

## Memoranda of Understanding: Planning Guide

Many counties implementing the new Medi-Cal Mobile Crisis Benefit are struggling to meet the full continuum of crisis care needs. Robust crisis care requires reciprocal relationships with crisis stabilization units, Emergency Medical Services (EMS), Family Urgent Response System (FURS), homeless outreach, law enforcement, and other emergency response and stabilization programs. One key to delivering comprehensive mobile crisis response is to develop county/provider partnerships that are formalized in Memoranda of Understanding (MOUs). Some California counties have built additional mobile crisis capacity by entering MOUs with other county-based agencies, including both government and nonprofit. Partners have included local community-based organizations, local law enforcement agencies, local emergency medical response services, local fire departments, community health centers, hospital associations, and many others. These collaborations have enabled counties to support the full range of crisis care services and refer callers in distress to appropriate behavioral health services, both before, during, and after the crisis. Linking callers with services that meet their specific behavioral health needs, (e.g., foster youth, homeless populations, those with substance abuse disorders, children and youth) leads to better outcomes and fewer future behavioral health emergencies.

This packet is designed to help counties understand the nature, purpose, and scope of an MOU with a partnering provider. The resource presented below includes the definition, roles, and benefits of MOUs; key discussion questions to guide the development of an MOU between a county and a provider; and templates and tips for drafting an MOU. It also offers suggestions for identifying possible partners and highlights the importance of developing MOUs that are driven by county-specific needs.

Please note that this document is provided for informational purposes only. An MOU is a legally binding document that should be reviewed by legal counsel prior to implementation.

### What is an MOU?

A Memorandum of Understanding (MOU) is a document that two or more collaborating parties use to codify the details of their alliance. An MOU is a formal document that is signed by all parties. In general, an MOU must identify the signing parties, explain the purposes and/or objectives of the alliance, and summarize the terms of the alliance. An MOU generally contains disclaimer language that specifies when and how signing parties may dissolve the agreement. It may also create specific outcomes, measurements, and expected benefits for the mutually served population.

## Why use an MOU?

An MOU summarizes the common goals between partners and gives authority and responsibility to both partners; this minimizes potential problems in the future. It helps create ongoing pathways to mental health services that are sustainable and can weather staffing transitions at both organizations. An MOU clarifies how decisions will be made and by whom, how conflict will be resolved, and how the scope of the partnership can be changed. The data sharing agreements that are part of a standard MOU ensure that both parties adhere to HIPPA and FERPA privacy laws.

A good MOU is a map that helps both parties navigate the process of collaboration. To best meet local community mental health needs, mobile crisis response teams can establish MOUs with other local organizations, such as community health centers, hospital associations, and local law enforcement. Because an MOU clearly defines roles, they can be used to meet staffing needs, provide appropriate referrals, and define responsibilities so that each agency has a clear understanding of the scope of work and any identified limitations.

## Who should be engaged in creating the MOU?

Collaborative endeavors are often led by champions who are committed to a particular cause. The person who initially negotiates on behalf of the county mobile crisis teams should be invested in crisis care and familiar with existing opportunities and challenges for crisis providers. Begin investigating providers by connecting with your local [211](#) who can link you to other county and community agencies including [211's Mental Health Resources](#) and visit [DMHC Resource List \(ca.gov\)](#) for another list of behavioral health resources.

## What services should the MOU cover?

Knowing which services are needed in your county will determine your choice of partners, and your MOU can specify which services will be delivered and or supported through the partnership. You may already have a specific service in mind, or you can explore the options with county departments and agencies in your community. The table below contains a range of specialized services that may be available in your community and accessible by your community members. Each county has different resources; consider your specific community needs to ensure that you are responsive.

\*The services below are examples and will not be available in all counties.

