



# **TOOLKIT** FOR **MEMORANDUMS** OF **UNDERSTANDING**

F, DACE FCA, B, AD

#### ACKNOWLEDGMENTS

Thisp ub icatio\_nwas deve  $\phi$  ed by the F  $\sigma$  ida Cer tificatio\_nBoard for the F  $\sigma$  ida Dep art e\_rt of Chi dre\_na\_rd Fa i ies, Office of Substa\_rce Abuse a\_rd Me\_rta Heath u\_rder Co\_rt act LH 2 0 (Ju\_re 2020).

A. at σ ia s i\_nthis work or e i\_nthep ub ic do ai\_na\_rd ay ber eproduced or copied withoutp σ issio\_nf o the Forida Dep or t e\_nt of Chi dre\_na\_rd Fa i ies. Citatio\_n of the source is appreciated.

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The irfor atio\_nco\_rtai\_red i\_nthisp ub icatio\_n is for ge\_rer a\_guida\_rce a\_rd shou\_d\_rot be co\_rsider ed\_ega i\_n\_ratur e or e\_cui ed .a\_rguage for the or eatio\_nof Me or a\_rdu s of U\_rder sta\_rdi\_rg (MOU). I\_na\_cases, r eader s shou\_d use their ow\_ndisor etio\_nor seek advice f o professio\_ra\_advisor s fa\_i iar with their actua\_p ar t\_rer ship ve\_rtur e befor e co\_rst ucti\_rg a\_nMOU.

## **BACKGROUND AND PURPOSE**

Coor di\_ratio\_nof services is or itica. for i\_rdividua s with serious e\_rta\_hea\_th, substa\_rce use a\_rdp hysica\_ hea\_th co\_rditio\_rs. To over co\_e obstacles to care, it is i por ta\_rt for serviceproviders to or eate ci\_rica\_y effective i\_rkages a o\_rg\_e\_rta\_hea\_th, substa\_rce use, ge\_rera\_hea\_th care, a\_rd other hu\_a\_nservice age\_rcies. Co\_p\_e\_e\_rtary, u\_tidi\_e\_rsio\_ra\_actio\_rs are a\_so\_reeded topr o\_ote\_i\_rkages betwee\_n a\_rci\_ary, \_ratur a\_a\_rd other recovery support services to yie\_d\_o\_rg\_ter\_\_i prove\_e\_rt\_i\_nbehavior a\_hea\_th outco\_es.

Achieve e\_t of these actio\_tsr e uires st uctures a\_tdpr ocesses that e\_table, supp of t, a\_tdpr o ote the coor di\_tatio\_nof car e!. This too kit offers a st ucture for o\_te typ e ofp at t\_tership agree e\_tt - a *Memorandum of Understanding* - to foster st ategic co. abor atio\_ts i\_nhea th a\_td hu a\_nser vices. It provides ge\_ter a. guide i\_ters for deve op i\_tgp at t\_tership s a o\_tg a variety of age\_tcies i\_nvo.ved with or i p acted by behavior a hea th issues, i\_tc\_udi\_tg hea th car e, \_aw e\_tfor ce e\_tt, corr ectio\_ts, chi d we far e, schools, a\_td other s. To i pr ove ser vices a\_td outco \_es, it is i p or ta\_tt for these co \_u\_tity or ga\_tizatio\_ts to co. abor ate, deve op or oss-syste \_p at t\_tership s a\_td/or i\_tteg ate ser vices whe\_tp ossible.

Me  $\sigma$  a\_rdu s of U\_rdø sta\_rdi\_rg (MOUs) ca\_nassist i\_n deve  $\phi$  i\_rgp  $\sigma$  t\_rø shp r e\_atio\_rshp s to e\_rha\_rce the cuality a\_rd avai ability of behavior a heath so vices i\_n



a co u\_ity. These efforts ofte\_nfocus o\_ni\_rr easi\_rg accessibility, efficie\_rcy, transpare\_rcy, a\_rd co\_rti\_ruity of services to over co e barriers a\_rd e i i\_rate disparities. A\_nMOU ca\_nestabilishpart\_re shp s that hep safeguard agai\_rst acute or ises by providi\_rg co u\_ity educatio\_npreve\_rtio\_near\_yi\_rterve\_rtio\_n a\_rd co\_rti\_ruity of care.

