CLINTON COUNTY 708 MENTAL HEALTH BOARD

**AGREEMENT FOR INTERAGENCY COOPERATION**

**Fiscal Year 2022-2023**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ does hereby affirm its commitment to cooperation in the planning, delivery and evaluation of comprehensive mental health, developmental and substance abuse services for the residents of Clinton County. In demonstration of this commitment, the above named agency agrees to:

1. Provide services in the most appropriate manner and at locations accessible to

 residents in Clinton County.

2. Make services available to all persons in need thereof who reside in

 Clinton County, without discrimination on the basis of race, color, religion,

 national origin, ancestry, gender, marital status, sexual orientation, physical

 condition, previous mental condition or ability to pay.

3. No qualified person shall be discriminated against in any manner prohibited by

 law, or by reason of sexual orientation with respect to the privilege of

 employment in the agency.

4. When programmatically feasible, establish or maintain a charge for services based

 upon a consumer’s ability to pay, or if fees are prohibited by a major funder, the

 agency should solicit consumer/family donations.

5. Receive for service eligible consumers referred by other agencies, subject to the

 above named agency’s admission policy and procedures.

6. Transfer or refer consumers without delay to other mental health, developmental

 disabilities and substance abuse agencies whenever such a transfer or referral is

 clinically indicated and is in the best interest of the consumer, and when informed

 consent has been obtained from the consumer or when legally prescribed

 voluntary commitment procedures have been observed.

7. Make available, upon obtaining consent for release of information, necessary clinical information concerning a consumer, which was obtained by the above named agency to those responsible for that consumer’s care within another mental health, developmental disabilities or substance abuse agency.

8. When service from more than once agency is indicated, and with consumer

consent, collaborate with other agency(ies) in service planning and delivery or through consultation, and allow access to consumer in residential or day setting

when practicable and clinically indicated.

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9. Recognize the Clinton County Mental Health Board (CCMHB) as the

 designated unit of local government for mental health, developmental disabilities

 and substance abuse planning, coordination and priority setting.

10. Provide input into the development of CCMHB’s One and Three-Year Plan.

11. Provide those elements of comprehensive mental health, developmental

 disabilities and substance abuse services, which are contained in the Agency

 Program and Financial Plan, and maintain facilities for these purposes.

12. Cooperate with other mental health, developmental disabilities and substance

 abuse agencies and such other agencies as appropriate in developing and

 maintaining an integrated program of mental health, developmental

 disabilities and substance abuse services for residents of Clinton County.

13. Develop and maintain with those agencies with whom the above named agency

 has a significant amount of service interaction written working agreements

 specifying at a minimum the areas of interaction between the agencies, procedures

 for carrying out these interactions in an efficient and effective manner and any

 contractual obligations. These agreements are to be reviewed by participating

 agencies at least every three years.

14. Keep the CCMHB informed of any perceived needs for changes in the system

 of available mental health, developmental disabilities and substance abuse

 services and any agency plans to address those needs including applications for

 new or for substantially increased revenue from other funders.

15. Collect and make available to the CCMHB and other appropriate agencies

 statistical, evaluation, progress, cost and other information necessary to assure

 compliance with the Agreement.

Approved this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_

Signature:

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# Chief Executive Officer