Providers](#) section and on www.parecovery.org in the Resources, [Newsletters/Publications](#) section. Should you have any questions or comments about the writing guide, please direct them to Ginny Mastrine, Office of Mental Health and Substance Abuse Services, at vmastrine@state.pa.us or to Patty Clark, Office of Long Term Living, at patrclark@state.pa.us.

We are excited by the innovation that your collaboration promises, and we have seen both new and improved partnerships at the local level as a result of your hard work. Thank you for all that you do in service to older Pennsylvanians with behavioral health needs.

Sincerely,

Handwritten signature of Sherry H. Snyder in black ink.

Sherry H. Snyder

Handwritten signature of Jennifer Burnett in black ink.

Jennifer Burnett

Enclosure



Pennsylvania Department of Aging
Pennsylvania Office of Mental Health and
Substance Abuse Services

Memorandum of Understanding Writing Guide



"Working together for Pennsylvania's older adults"

Acknowledgements

Funding for this workbook was provided by the Pennsylvania Department of Aging, Office of Long-Term Living, the Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse Services, and Share the Care.

We would like to thank Ms. Roberta Taylor of Lawrence County Area Agency on Aging, Mr. Joe Venasco of Lawrence County MH/MR, Mr. Bob Henry of Juniata Valley Tri-County MH/MR Program, and Ms. Gayle Landis of Mifflin-Juniata Area Agency on Aging for their support in the development of this MOU workbook.

This workbook was developed by *Cynthia Zubritsky PhD* and *Karen Fortuna, MSW* of the Center for Mental Health Policy and Services Research, University of Pennsylvania, June 2010

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Introduction

Older Adults: Mental Health and Substance Abuse Disorders

In 2004, Pennsylvania had 1.9 million residents over the age of 65, about 15% of the State's total population. Long-range census projections for Pennsylvania for the year 2030 predict that residents over the age 65 could total 2.9 million, an unprecedented 22.6% of the State's total population. If this projected growth occurs, it would make Pennsylvania one of only 10 states with a greater percentage of older adults (65 +) than children (under age 18).

Factors such as the aging of the "baby boomer" generation and improved health for older adults are contributing factors in this growing population. Increasing numbers of older individuals in three distinct categories will potentially increase the need for services of our mental health, substance abuse, and aging systems in the future: 1) older adults with long-term mental illness, substance use, or co-occurring disorders who received services prior to 65 years of age; 2) older adults who develop mental illness, substance use or co-occurring disorders later in life; and 3) persons with dementia and co-occurring mental illnesses or substance use disorders. The Pennsylvania Department of Aging, Office of Long Term Living (PDA) and the Pennsylvania Office of Mental Health and Substance Abuse (OMHSAS) are collaborating to provide an array of services to meet the current and future needs of older adults with, or at risk of developing, mental illness, substance use, or co-occurring disorders. This collaboration will better meet the needs of these older adults, while maximizing available state resources.

The Pennsylvania Department of Aging, Office of Long Term Living (PDA)

The PDA was created in 1978 by the state legislature and is charged by the Older Americans Act and the Pennsylvania General Assembly to be an advocate for the interests of older Pennsylvanians at all levels of government. PDA oversees many services and benefits to older Pennsylvanians - most of which are provided through the 52 Area Agencies on Aging, which were created in the federal Older Americans Act and Pennsylvania's Act 70.

The Pennsylvania Office of Mental Health and Substance Abuse (OMHSAS)

The PA OMHSAS has primary responsibility for program development, policy, and financial oversight of the delivery of behavioral health services in the Commonwealth, which includes mental health treatment services and supports and designated substance abuse and co-occurring services. The OMHSAS's primary objective is to ensure that every individual served by the Mental Health and Substance Abuse Service system will have the opportunity for growth, recovery and inclusion in their community, have access to culturally competent services and supports of their choice, and enjoy a quality of life that includes family members and friends.

Background: Share the Care

The PDA and OMHSAS recognize the need for collaboration in providing services to older adults with, or at risk for developing, behavioral health disorders and have been working together to develop a response to this need. In 1992, the two agencies jointly sponsored a committee to provide advice and recommendations for this purpose and the Joint Committee on the Mental Health of Older People was developed. This Committee is active and functioning under this sponsorship today. In 1994, the Committee developed and issued a collaborative policy statement that identified issues and made recommendations for collaborative care for older adults. In 2003, OMHSAS reorganized the Advisory Committee structure and the Joint Committee evolved into the Older Adult Committee of the OMHSAS Advisory Committee.

Beginning in 2007, the PDA and OMHSAS initiated a project entitled Case Review/Cross Systems Training Project. Its purpose was to train the county counterparts to work together to provide mental health, substance use, and aging services to older adults in their counties. This project focused on cross-systems training and case reviews. While all counties expressed enthusiasm for continuing this project in their communities, it was recommended that a follow-up process be initiated to evaluate what types of activities had been implemented and monitored, as a result of project participation. Participants were surveyed to determine the types of real systems collaboration and change that occurred as a result of the project. One specific area of need that was identified by the counties was the need for the development of more meaningful, comprehensive Memoranda Of Understanding (MOU) that would better reflect how cross-system services are developed and implemented for older adults in need. Beginning in 2008, PDA and OMHSAS developed, planned and initiated regional MOU training as part of their Share the Care Project. The MOU training provided technical assistance in reviewing and writing MOUs. This workbook developed out of the request for continuing technical assistance in individual county development of MOUs.

Description of Different Models

There are different organizing models for the mental health and/or aging programs in each county, which may impact the MOU development. These differences will be reflected in the document, but are not obstacles to the development of an effective MOU. The following are the mental health and aging organizational models for Pennsylvania Counties.

Mental Health Models

- County-based model
- Mental health is an independent agency, contracted for services by the county, may be either for-profit or non-profit.
- Mental health is an agency included with other target populations such as MR with a single Administrator.
- The county has an Office of Human Services as an administrative unit, under which targeted mental health, mental retardation, or substance abuse offices exist.
- Private corporation
- A Mental Health Administrator may have oversight of a single county mental health agency or multiple counties (joinders).

Aging Models

- Services are provided at the local level by “Area Agencies on Aging.” Agencies may also use the term “Office of Aging” or another term specific to that local agency.
- All agencies receive their funding from the Pennsylvania Department of Aging.
- The planning and services area for each agency may be a single county or multiple counties.
- All agencies are either county government based or independent non-profit.

Memorandum of Understanding

A Memorandum of Understanding (MOU) is a document used to convey and articulate a written mutual agreement between two or more parties. The document is not as binding as a contract but outlines a commitment between the parties to work together collaboratively toward the same purpose or goals relating to the use of shared resources or services. MOU's are especially helpful for organizations who would like to formulate partnerships and provide an exchange of supportive services without an exchange of funds. This workbook has been designed to assist Pennsylvania counties in the formation and execution of MOU's between OMHSAS and PDA's county programs to plan and deliver services to older adults with mental health and substance abuse needs.