A Me  $\sigma$  a\_rdu of U\_rder sta\_rdi\_rg is a writte\_n ag ee e\_rt betwee\_ntwo  $\sigma$  or ep ar t\_rers that defi\_res how they wi\_\_work towards a shared outco e or objective. It e\_rco p assespr actica\_co\_rsider atio\_rs such the visio\_na\_rdp urp ose of the co\_abor atio\_n staffi\_rg, pr ocedura\_ter\_s, a\_rd co\_rfide\_rtia\_ityr e\_ure e\_rts. A\_nMOU is or e for a\_tha\_na ver ba\_or "ha\_rd-shake" ag ee e\_rt but usua\_y\_acks the bi\_rdi\_rgp ower of a co\_rtr act. It usua\_y does\_rot or eate duties or \_ega\_y e\_rfor ceab\_e\_iabi\_ities or obligatio\_rs for a\_ryp ar t\_rer.

Anor ga\_rizatio\_nshould detar i\_re at the outset whether it wa\_rts to e\_rter i\_rto a\_ne\_rfor ceable agree e\_rt with a\_rother p ar ty or just a utual set of u\_rder sta\_rdi\_rgs where \_reither p ar ty is .ega\_yr esp o\_rsible for colplying with the ter s. Or ga\_rizatio\_rs should use care i\_ndr afti\_rg a\_nMOU if they do\_rtt wa\_rt it to be ega\_y bi\_rdi\_rg. A\_nMOU ca\_ntur\_ni\_rto a co\_rtr act by virtue of the words used r egardless of what the docule\_rt is ca\_led.<sup>2</sup> It is for thisr easo\_nthat this docule\_rt haspler iodicted that or ga\_rizatio\_rs alwa\_rt to seeklega\_or other pr ofessio\_ra\_advice to exerciser easo\_rable care i\_nthe MOUpr ocess a\_rdpr oduct.

#### **TOOLKIT LAYOUT**

This too kit is structured to assist with the se  $_{c}$  ue\_ttia. deve  $\phi$  e\_tt of a Me  $\sigma$  a\_tdu of U\_tder sta\_tdi\_tg. Each sectio\_nco\_ttai\_rs o\_re  $\sigma$  or e of the fo\_owi\_tg e.e. e\_tts

- 1. A\_nexp\_a\_matio\_nof ther e\_eva\_rce of the sectio\_nto a\_nMOU.
- Key cuestio\_rs topr ovoke thought about what to co\_rsider for the MOU.
- **3.** A text te p\_ate to i\_ustrate how that sectio\_n ight app ear i\_na\_nMOU.
- **4.** Sa p e text based o\_nthe too kitp ar t\_rer shp sce\_rer io.

It is i p or tart to rote that the sectiors used for MOUs vary. Sectiors presented in this docu ert can be used or excluded deperdert up on the reeds of the or garization

#### PURPOSE

A Me σ a\_rdu of U\_rde sta\_rdirg has a\_nover a chirg p up ose. Thisp up ose is typ ica. y based o\_na\_n age\_rcy's ide\_rtified sp ecific cha.e\_rge, bar ier , reed, σ φp σ tu\_rity that ca\_nbetter be addressed by workirg co...abor ative y with a\_rother e\_rtity. It i\_rc.udes utua...y-ag eed up o\_ngoa\_s a\_rd the i\_rter ests of the stakeho.der s.

A\_nMOU serves as a\_ni porta\_rt t.,

#### Q ES IONS O CONSIDER

- Whichp ote\_tia p at trace (s) would share the sale core values regardirg the work irvo ved in the project?
- Whichp ote\_tia p ar t\_rer (s) wou d shar e a co o\_ngoa for thepr oject?
- How does thep ote\_tia p at re co p e e\_t the other p at re or p at re s i\_vo ved by offer i\_re differ e\_t ski s a\_rdr esour ces for thepr oject?
- Ca\_nthep ar t\_mar ship i pr ove ser vices a\_nd over a... outco es?

#### HO OB ILD A PAR NERSHIP

Orce thep at the s are idertified, a collaboration agree ent ust be regotiated and a working relationship established. This light build up on an existing relationship or require developing a new workingreationship. For thep up oses of the MOU, eachpartmerinvolved in the collaboration should view the other as a nactive elber of their own tea for the duration of theproject. Thepriary decision aker or set of decision akers for eachpartmer should eet to deter intertheproject's agreed up on ter s. Key stakeholders ay also be invited to provide input into theproject's develop entine unding pup ose, focus, and ter s.