Behavioral Health	Emotional Support	Basic Needs Support	Crisis Services
<ul style="list-style-type: none"> <li>• Onsite counseling</li> <li>• Individual</li> <li>• Couples/family</li> <li>• Group</li> <li>• Crisis/Urgent Care</li> <li>• Day Treatment</li> <li>• Detox/Residential</li> <li>• 12-step</li> <li>• Psychiatric Medications</li> </ul>	<ul style="list-style-type: none"> <li>• Support Groups</li> <li>• Peer Navigators</li> <li>• Peer Support</li> <li>• Phone Check-ins</li> <li>• Coping skills groups</li> <li>• Drop-in Centers</li> <li>• Chat Rooms</li> <li>• Wellness Programs</li> </ul>	<ul style="list-style-type: none"> <li>• ACA/Covered CA/Medi-Cal Sign-up</li> <li>• Cal Fresh Outreach</li> <li>• Food Banks/Pantry</li> <li>• Financial Education Services</li> <li>• CalWORKs Application</li> <li>• Transportation Services</li> </ul>	<ul style="list-style-type: none"> <li>• Regional Crisis Call Center</li> <li>• Community-Based Mobile Crisis</li> <li>• Facility-Based Crisis Response</li> <li>• Crisis Receiving and Stabilization Facilities</li> <li>• In-Patient Psychiatric Hospitalization</li> </ul>

### Best Practices:

No two MOUs will look alike, but their formats can look very similar. The following is a list of characteristics commonly found in an MOU. Refer to the end of this document for a list of writing guides that can be adapted to your needs.

- **Introduction:** *What* is the intention of this agreement?
  - Briefly describe the need for the agreement
  - State and identify all parties involved
  - Briefly describe problem and the solution offered by the proposed partnership
- **Purpose/Scope/Terms & Conditions:** *Why* is this agreement needed?
  - Outline the specific goals of collaboration, catered to your communities' needs
  - Name the points of contact
  - Create a timeframe of the agreement
- **Responsibilities of Each Party:** *How* will this agreement be met?
  - Detail the services to be provided
  - Describe which parties will be responsible for each required action within the agreement
  - State who will be responsible for the oversight to ensure adherence to the responsibilities outlined in the MOU

- **Maintenance:** *Who* will update and oversee the agreement?
  - Create a policy for updates or changes to MOU content
  - Define the terms of termination of the agreement

### Sample Discussion Questions for Mobile Crisis Teams and Providers:

These questions serve as a starting point for potential partners to identify common goals, terms of engagement, and roles and responsibilities.

#### What are the goals of the collaboration between the mobile crisis team and the provider?

- How will services under the MOU address the unmet mobile crisis response needs of the county?
- What are the expected outcomes as a result of forming this partnership?

#### What are the terms of the MOU?

- Who needs to give permission for the MOU to move forward?
- Who is responsible for ensuring support at each organization?
- How long will the MOU be in effect? Will it be renewable? If so, what would be the renewal process?

#### Which callers will be served under the terms of the MOU?

- Which callers will be able to access mobile crisis services (e.g., does it depend on the referral source, nature of crisis and appropriate level of responded needed, insurance status, timeliness standards, team composition requirements, telehealth response and capacity, access to a licensed mental health professional when necessary, access to experts when necessary, etc...)?
- What is the referral process between the mobile crisis team and the provider, including after-hours referrals?
- Will some callers be prioritized for intervention (e.g., children / youth, repeat callers)?

#### What are the responsibilities of the mobile crisis team?

- What information or training will the mobile crisis team provide to provider (e.g. about the needs of person in crisis and current mental health services/support programs provided)?
- What role will the mobile crisis team play in reporting and evaluation activities?
- How will the mobile crisis team maintain contact with Provider to ensure that all necessary information and updates on services are shared?

- How will the mobile crisis team comply with required authorization to release confidential / HIPAA information?
- Who will serve as administrative point of contact with Provider? What administrative supports will mobile crisis team provide to Provider?