Target Population

PA OMHSAS and PDA, Office of Long Term Living determined that the following three distinct groups of older Pennsylvanians are in need of collaborative services for mental health, substance abuse, and aging services.

- 1) Persons with a long-term mental illness who are now entering the 60+ age group; this group will continue to grow as the "Baby Boom" generation enters their senior years. By the year 2020, Pennsylvania's 60 and older population is expected to be 25% of the total population (U.S. Census, 2007).
- 2) Older persons who have or who develop mental illness later in life, most commonly depression (Hybels & Blazer, 2003). Untreated depression can lead to suicide (Conwell, 2001). Older adults have the highest reported incidence of suicide of any age group (Center for Disease Control and Prevention, 2005).
- 3) Older persons diagnosed with dementia that also have co-occurring behavioral health disorders.

Fourteen of every 100,000 person age 65 and older died by suicide in 2004, higher than the rate of about 11 per 100,000 in the general population (Center for Disease Control and Prevention)

Purpose

The purpose of this workbook is to provide guidance for developing your county's MOU. The workbook includes the following sections:

- Recommendations for structuring the MOU;
- Questions to consider when generating content for each section; and
- Sample language to illustrate how to write each MOU section.

Using This Workbook

This workbook is your guide to writing a MOU. The document is laid out in the PA OMHSAS and PDA, Office of Long Term Living recommended MOU structure. Each section poses questions you should consider and address that will help guide you in the development of the content of your MOU. If you have an existing MOU that you want to update, you can also use this workbook and its corresponding sections to update the content of your existing MOU. For example, if you would like to update the scope of your MOU, go to page 14. For your reference one sample MOU is included.

This workbook is intended to be used collaboratively by representatives from state and county agencies. It is important to have all members of your team, from both aging and mental health and/or substance abuse work together on the development of the MOU.

Each MOU section is described and includes exercises to assist you in developing the section. For each section you should complete the following:

1. Review the purpose of the section;
2. Review the sample MOU for the section;
3. Complete the exercise designed to help create your MOU; and
4. Develop your MOU section based on your work in the exercise.

This workbook does not address every issue that jurisdictions may face when developing their MOU. Each County's MOU should be customized to the capability or resource for which it is established and should consider any unique characteristics of their specific community.

MOU Required Sections 1-8.

- 1. Introduction/General Provisions**
- 2. Purpose**
- 3. Scope**
- 4. Staffing and Communication**
- 5. Communication for Conflict Resolution**
- 6. Amendments**
- 7. Terms of Agreement**
- 8. Signatures**



MOU Section 1: Introduction/General Provisions

The purpose of the Introduction Section of the MOU is to help the reader understand the agreement content. This section describes the need, the agencies involved, why it is necessary to work together, and the legal base of the agreement. This section should include the following:

- 1) Information on the participating agencies;
- 2) The services being created;
- 3) The necessity of the MOU;
- 4) Legal base for the agreement;
- 5) The importance of the agreement; and
- 6) A statement of non-discrimination.

The MOU does not need to include details about past efforts or discuss how the agencies reached their level of agreement.

To develop an Introduction Section, complete questions 1-6.

Your Response

1. What agencies are participating in the MOU?	
2. What services are being created by this MOU?	
3. Why is the MOU necessary?	
4. What is the legal base for the agreement? (see page 36 for example).	
5. What is the importance of the agreement?	
6. What is your statement of non-discrimination? (see page 36 for example).	

MOU Section 2: Purpose

The Purpose Section is a concise statement discussing the intention of the new or existing services to be provided; a description of how the agencies involved will use their new service capabilities; and the circumstances under which the services will be used. It should include the following four statements:

1. The purpose of the MOU;
2. The agency's mission;
3. A description of populations served including age, regional, cultural, and other considerations; and
4. A description of how the agencies involved will use their new service capabilities and the circumstances under which the services will be used.

To develop your Purpose Section, complete questions 1—2.

1. The purpose of this MOU is to meet the requirements of the PDA Directive #06-29-01

and PA Bulletin # OMHSAS-06-01 by establishing collaboration between

_____ and _____ (county or agency names)

to better serve _____ (your target population).

2. Your county or agency information goes here.

Participating Agencies	Mission Summary

Target Service(s)	Description of Population Served (age/regional/ cultural/ or other considerations)

Target Service(s)	Description of how the agencies involved will use their new service capabilities and the circumstances under which these services will be used.

MOU Section 3: Scope

The purpose of the Scope Section is to identify the agencies included in the agreement and describe their relationship.

To develop your Scope Section, complete questions 1—5 (make additional copies if necessary).

- 1. List all services that are provided by each agency.**

Agency	Service	Identify points when both systems can collaborate

**2. Describe your process for cross-system: 1) collaboration;
2) referral; 3) case review/planning; and 4) service delivery.**

1. Collaboration
2. Referral
3. Case Review/Planning
4. Service Delivery

3. Describe implementation issues for the following topics.

<p><u>Funding</u></p> <p>Describe how funding issues will be resolved.</p>	
<p><u>Privacy/ Confidentiality</u></p> <p>Describe how privacy and confidentiality issues will be resolved.</p>	
<p><u>Natural Supports</u></p> <p>Describe how community and natural supports will be incorporated into service delivery.</p>	

4. Describe cross-systems training and in-service efforts to enhance joint service delivery.

Proposed Training Topic	Audience	Date	Sponsor

5. Write your own MOU Scope Section Purpose below based on your responses to questions 1-4.

Handwriting practice area with 20 horizontal lines. An illustration of four paper figures holding hands in a circle is positioned on the right side of the top four lines.