#### Q ES IONS O CONSIDER

- Is there a ai\_nco\_ttactp er so\_nfor eachp ar t\_rer ide\_ttified?
- Does eachp ar trar have at east ore irdividua. idertified who isr esp orsible for the over sight or

The MOU supp or ts the success of the co..abor ative ve\_ture by out i\_ring the individual resportabilities a\_rd shared ow\_refship for project activities. I\_rdividually, eachplant theref will co.rt ibute leader ship a\_rd staff, provide appropriate busi\_ressprotectio\_rs, a\_rd always respect a\_rd abide by the privacy a\_rd co\_rfide\_rtiality provisio\_rs that therefore refer therefore.

The MOU ca\_nbe used to defi\_re\_ega\_issues, if \_reeded, a\_rd out\_i\_re a\_ry sp ecia\_\_rotes a\_rdpr ovisio\_rs. The MOU wi\_\_a so hep to cur b isu\_rder sta\_rdi\_rgs a\_rd build a so id fou\_rdatio\_nthat foster s co u\_ricatio\_n co\_egia\_ity, a\_rd r ust a \_o\_rg thep ar ties.

A core tea that represents thep at the ing or galizations is meeded to draft the MOU. The tea , typ ically collect or individuals who deliver the services, called eak to the uning upper spective of their professions and raise opp or tunities and concerns for project deploy ent. Gathering their feedback during the MOU drafting hase will hep with buy-inonce theprogram is operations, and these individuals called a bassadors for the program within their owin professions and deplart ents.

Represe\_ttatio\_na\_rd i\_rvo.ve e\_rt fo ad i\_rist atio\_n a\_rdp e hap s .ega., is c itica.. It is \_ike\_y that so eo\_re i\_na se\_ricr \_eader shp p ositio\_nwi.. be the MOU sig\_rator y for each age\_rcy. This \_eve\_ of r eprese\_rtatio\_nhep s with co\_rse\_rsus a\_rd supp or t as thep ar t\_rer shp beco es cp er atio\_ra.

#### INTENT, GOALS AND RESPONSIBILITIES

This sectio\_nof the Too kit out i\_res the basic co porents of a\_nMOU. Ma\_ry te potes exist for developing a\_rd MOU a\_rd\_rot all sectio\_rs prese\_rted here ay be\_recessary. Pleaser esearch your age\_rcy's policies, protocols a\_rdr eleva\_rt laws. More i porta\_rty review all MOU docu e\_rts with your risk a\_rage e\_rt, lega\_a\_rd a\_ry other deport e\_rts as appropriate withi\_nyour age\_rcy before sig\_ring to e\_rsure co polia\_rce with releva\_rt state a\_rd feder all laws as well as or ga\_rizatio\_rap oplicies a\_rdpr ocedures.

#### IN ROD C OR S A EMEN 1

The  $\phi$  e\_i g  $\sigma$  i t oductor y state e\_t de i reates the  $\sigma$  ga\_izatio\_rs  $\sigma$  other e\_t titles that are participation time in the agree e\_t. It states the over a intert of the MOU. The  $\sigma$  e detailed ratio\_rale for the MOU is set for the inthe rext sectio\_n Purp ose.

#### **BACKGRO ND**

The MOU \_reeds to br ief y ide\_ttify thepr ese\_tti\_tg issues that u\_rder\_ie the co.\_abor atio\_n Data fro errier\_reeds assess e\_rts or gap s a\_ra ysis ca\_nbe used to fra e the issues. Co\_rcurr e\_rt y, a br ief visio\_nstate e\_rt that r effects how the issues will be positive y i p acted by the ve\_rtur e is desired. The visio\_nstate e\_rt shou d a so e\_rco p ass the wa\_rts, \_reeds a\_rd asp r atio\_rs of those who are particip ati\_rg i\_nthe MOU.

#### **Q ES IONS O CONSIDER**

- What a e the issues beirg add essed?
- What is the over a chirg visio\_nfor the vertur e ard the co..abor atior?
- How wi. this co. abor atio\_nadd ess the issues a\_rd i pr ove outco es?
- Is the value of thepr oject co\_rveyed?

#### TEXT TEMPLATE

[Pro ide in ormation that rames the project and identi ies the project strele ance to the ind str or comm nit. Identi, the concerns that are important or this MOU and potential bene its o the collaboration. S mmari e ith a statement that presents a ision or ho the iss es ill be positi el impacted.]

