**Memorandum of Understanding for the County Leadership Team**

**I. Purpose**

The purpose of this Memorandum of Understanding (MOU) is to create a partnership between and the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ County Department of Human Services and/or \_\_\_\_\_\_\_System of Care (SOC) for the purposes of establishing a formal with the SOC County Leadership Team.

The primary focus of this agreement is to define the mutual roles and expectations of the above mentioned agency with regard to their relationship with the County Leadership Team.

**II. Systems of Care Partnership Concept**

The purpose of the Pennsylvania System of Care Partnership Expansion and Sustainability Initiative (SOC Partnership) is to improve behavioral health outcomes for children and youth (birth-21) with serious emotional disturbances, and their families. This will be done through the wide-scale operation, expansion, and integration of the System of Care approach through creating sustainable infrastructure and providing evidence based services and supports. System of Care (SOC) is a philosophy that builds on the benefits of systems integration and the strengths of youth and families. It makes youth and families equal partners at the table in every meeting at every level and encourages the motto, “nothing about us without us”. The SOC philosophy fosters youth and family empowerment and values natural supports in the community, increasing self-sufficiency and decreasing dependency.

*System of Care Partnership Values and Principles*

 Youth driven  Family driven

 Strengths-based  Individualized

 Evidence-based  High Quality

 Accessible  Integrated

 Cost Effective  Data Informed

 Culturally and Linguistically Competent

*Pennsylvania System of Care Partnership Standards*

 Equal Partnership on Leadership Teams

 Youth Driven

 Family Driven

 Integration of child-serving systems

 Valuing natural and community supports

 Assuring culturally and linguistically competence

 Youth and family services and supports planning process

 Evaluation and continuous quality improvement

III. County Leadership Team

The County Leadership Team (CLT) is the team charged with implementing the SOC Partnership in \_\_\_\_\_\_\_\_\_\_\_ County. It is made up of an equal number of youth and family members, who are representative of the population of focus. The CLT includes leaders form child-serving systems (Juvenile Justice, Child Welfare, Mental Health, Drug and Alcohol, Education, Physical Health, and Individuals with Developmental Disabilities) and adult systems with a focus on transitions to adulthood. The County Leadership Team meets regularly to make decisions and to develop and implement policies that establish and assure the sustainability of the SOC Partnership in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County.

IV. Partnership

The SOC Partnership and County Leadership Team will agree to:

1. Provide training and marketing materials related to the Pennsylvania and \_\_\_\_\_\_\_\_\_\_County System of Care Partnership.
2. Support efforts of the above organization to promote SOC Partnership Values and Principals by providing technical assistance and collaborative marketing.
3. Provide incentives to families and youth that are recruited to be members of the CLT from your organization.
4. Provide feedback in a timely manner from data collection in a way that is relevant to improving access to and quality of services.

System Partner Expectations:

System Partners in collaboration with the County Leadership Team are expected to one or more of the following depending on roles:

1. Attend most County Leadership Team meetings,
2. Be contributing members, and partner with the system, community, and family and youth partners to improve services and supports to youth and families.
3. Members of the CLT are also expected to read and respond to emails outside of the meeting time and read any relevant materials to inform CLT discussion.
4. Members are also encouraged to assist with any action items identified at SOC CLT.
5. Members should be champions for System of Care within their communities and organizations by educating others about System of Care and the work of the County Leadership Team, representing the strengths, concerns and recommendations of the youth and family in the organizations and communities in which they are involved.
6. Utilize and display the System of Care Values and Principles.
7. Recruit family and youth members for the CLT
8. Participate in one sub-committee of the CLT as necessary
9. Support through promotion, participation, and hosting of SOC Partnership efforts such as public awareness campaigns, community and agency based trainings, and data collection.
10. Will have one vote per agency as a voting member of the CLT.
11. The CLT member will provide PA Childline clearances, FBI clearances, and a criminal background check for their identified representative(s) to the CLT.

All team members are encouraged to ask for support and additional training when needed.

County Leadership Team meetings are held once per month at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_. Meetings are typically about \_\_\_\_\_ hours and occasionally there are additional opportunities through SOC to participate in fairs, forums, or trainings that are in addition to regular monthly meetings.

V. Term of Memorandum of Understanding:

This MOU shall be in effect of a term of three years, effective from October 1, 2017 through September 30, 2021. Annually, the County Leadership Team and the above organization will review the progress and success of the MOU and the SOC Partnership initiative to determine whether the MOU will be extended for an additional term. Nothing in the terms of this MOU shall be deemed to create any agency, employer, or officer relationship between the parties. Each party further agrees to indemnify, defend, and save harmless the other, its officers, agents and employees.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Title Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

System of Care Coordinator Date   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date