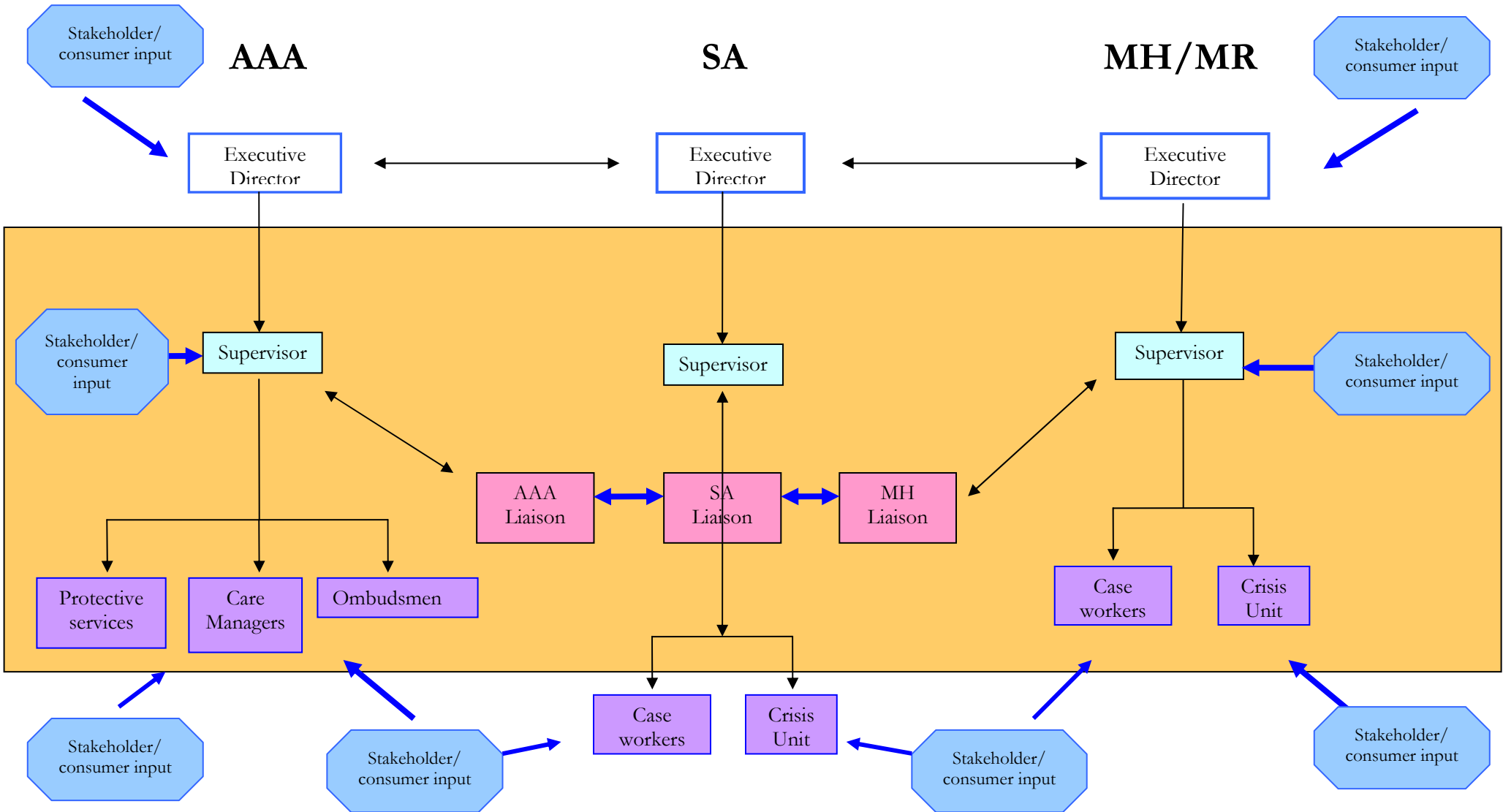
MOU Section 4: Staffing and Communication

The purpose of the Staffing and Communication Section is to describe how staff will be designated for lead responsibility in cross-systems activity and to describe staff responsibilities, authority, oversight, and supervision.

Organizational charts are used to illustrate the intended structure of an organization; demonstrating relationships, responsibilities, and communication flow. An organizational chart portrays the organization's structure using boxes and vertical and horizontal lines to connect the boxes.

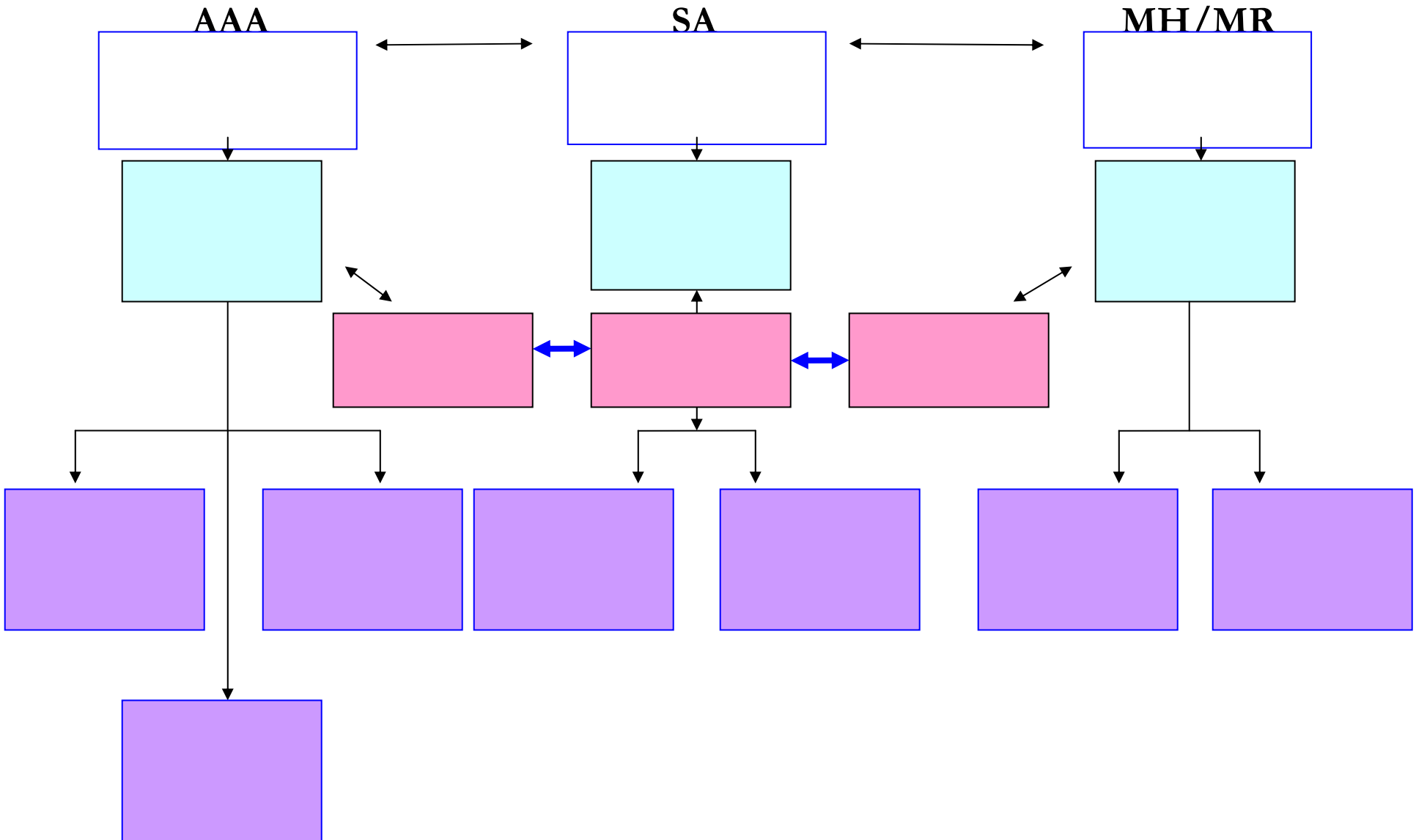
The vertical lines demonstrate the reporting relationships of staff. The horizontal lines indicate a working relationship. Page 20 is a sample of what your organizational chart may look like. Please use it as a model to complete your own organizational chart on either page 21 or 22.