#### SAMPLE TEXT

A\_tytow\_rr ecoq\_rizes that the e has bee\_na\_n increase ine ergency depart entitists for behavior a heath correr rs. Co u\_rity data r evea s the regative effect behavior a hea th issues are having onboth Anytownsr esidents a\_nd A\_nytow\_nas a co u\_rity. The i\_rr ease i\_n e erge\_ncy depart e\_nt visits\_not o\_ny i\_ustrates the distress behavior a heath sy p to s ar e causi\_rgr eside\_rts, but a so disp ays the cu u ative bu de\_nthese issuespr ese\_t to the со u\_rity. Behavior a heath issues i p act i\_rdividua s, fa i ies, a\_rd have associated societa costs. With the steadyr ise i\_nsuicide atte p ts and copietions, thep at mars consider ensuring the safety

[The Agency] and [the Hospital] ill acilitate the de elopment o agreed local interagenc operational protocols. E<sub>l</sub> isting policies, proced res and protocols ill be re ie ed or q alit, accessibilit, and merit. Protected Health In ormation ill be collected and maintained in

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TOOLKIT FOR MEMORANDUMS OF UNDERSTANDING

#### **RESO RCES**

Co. abor ativeprojectsr e uire thep at the stoshare resources. These resources are diverse and ay include explort knowledge, data, service de ivery, office splace, supplies, insurance, and personne. Any splecific rights or i itations of how these resources are shared a oing thep at the slust be ideintified in the doculent. This ay, for exalple, include information regarding privacy protections or intellectual property.

#### Q ES IONS O CONSIDER

- What resources will be shared betwee p ar trars?
- How wi. the data be co. ected, stor ed, a\_rd shar ed?
- Wi. there be a fee for shari\_rgr esour ces?
- Are there a\_tyrest ictio\_ts o\_nshari\_tgresources, such as co\_fide\_ttia ity co\_rce\_rs or co\_ficts of i\_terest, which reed to be addressed?
- Who wi\_r etai\_r ights to theproject data a\_rd r φ σ ts o\_rce the co.abσ atio\_nis co p\_ete?

#### TEXT TEMPLATE

[Partnering agenc ] ill allo [Req esting Agenc ] to \_\_\_\_\_. There ill be \_\_\_\_\_ ee or these ser ices. [An additional terms or conditions.]

#### SAMPLE TEXT

[The Hospital] will allow [the Agency] to co-locate alloffice withighthe E or gegrey Deplant eight for one clinical staff e bor. The staff e bor will be allowed to work in plantifier on the one of the one one of the one of the one of the one of the one

The partners in ol ed in this agreement ma not se an other partner\_s\_name, logo, or trademark itho t prior ritten appro al rom that partner.

#### ADDRESS CONCERNS

Pote\_tia\_co\_rce\_rs, bar iers, a\_rd co\_p\_icatio\_rs of theproject objectives and over a agree ent should be a\_ticp ated a\_td add essed as uch asp ossible befor e these situatio\_rs a ise. These sce\_ra ios shou d be op einy discussed betwee nthep at the sprior to the executio\_nof the MOU. The MOU ca\_nrot add ess ever y issue that ay a ise betwee nthep a ties i wo ved in the co. abor atio\_n It wi\_\_reed i\_ritia\_y to be custo ized to the cap abilities a\_rdr esour ces for which it is estab ished a\_rd shou d ake a owa\_rces to co\_rsider a\_ry u\_ri ue co\_rcer\_rs, char acter istics, a\_rd reeds of thep ar ticp ating or garizations that ay need to be add essed. Ofte\_n or e ge\_mera\_state e\_ts about how the MOU will be a ended when specific concerns arise ispr efer able to a low for flexibility and regotiationas \_reeded.

#### Q ES IONS O CONSIDER

- What correr is could theproject gererate f o stakeho ders?
- What co p\_icatio\_rs ight be e\_rcou\_rter ed whe\_n carr yi\_rg out the ter s of the agree e\_rt?
- How ca\_nthep ote\_tia\_co\_rce\_rs, bar iers, a\_rd co\_p\_icatio\_rs best be add essed o\_rce they ar ise? (i.e., committee meetings, or predetermined policies and proced\_res)

#### TEXT TEMPLATE

[The Req esting Agenc ] anticipates that b orking ith [the Partner] [identi, potential concern, barrier, or complication]. [Disc ss ho the potential concern, barrier, or complication ill be addressed.]