### What are the responsibilities of Provider?

- What information or training, if any, will Provider bring to mobile crisis team (e.g. license / credential)?
- What role will Provider play in reporting and evaluation activities?
- Who will serve as an administrative point of contact with mobile crisis team?
- How will Provider maintain contact with mobile crisis team to ensure all necessary information and updates on services are communicated?  
How will Provider coordinate with MCT services (e.g. responding team)?
- How will the Provider comply with required authorization to release confidential / HIPAA information?

### What are the policies and procedures for referring caller to Provider?

- What services will a caller referred to Provider receive? How are fees-for-service paid?
- Who can make the referral to Provider (i.e., mobile crisis team, community health centers, hospital associations, law enforcement, EMTs)?
- What documentation is needed for referral (e.g. must caller referred to Provider be diagnosed by a licensed clinician or healthcare provider or have documentation of their diagnosis or crisis prior to referral)?
- Is there a minimum age requirement to be referred to Provider? Who are the Providers for the various age brackets?
- Are referrals to Provider limited to certain ages?
- Is there a limit on how many callers may be referred to Provider?
- How can we best prepare our callers for the intake process when we refer them to Provider?

### What is the follow-up process after a caller has been referred to Provider?

- Who from mobile crisis team will notify Provider that a referral has been made?
- What systems navigation assistance will Provider give newly referred callers?
- Who from Provider will notify mobile crisis team that a caller has been seen?
- What information will be shared between mobile crisis team and Provider?
- Who will ensure that callers have signed appropriate consent forms to share information between mobile crisis team and Provider?

- Does Provider notify mobile crisis team when treatment has been terminated (e.g., caller stops showing up; caller ends treatment against clinical advice)?

### Sample Templates:

#### [Draft MOU Between County Crisis and County CST Programs \(uwgb.edu\)](#)

This 2-page MOU lays the groundwork for collaboration between the County crisis program and the CST program and includes optional addition of Core Values/Principles/Vision and cultural approach.

#### [Memorandum of Understanding California Children's Services Program/Healthy Families Program Plan](#)

This 4-page sample MOU starts on page 25 and details each agency's responsibilities by category. It covers relevant areas to mobile crisis teams such as resource identification, health care planning and coordination, trainings, and referral between agencies.

#### [Sample MOU between Local Community Partner and Local Mobile Crisis Response Team](#)

A simple, 2-page template that provides an example of how to delineate the specific services each party will deliver. This agreement defines the tasks for the provider and the responsibilities assigned to the mobile crisis response team.

#### [MOU for Merced Co. Mobile Crisis Response Team](#)

The purpose of this 8-page MOU is to establish a working relationship among the parties and to document the responsibilities of each party relative to the provision of the MCRT services in Merced County. MCRT is designed to improve collaboration between BHRS and law enforcement systems, with the goal of more effective handling of incidents involving law enforcement officers and persons in need of immediate behavioral health crisis and/or interventions.

#### [Final Appendix I Sample MOU for 508 \(hhs.gov\)](#)

This 3-page document reflects strategies that could be included in an MOU between a tribal entity and a state agency. A Tribal Lead Agency could modify this MOU to be used on a local level (for example, with a county agency, the Indian Health Service, or other monitoring agency).

#### [Tribal MOU/MOA Sample Resource Library | COPS OFFICE \(usdoj.gov\)](#)

This library is designed to provide users with the resources they need to research and successfully draft memoranda of understanding (MOU) and memoranda of agreement (MOA). It includes a simple, generalized, 3 page template:

[Fillable Template MOU.docx \(live.com\)](#)

### [MOU Between Western Mental Health Inst. And Centerstone of TN](#)

The purpose of this 11-page MOU is to establish a framework of cooperation between Western Mental Health Institute and Centerstone for the purpose of offering enhanced follow-up services by Centerstone's Crisis Care Services. The intent of this MOU is to establish confidentiality requirements for Centerstone so that Western Mental Health Institute may share otherwise confidential information with Centerstone about patients treated by Western Mental Health Institute and participating in the enhanced follow-up program in order to enable such participation.

### References:

[National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit Executive Summary \(samhsa.gov\)](#)