Example: Cross-System Organizational Chart: Share the Care

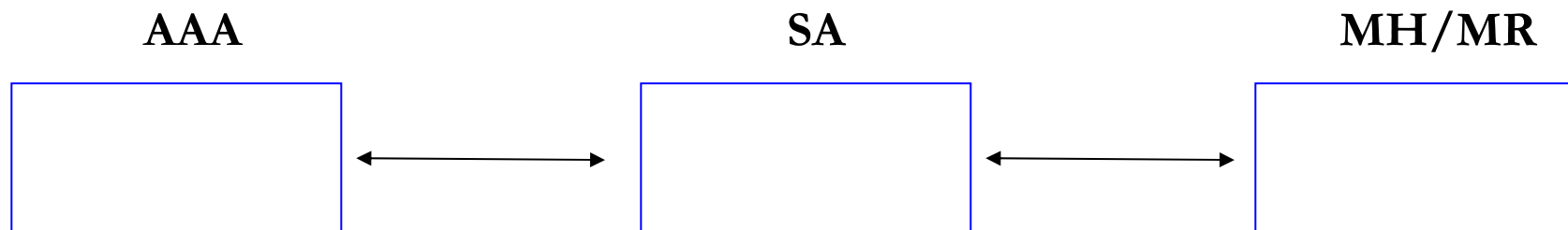


To develop your Staffing and Communication Section, either complete the following flow chart or create your own flow chart on page 22.

1. Use the instructions and example on the previous page to complete this organizational chart for your county or agency. Add boxes, vertical and horizontal lines, and arrows as needed to indicate communication flow between the two agencies. On page 23, describe staff responsibilities, authority, and oversight for all positions that involve aging and mental health/substance abuse collaboration.



1. Use the instructions and example on the previous page to complete this organizational chart for your county or agency. Add boxes, vertical and horizontal lines, and arrows as needed to indicate communication flow between the two agencies. On page 23, describe staff responsibilities, authority, and oversight for all positions that involve aging and mental health/substance abuse collaboration.



MOU Section 5: Communication for Conflict Resolution

The purpose of the Communication for Conflict Resolution Section is to develop a plan to address, alleviate, or eliminate sources of conflict across and between agencies.

When a conflict occurs between counties, the effect is often broader than the individuals directly involved in the dispute. Disputes are inevitable, and if left unresolved, can disrupt the effectiveness of collaboration across and between counties. With an appropriate communication for conflict resolution plan, conflicts between county or agency representatives can be resolved efficiently and effectively.

To develop your Communication for Conflict Resolution Section, complete question 1-2 on page 25 and 26.

1. Complete your county or agency plan for communication for conflict resolution.

1. Identify a mediator within each program.	
2. Create resolution methods (e.g. joint meetings or conference call).	
3. Establish a time frame for response/resolution.	
4. Identify who approves/signs resolution.	
5. Identify who writes the agreement, including the issues, persons involved, and activities.	
6. Establish how results are communicated and to whom.	

2. Write your own MOU Communication for Conflict Resolution plan below based on your response to question 1.

Handwriting practice area with 20 horizontal lines. An illustration of four paper figures holding hands in a circle is positioned on the right side of the first four lines.

MOU Section 6: Amendments

The purpose of the Amendments Section is to describe the process for amending the MOU including:

- 1) The circumstances under which it will be amended;
- 2) How often it will be reviewed for possible amendments; and
- 3) Who must authorize amendments and sign the document.

To develop your Amendments Section, complete questions 1-3.

1. Amendments will be developed when:

2. State that your MOU will be reviewed annually or more often if desired.

3. State the persons who authorize amendments and signs the document.

Name (Mental health administrator)

Name (Substance abuse administrator)

Name (Aging administrator)

Name (Mental retardation)

4. Write your own MOU Amendments Section below based on your responses to questions 1-3.

A large rectangular box containing 20 horizontal lines for writing. In the upper right corner of this box, there is an illustration of four stylized human figures in orange, yellow, and white, holding hands in a circle, symbolizing unity or agreement.

MOU Section 7: Terms of Agreement

The purpose of the Terms of Agreement section is to identify when the MOU begins and ends. The terms of agreement in your official MOU begin immediately upon signature and remain in effect until modified, deleted, or amended in writing.

To develop your Effective Dates and Terms of Agreement Section, complete question 1.

1. This MOU is effective from _____ to _____.

MOU Section 8: Signatures

The purpose of the Signatures Section is to document the agreement between the MH/MR Administrator, the County Office of Substance Abuse Administrator, and the County Office of Aging Administrator. The administrators must review and sign the document on an annual basis.

1. MOU Signature Authorization

Name (Mental health administrator) Date

Name (Substance abuse administrator) Date

Name (Aging administrator) Date

Name (Mental retardation administrator) Date



**You are now ready to compile your narrative paragraphs
and complete your MOU.**

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MH/MR and SA Glossary

AAMR -American Association on Mental Retardation	DSM-IV -Diagnostic and Statistical Manual of Mental Disorders, Fourth Ed
ABA -Applied Behavior Analysis	ECU -Emergency Care Unit
ADA -Americans with Disabilities Act	EI -Early Intervention
ADD -Attention Deficit Disorder	EPSDT -Early Periodic Screening, Diagnosis and Treatment
ADHD -Attention Deficit Hyperactivity Disorder	ER -Evaluation Report (education)
ADL -Activities of Daily Living	ESY -Extended School Year
ADS -Adult Day Services	EVS -Eligibility Verification System (Medical Assistance)
ADT -Adult Development Training	FAPE -Free Appropriate Public Education
AFDC -Aid to Families and Dependent Children	FBMHS -Family Based Mental Health Services
AIDS -Acquired Immune Deficiency Syndrome	FBVVR -Facility Based Vocational Rehabilitation
AMI -Alliance for the Mentally Ill	FC -Facilitated Communication
ASD -Autism Spectrum Disorder	FSS -Family Support Services
AT -Assistive Technology	GED -General Equivalency Diploma
ATF -Adult Training Facility	GPS -General Protective Services
BDAP -Bureau of Drug and Alcohol Programs	HCBS -Home and Community Based Services
BHRS -Behavioral Health Rehabilitation Services	HCQU -Health Care Quality Unit
BSC -Behavioral Specialist Consultant	HCSIS -Home and Community Services Information System
BSE -Bureau of Special Education	HIPAA -Health Insurance Portability and Accountability
BSU -Base Service Unit	HIV+ -Human Immunodeficiency virus
CAAC -County Administrators Advisory Committee	HMO -Health Maintenance Organization
CAC -Certified Addictions Counselor	HRP -Health Risk Profile
C&Y -Children and Youth	HSDF -Human Service Development Fund
CAO -County Assistance Office	ICF/MR -Intermediate Care Facility/Mental Retardation
CASSP -Child and Adolescent Service System Program	ICM -Intensive Case Management
CCBH -Community Care Behavioral Health	IDEA -Individuals with Disabilities Education Act
CCRS -Consolidated Community Reporting System (state)	IEP -Individualized Education Plan
CDS -College of Direct Support	IM -Incident Management
CER -Comprehensive Evaluation Record	IM4Q -Independent Monitoring for Quality
CLA -Community Living Arrangement	IOP -Intensive Outpatient
CMS -Centers for Medicare and Medicaid Services (federal)	IQ -Intelligence Quotient
COCA -Council on Chemical Abuse	ISO -Intermediary Service Organization
CPS -Child Protective Services	ISP -Individual Support Plan
CRR -Community Residential Rehabilitation	ISPT -Interagency Service Planning Team
D&A -Drug and Alcohol	IST -Instructional Support Team
DD -Developmental Disability	
DPW -Department of Public Welfare	