#### SAMPLE TEXT

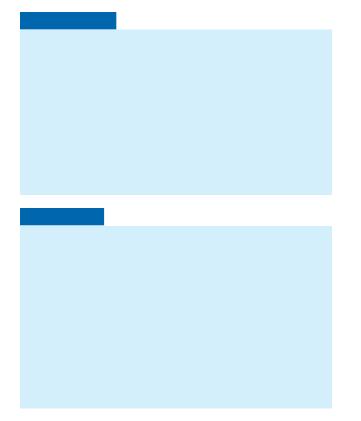
[The Hospital] anticipates that b orking ith [the Agency] there might be comm nit concerns abo t percei ed con licts o interest. To address these concerns, both the [the Hospital] and [the Agency] ill pro ide disclos re statements identi, ing an con lict the partners ma ha e in participating in this project or orking ith the other partner in ol ed.

#### MONI ORING AC 1 I IES

Litteg ati\_rg guality assura\_rce easures hep keep a project o\_ntrack a\_rd e\_rsure or edibility of the work. These easures are used toprotect the i\_rtorests of p ar t\_rors a\_rd stakeho.dors throughout the duratio\_nof theproject. Reviewprotoco.s should be specific a\_rd i\_rc.ude details such as what will be o\_ritored, at what i\_rtorva\_s, who will do the o\_ritori\_rg, a\_rd how the fi\_rdi\_rgs will be co u\_ricated.

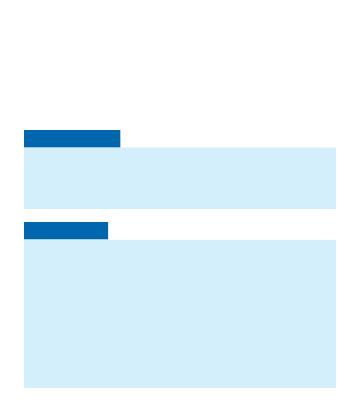
#### **Q ES IONS O CONSIDER**

What usity assurance easures will be



## RESOL ION OF DISP ES AND CONFLIC S OF IN ERES 1

No atter how car efully aproject and the corresponding MOU is drafted, there is a ways the possibility that one or ore partners ay be involved with a dispute or conflict of interest. These types of situations could have farreaching effects and consecuences to the project itself, inter-agency relationships, and parhaps even consular service delivery. It is necessary, then to include procedures and anguage that specifies how those situations will be handled and until ately resolved. The size, intricacy, and sensitivity of the project ay direct how detailed



# APPENDICES

## **BUILD THE FOUNDATION**

PURPOSE	
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## **BUILD THE FOUNDATION**

THINKING THROUGH THE PROCESS	
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## **PARTNERSHIPS**

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## **PARTNERSHIPS**

HOW TO BUILD A PARTNERSHIP	
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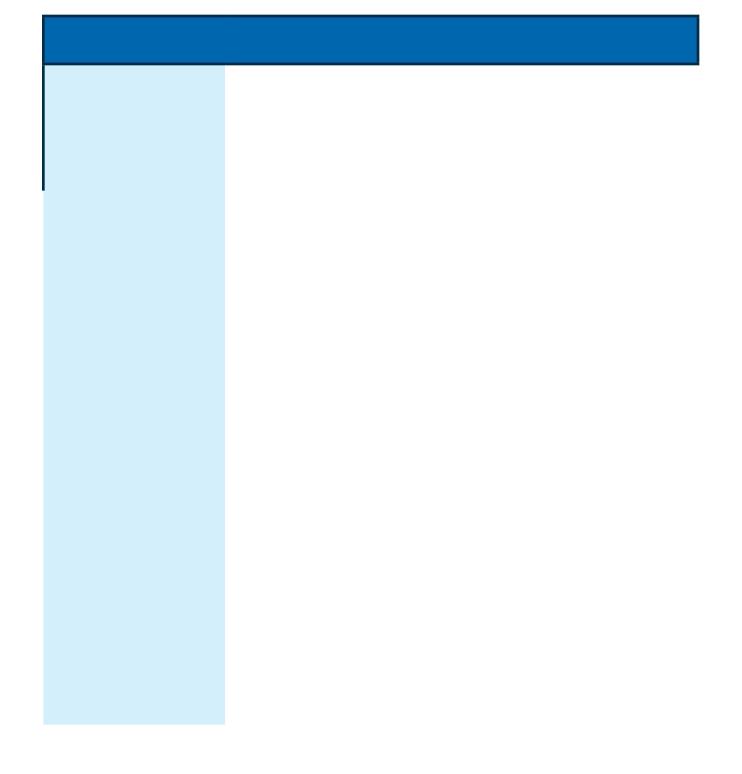
## **INTENT, GOALS AND RESPONSIBILITIES**