IU-Intermediate Unit
IV-Intravenous
IST-Instructional Support Team
IU-Intermediate Unit
IV-Intravenous
JCAHO-Joint Commission on Accreditation of Healthcare Organizations
JPO-Juvenile Probation Office
LEA-Local Educational Agency
LMS-Learning Management System
LRE-Least Restrictive Environment
LS-Learning Support
LSS-Life Skills Support
LSW-Licensed Social Worker
MA-Medical Assistance
MCI-Master Client Index
MCO-Managed Care Organization
MDE-Multidisciplinary Evaluation
MDT-Multidisciplinary Team
MH-Mental Health
MHA-Mental Health Association
MH/MR-Mental Health/Mental Retardation
MISA-Mentally Ill Substance Abuse
MPI-Master Provider Index
MR-Mental Retardation
MSW-Master of Social Work
MT-Mobile Therapist
M4Q-Monitoring for Quality
MYP-Multi-Year Plan
NORA-Notice of Recommended Assignment
OCDEL-Office of Child Development and Early Learning
OCYF-Office of Children, Youth and Families (state)
ODP-Office of Developmental Programs (state)
OMAP- Office of Medical Assistance Programs
OMHSAS-Office of Mental Health and Substance Abuse Services (state)
OMOC-Office of Mental Retardation Monitoring of Counties
OP- Outpatient
OSP-Office of Social Programs
OT- Occupational Therapy
OVR- Office of Vocational Rehabilitation
PAC-Planning and Advisory Committee
PAR-Pennsylvania Association of Resources for Persons with Mental Retardation
PaTTAN- Pennsylvania Training and Technical Assistance Network
PCP- Primary Care Physician
PCP-Person Centered Planning
PCPA-Pennsylvania Community Providers Association
PDE- Pennsylvania Department of Education
PEN- Parent Education Network
P/FDS-Person/Family Directed Support Waiver
PHP- Partial Hospitalization Program
PIN- Parent Involved Network
PLF-Private Licensed Facility (Interim Care)
PP&A- Pennsylvania Protection and Advocacy
PROMISE™-Provider Reimbursement and Operations Management Information System
PUNS-Prioritization of Urgency of Need for Services
QI-Quality Initiative
QM-Quality Management
QMRP-Qualified Mental Retardation Professional
RC- Resource Coordination
RTF- Residential Treatment Facility
SAM- Service Access and Management, Inc.
SAMHSA- Substance Abuse and Mental Health Services Administration
SAP- Student Assistance Program
SC-Supports Coordinator
SCA- Single County Authority
SEP-Supported Employment Program
SIS-Supports Intensity Scale
SSDI- Supplemental Security Disability Income
SSI- Supplemental Security Income
TSM-Targeted Service Management
TSS- Therapeutic Staff Support
WIC- Women, Infants, and Children

Aging Glossary

AAA- Area Agency on Aging
AARP- American Association of Retired Persons
AFC- Adult Foster Care
AFCS- Office of Adult and Family Community Services
AoA- Administration on Aging
APS- Adult Protective Services
BG- Block Grant
CAA- Community Action Agency
CAP- Community Action Program
CMHC- Community Health Centers
CNI- Community Nutrition Institute
COA- Commission on Aging/Council on Aging
CSA- Commission on Services to the Aging (OSA)
DCH- Department of Community Health
DMB- Department of Management and Budget
DHHS- Department of Health and Human Services
ECF- Extended Care Facility
FCA- Federal Council on Aging
FGP- Foster Grandparent Program
FIA- Family Independent Agency
FY- Fiscal Year
GSA- Gerontological Society of America
HDM- Home Delivered Meals
HAS- Health System Agencies
HUD- Housing and Urban Development
I&R- Information and Referral
IoG- Institute of Gerontology
NCOA- National Council on the Aging
NCSC- National Council of Senior Citizens
NIA- National Institute on Aging
OAA- Older American Act
OLTL – Office of Long Term Living
PDA – Pennsylvania Department of Aging
RFP- Request for Proposals
RSVP- Retired Senior Volunteer Program
SAC- State Advisory Council on Services to the Aging (OSA)
SSA- Social Security Act
SSI- Supplemental Security Income
TITLE III-B- Support Services and Senior Center section of OAA
TITLE III-C- Nutrition Services of OAA
III-C-1- Congregate Nutrition Services
III-C-2- Home Delivered Nutrition Services
TITLE IV- Training and Education of OAA
TITLE V- Senior Employment Program of OAA
TITLE VI- Grants to Native Americans-OAA
TITLE VI Of the Civil Rights Act of 1975- prohibits discrimination on the basis of race, national origin, etc
TITLE XVIII- Medicare Section of SSA
TITLE XIX- Medicaid Section of SSA
TITLE XX- Social Services Section of SSA ADA Americans with Disabilities Act

Official OMHSAS and PDA, Office of Long Term Living Websites and Documents

In 2006, the Department of Aging, Office of Community Services and Advocacy, and the Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse Services, issued a joint Bulletin that acknowledged the need to provide services and supports to older adults with, or at risk of developing, mental illness. Included in the joint Bulletin were guidelines to assist county MH/MR, substance abuse, and AAA programs in the development of MOUs. Documents issued by the PDA and the OMHSAS between 2001-2006, which have guided and supported the development of collaborative activities include the following.

- Pennsylvania Department of Aging Program Directive, #APD 06-29-01 (2/23/2006)
- PDA Office of Community Services and Advocacy and DPW OMHSAS Memorandum of Understanding (2/23/2006)
- Attachment 1, Guidelines for Memorandum of Understanding/Letter of Agreement Between County Mental Health/Mental Retardation Program and Area Agency on Aging
- DPW Mental Health and Substance Abuse Services Bulletin #OMHSAS-06-01 (02/01/06)
- DPW Mental Health and Substance Abuse Services Bulletin #OMHSAS -06-02 (02/01/06)
- Pennsylvania Department of Aging website: www.aging.state.pa.us
- Office of Mental Health and Substance Abuse Services website:
www.dpw.state.pa.us/about/omhsas
www.parecovery.org

Sample MOU

Letter of Agreement Between County A Mental Health and County A Aging offices

I. General Provisions

A. Legal Base

The legal base for this document is a combination of documents that have been signed to address the behavioral health needs of older adults. These documents include the Memorandum of Understanding (MOU) between the Pennsylvania Department of Aging (PDA) and the Department of Public Welfare (DPW), Office of Mental Health and Substance Abuse Services (OMHSAS), the Pennsylvania Public Welfare Code of 1967 and its revisions; the Pennsylvania Mental Health Mental Retardation Act of 1966 as amended; the Mental Health Procedures Act of 1976 as amended; the Federal Public Law 102-321 of 1992 and the Federal Mental Health and Substance Abuse Block Grant Legislation. Area Agencies on Aging were created in Federal law by the 1973 Community Service Amendments of the Older Americans Act (1965, as amended). The Pennsylvania Department of Aging was established by Act 70 in 1978 and is the State conduit for receipt of Federal Older Americans Act monies as well as funds from the Pennsylvania Lottery.

B. Non-Discrimination Clause

In accordance with Title VI, Section 504 of the Civil Rights Act of 1969, the Pennsylvania Human Relations Act, and DPW Executive Order, no client is ever denied services because of race, sex, or economic status.

II. Purpose

A. A Description of each agency and the agency's mission

i. Aging and Adult Services

Mission: Improving County A Aging mobilization of supports for older adults.

Value Statement: County A Aging office reaches out into the community to improve lives and promote independence for adults and families. We do this through a variety of services in response to changing needs. Our dedicated staff strives to serve individuals respecting the dignity of all

The County A Aging office serves as the designated agency within County A to develop and provide a comprehensive and coordinated system of services for older persons. As one of 52 area agencies on aging within Pennsylvania, County A Aging office serves over 40,000 older County A residents each year through a variety of services and programs which assist individuals and families in preventing premature institutionalization and to support the elderly and the disabled in living as independently as possible within the community. Whether provided directly by County A Aging office staff, or through its 120 agency contracts, County A Aging office offers in-home services, senior center services, comprehensive assessment, case management, information and referral, caregiver support programs, protective services, adult daily living centers, and other important

services and programs to assist aging county residents as part of a continuum of care.

Additionally, County A Aging office provides a system of services to assist low-income adults and families, as well as physically disabled adults, to achieve self-sufficiency. Through the adult services provided by County A Aging office, needs for housing assistance, shelter services, case management, in-home services, and other supportive programs, are addressed for about 2,500 low - income county residents each year.

In order to facilitate a timely response to low-income adults, families, and elderly seeking assistance through the County A Aging office, agency staff are located within offices in six areas of County A. Community offices provide direct access to any of the County A Aging office services and programs, and offer a quick response to over 25,000 information and referral requests received through the agency's community offices each year.

ii. Mental Health Services

Mission: County A Mental Health office is a government human service organization that strives to promote resiliency and recovery in the lives of those experiencing mental illness through the funding, development and quality oversight of mental health supports for County A residents In partnership with our stakeholders.

The County A Mental Health office is responsible to ensure that the mandates of the enabling legislation are carried out within the limits of available funds. The County A Mental Health office is responsible for needs assessment, planning, program development, evaluation and administration of the funds available for the provision of community based mental health services. All direct services are provided through subcontracts with private agencies. Consumers are assessed a liability for services based on Pennsylvania DPW regulations.

B. A Description of the services area and the population to be served culturally defined groups and other significant factors

County A

The population estimate as of 2002 was 600,007 in County A. The per capita income as according to 2002 Census information was \$39,038; this the highest per capita income in the State. The number of persons eligible for Medical Assistance is about 2% of the population. The 2004 unemployment estimate for people "unemployed" but "in the labor force" was 19,703 people. When looked at as a percentage of total people over the age of 16, it is 3.6% of the county's population that's unemployed. In Pennsylvania, the unemployment rate is estimated at 4.9%. For the United States, the unemployment rate is 4.7% of the population over the age of 16.

As a result of Project B, the following findings were identified:

- Major growth in the 55-64 year old cohort between 2005 and 2008 into the next decade
- No growth in that period for the traditional senior center membership cohort n 70s
- 80+ population will also continue to grow but at a much slower rate than the younger cohorts.
- Reluctant to engage in the traditional services at traditional site providing aging services
- Interest in health and wellness services, and new issues such as retirement and care giving, the project outlined a variety of potentially fruitful opportunities
- Partnerships between government, business, nonprofit aging services and civic groups can thrive if these entities realize and act on their common opportunities to reach out to the fast-

growing boomer population

- Transportation, housing, and health and wellness emerged as key issues throughout the county
- The county is rich in services, but there are many opportunities for the providers of these services to work more collaboratively and to create closer ties to local and regional business.

As mentioned previously, the County A Aging office provides its casework services through six different sites across the county. Since each regional office provides information and referral, as well as intake, access to the following programs is available for consumers and their families by contacting any regional office. Whether provided directly by County A Aging office staff, or through referral, obtaining any type of community program information is possible as well. Since 1989, the various regional offices have provided local access to any of the County A Aging programs and services, there has continued to be a positive response and increased demand for County A Aging services to be delivered on a local basis.

The County A Mental Health office provides services through Service Units located throughout the county. County A Mental Health manages the HealthChoices contract with the managed care company. Any individual can contact one of these BSUs to get information on obtaining services for themselves or a family member. Specific issues of importance for the development of the County Program include the cost of housing, the lack of public transportation in the more rural areas of the county and the low unemployment rate.

C. A Description of the purpose of the MOU/letter of agreement

The purpose of this MOU is to outline the terms of the collaboration between County A Aging and Mental Health. Terms of collaboration include:

- Cross-system referral
- Cross-system collaboration and case review/planning and service delivery
- Resolution of funding issues
- Resolution of privacy and confidentiality issues
- Incorporation of community and natural supports into service delivery
- Outreach efforts for identification and engagement of persons needing services

III. Scope

A. A description of the population to be served by the behavioral health system and the Area Agency on Aging

Services are to be provided to the older adult population living in County A in need of community based mental health services, treatments, and supports. There are three distinct groups of the elderly population that demand and deserve the attention of the system

- Persons with long term mental illness who are now entering the 60+ age group;
- Older persons who have or are developing mental illness late in life, most commonly depression and
- Older persons diagnosed with dementia and have co-occurring mental health disorders,

including depression, anxiety, paranoia, substance abuse, and behavioral problems.

B. A description of all services that are to be provided by each agency:

County A Aging

The County A Aging office provides a wide array of programs and services to assist older adults, their families and caregivers along a continuum of care. The following program descriptions highlight many of the important program areas sponsored by the County A Aging office:

Adult Daily Living Centers: A supervised setting for disabled persons during the day is provided as assistance to families. Meals, activities, and transportation are provided to consumers attending their choice of over two dozen sites contracted to provide this important service.

Care Management: Casework support to plan and monitor consumer services to meet individual and family needs, as mandated. Care plans are developed, and services ordered, to maintain consumer and family goals for quality care within a community setting.

Employment Services: Senior employment services are offered to older persons in need of part-time and full-time employment.

Family Caregiver Support Program: Community caregivers are assisted through a reimbursement program for supplies and services, as outlined in the State Family Caregiver Act. The National Family Caregiver Program was added to assist elderly caregivers even more with their service needs, and both operate on a sliding scale eligibility basis. Grandparents caring for their grandchildren may also be eligible under the National Family Caregiver Support Program for some assistance. A special grant also assists the elderly caregivers of adult (age18-59) disabled children with their caregiver needs.

Home Care Services: Assistance with personal care, home delivered meals, and home support, is provided through County A Aging office. Case/care managers assist with the development of a consumer care plan, and monitoring of the home care provided to meet individual needs.

Emergency Shelter Services: Provides emergency shelter to temporarily assist homeless individuals and families throughout County A.

Rental Assistance: Assists low-income individuals and families, who qualify, with rental and mortgage assistance payments to prevent evictions. Funding is available through state and federal funding.

Transitional Housing: Provides casework and financial assistance to individuals and families to meet their long term goals through self-sufficiency programs.

Information and Referral (I&R): Caseworkers respond to over 25,000 requests for assistance and information annually, and assist in accessing community programs and resources for families and individuals seeking our help throughout County A.

Long Term Care Assessment: Trained assessors provide a determination of appropriate level of

care for consumers, as required by the Departments of Aging and Welfare. These geriatric assessments assist families in making appropriate placements and ordering appropriate services to meet the needs of older and disabled individuals.

Ombudsman Services: The investigation of complaints and conflicts within all licensed long term care facilities, such as nursing homes, personal care boarding homes, and domiciliary care, are handled through the Ombudsman Program, as mandated in Department of Aging Regulations. In addition to the two staff ombudsman, a volunteer ombudsman coordinator and a dozen trained ombudsman volunteers assist in this important work.

OPTIONS Services: This important program provides care management oversight, planning, and assistance to those consumers and their families requiring in-home services, such as home delivered meals, personal care, and home support. This program is available to consumers on a cost sharing basis, with consumers contributing toward the cost of their care, according to income.

Protective Services: Intervention and assistance is provided in cases of abuse, neglect, exploitation and abandonment for those at risk over age 60, as outlined in the Protective Services Act. This critical program is available 24 hours a day, 7 days a week, and reports can be made by contacting the toll-free, elder abuse hotline.

Senior Community Center Services: Preventive programs to promote involvement, support good health and wellness, and enhance Independence for older adults, including a hot congregate meal, activities and daily programs are provided through senior community centers throughout County A.

Transportation Services: Older consumers and low-income individuals who meet the basic eligibility guidelines may be eligible for assistance with transportation. Transportation is available through a shared-ride program to go to senior centers, adult daily living centers, medical appointments, shopping, and for other important needs.

Volunteer Services: Volunteer placements for older adults exist throughout the County to assist with insurance counseling (APPRISE), ombudsman activities, in-home support, and a variety of community programs to assist the older adult volunteer as well as the community they seek to serve.

PDA Waiver Program: This important program is funded through DPW Medicaid money to allow elderly persons, who are financially and medically eligible, to remain at home within the community through a variety of extensive in-home services, instead of paying a nursing home to provide comparable care within an institutional setting.

County A Mental Health Office

The following is a summary of all existing county mental health services and supports,

Acute Partial Hospitalization: An intensive day treatment program designed to provide stabilization of crisis situations for decompensating clinical conditions, alternative care other than inpatient hospital, step down from an inpatient level of care, and reduction of psychiatric symptomatology.

Administrative Case Management: General case management that provides referral, monitoring

and service coordination

Community Residential Rehabilitation: Licensed, community-based, transitional housing program designed to assist in the development of daily living skills in preparation for a more Independent living arrangement. This program provides highly individualized and focused psychotherapeutic treatment to ameliorate emotional, behavioral, social and developmental problems

Community Treatment Team: An intensive, team-delivered clinical and case management service available 24/7 to individuals wherever they are willing to be engaged,

Consumer Satisfaction Team: Consumer administered team that assesses consumer satisfaction of mental health services through face-to-face interviews with consumers

Emergency/Crisis Services: Centralized 24/7 to assist people who are having a personal crisis or who observe another in crisis through mobile and medical mobile outreach, evaluation, crisis residential services and inpatient services

Family Support Advocacy: Group and individual assistance through support, information and referral and linkages. The focus is to help individuals and/or families to be able to live successfully in the community.

Forensic Services: Specialized case management services available to assist persons involved in the criminal justice system

Housing Supports: A wide range of activities that include housing and staff supports and financial assistance to individuals living in a variety of settings such as shared apartments, enhanced personal care homes, specialized foster care, etc.

Homeless Services: A wide range of activities to Improve services for consumers who are homeless.

Intensive Case Management: Eligibility-based case management service with 24/7 capacity to provide Individualized, face-to-face contact with person on an ongoing basis to assist the person In gaining access to needed supports and services. The average caseload size is 15 to 20 adults per Intensive case/care manager.

Intensive Outpatient Program: This program provides group therapy as well as linkages to individual therapy and psychiatric services for medication management with a focus on hope, empowerment, choice and partnership

Inpatient: Intensive 24/7 hospital services in a licensed facility with a secure environment and treatment through a multidisciplinary team

Outpatient Services: Mental health treatment services provided by qualified mental health professionals that include individual, group and family therapy, medication management, diagnostic evaluation and assessment that focuses on managing symptoms and maintaining stability. Also, Outpatient behavioral health services for individuals who are Deaf or deaf-blind, and use American Sign Language or other visual, or tactile, methods to communicate. Counseling services are also provided to the hard-at-hearing community who communicate using spoken English, by a therapist

who is knowledgeable and sensitive to the communication and psychosocial issues related to hearing loss.

Peer Resource Center: Available in a non-clinical setting to afford consumers with opportunities for socialization, peer support/education, skill development and in some instances, competitive employment

Peer Support: Peer Support Services are structured activities that promote recovery, community socialization, self-advocacy, development of natural supports, and maintenance of community living skills.

Psychiatric Rehabilitation: Goal directed activities that assist individuals to enhance retain or develop skills in areas of living, learning, working and socialization. This service is designed to increase a person's independence and satisfaction in the environment of their choice. Examples include mobile psychiatric rehabilitation and site-based psychiatric rehabilitation

Resource Coordination: Case management service that provides ongoing supports to persons on an ongoing basis to assist them in gaining access to care and to assist in the coordination of care. Caseload size is 30 to 50 persons per Resource Coordinator

Respite Care: Provides a short-term alternative living situation for those residing in the community. Also provides programming, which prevents hospitalization and/or support services for those reentering the community from a hospitalization.

Supported Living Program: This program provides housing support services within a community-based residential program. Supports vary in accordance to the needs of the residents.

Social Rehabilitation Services: Leisure and enrichment activities that are social and/or recreational in nature.

Special Disability Services: Home and agency-based sign language training for consumers, family members and staff, and home and agency-based outreach and support services to deaf and hard of hearing adults and children with developmental disabilities and/or mental illness.

Vocational Employment Services: Vocational Services are provided in a workshop setting and provide training in work skills in preparation for community employment. Employment services provide assistance with job development, job coaching and ongoing support for individuals seeking competitive employment within their communities

1. Process for cross-system referral

Cross-system referrals are initiated by the agency that has the first point of contact with the consumer. Case/care managers in either system are able to conduct the assessment process to identify the needs of consumers This may include the intake process, monitoring, case review, and referral to appropriate services deemed necessary. Referrals are requested through verbal and written communication. Releases of information forms are obtained by both systems' providers prior to any referrals.

2. Process for cross-system collaboration and case review/planning and service delivery

Cross-system collaboration including case review, case planning, service delivery, and case closure will continue after the referral process. Services provided to shared consumers will be set up by the appropriate agency. Communication between the case/care managers of each system will ensure appropriate services are received in a timely manner.

3. Funding issues

Funding issues will be resolved on a case by case basis. Funding will be determined once the case assessment is complete and service needs are identified. Each agency will complete an intake and liability study to determine the funding source for the appropriate service.

4. Privacy and confidentiality Issues

Privacy and confidentiality issues will be resolved through the Release of Information forms signed by the shared consumer. Each agency will maintain policies and procedures to assure compliance with all established and all applicable HIPAA requirements.

5. Community and natural Supports

Community and natural supports will be incorporated in the service delivery to the maximum extent possible. Case/care managers will explore community and natural support options with the consumer and services shall be provided in the least restricted setting as appropriate.

6. Collaborative outreach efforts

Collaborative outreach efforts for the identification and engagement of persons needing services shall be conducted by provider agencies as well as County A Aging and Mental Health Offices.

C. Cross-systems training and in-service efforts

Cross -systems training and in-service efforts to enhance collaboration and joint service delivery may include the following types of activities including staff meeting trainings, joint training sessions, distribution of written reference materials, list-serves, and outreach to advocacy organizations.

IV. Assignment of Staff

A. Lead responsibility in cross systems activity

Lead responsibility in cross-systems activities will be determined based on the needs and services identified. Primarily the priority of need will determine which agency will assume the lead responsibility. The situational need of the consumer will also play a role in determining the lead agency. Ongoing communication will ensure that service needs are met. In the event that either agency closes the consumer from service, that agency will inform collaboration agencies of that action.

B. Staff responsibilities, authority, oversight and supervision

Staff responsibilities for cases of the County A Mental Health office usually begin with an intake worker at the Base Service Unit. Responsibilities for cases of County A Aging office begin with an intake worker at a District Office. Request for service are routed through the intake Supervisor who makes the case assignment. The assigned worker and assigned workers' supervisor are primarily responsible for the oversight of the case. The authority in managing each case is determined by the laws, regulations, and procedures governing the category of service. The assigned worker's supervisor provides direct supervision. Management staff is also included in the chain of command

and oversight of services provided.

V. Conflict Resolution

If a conflict arises between the County A Aging and Mental Health offices contracted providers concerning a shared consumer, they will first attempt to resolve the problem. If no resolution is reached, each case/care manager will report the situation to his/her immediate supervisor. The supervisors will discuss the situation and report back any resolution reached. If the conflict cannot be resolved at the supervisory level, the Administrator of both agencies will attempt a successful resolution. This process also applies to all ancillary service providers.

VI. Amendments

Amendments to this Agreement may be made in writing upon agreement of the County A Aging and Mental Health offices. Amendments shall become a part of this Agreement only upon the signature of both the County A Aging and Mental Health offices Administrator.

VII. Effective Dates and Terms of Agreement

This letter of agreement shall be effective from July 1, 2004 and shall remain in force until June 30, 2005, This letter shall then be considered renewed for regular periods of one year, from the period of July 1, 2005 through June 30, 2006 and yearly thereafter, provided neither party submits a notice of termination, It is subject to review or termination upon written request by either party and shall remain in effect until such written termination.

VIII. Signatures

The County MH/MR Administrator and the Area Agency on Aging Director must sign the document.

County A Mental Health office

County A Aging office

Attachment

This attachment describes the processes of collaboration using a tool from "The Courage to Change" and examples of cooperation between county Aging and Mental Health offices. These phases show the range of the continuum from working alone to full integration.

Phase 1- Cooperation, in which key personnel from Aging and Mental Health begin to share Information and a willingness to help each other on an ad hoc basis.

Example: Occurs naturally when phone calls come in to one office and staff from Aging and Mental Health communicate on how to deal with a situation.

Phase II - Coordination, in which system representatives begin to consciously merge their efforts through joint staff meetings and joint program planning and in which they learn about each other's operating programs.

Example: Mental Health office attends meetings and focus groups sponsored by Aging office on identifying services and unmet needs for mental health outreach to the older adult population.

Phase III-Collaboration, in which key players from each system have regular meetings, cross-train their staffs, formalize joint planning, secure joint funding, and eventually form interagency agreements through memoranda of understanding.

Example: ongoing meetings that have been occurring to create this Memorandum of Understanding between the two departments.

Phase IV - Integration, in which systems form a designated planning council and a joint budget, share funding of positions, unify intake and assessment requirements, and view clients as a shared responsibility.

Examples:

1. On-call after house emergency services

The County A Emergency Service and County A Aging office have worked together to provide protective services to older and disabled adults after regular business hours. The County A Aging office staff has been trained through the Department of Aging Protective Services training program, and has received updates and cross training opportunities from the County A Aging office staff in this ongoing collaborative effort. During regular working hours, the Protective Services (PS) staff at County A Aging office handles all PS reports and investigations, yet County A Aging office staff follows up on emergency calls in the evenings and on weekends to take reports, investigate complaints, and assist with emergencies related to older persons. This provides for a seamless service system to at-risk older adults, who receive mental health evaluation and treatment, or access to aging services during emergencies after hours.

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