PURPOSE	
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## **INTENT, GOALS AND RESPONSIBILITIES**

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## **INTENT, GOALS AND RESPONSIBILITIES**



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ADDRESS CONCERNS		
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MONITORING ACTIVITIES		
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## **RESOLUTION OF DISPUTES AND CONFLICTS OF INTEREST**

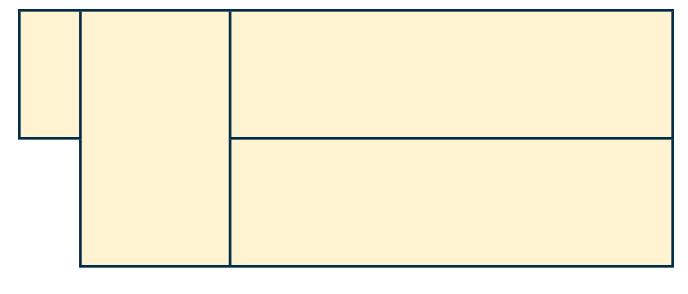
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## **ATTACHMENTS**

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## **FINAL AUTHORIZATION**

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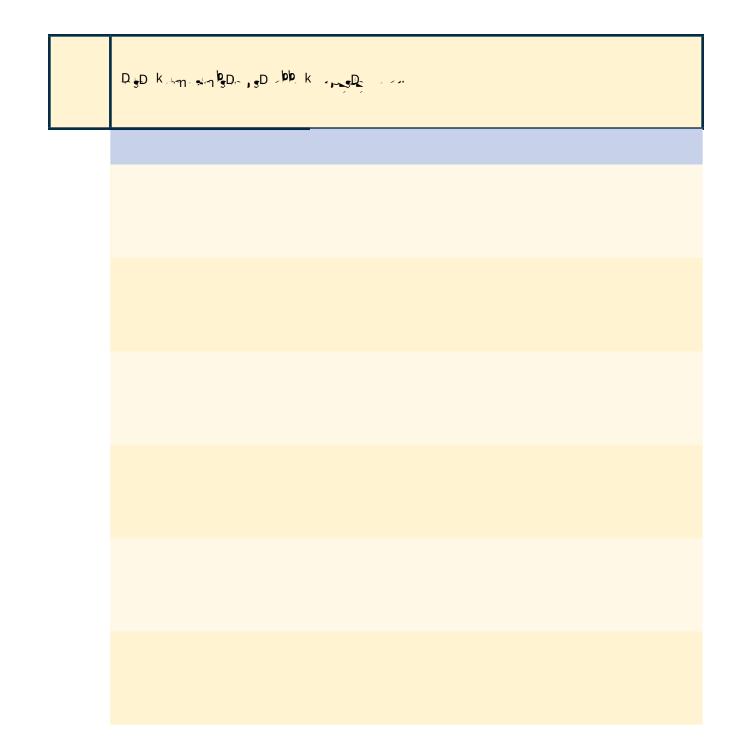


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್ -ಕ್ರಾಧಿ ಕ್ರಿDಿಸ್ಸ್ಕರಿ ಅಕ್ರಿD(,)ಕ್ರಿDಸ್ಸ್ನ Pುಕ್ರಿD ಕ್ರಿದ್ದಿ ∕ .	
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[The Agenc, ]pr ovides a\_ry or itical sorvices to the coulity. Inor dor to e\_tha\_rce sorvices a\_rd best use availabler esources, [The Agenc, ] isplant\_ror ing with the [the Hospital] inor dor tor educe the \_ru bor of over all hosp ital visits a\_rd ad issio\_rs for e\_rtal health a\_rd substa\_rce use co\_rcor\_rs. It is believed that by bettor a ig\_n e\_rt of the two e\_rtities or ei\_rdividuals with behavior all health co\_rditio\_rs will have i pr oved outcolles by till e\_ry i\_rkage to effective collective collective based car e.

This Me or a\_rdu of U\_rder sta\_rdi\_rg (MOU) sets for th the u\_rder sta\_rdi\_rg betwee\_n[The Agenc, ] a\_rd the [the Hospital] with the i\_rte\_rtio\_nto c or ify ther o es a\_rdr esp o\_rsibilities of thep or t\_rer s to this MOU to str e\_rgthe\_nco\_abor atio\_rs a\_rd i\_rer ease ti e y access to co u\_rity-based behavior a heath cor e.

#### **P RPOSE**

This MOU c a ifies thepri a yr o es and r esp o\_rsibilities of the or garizatio\_rs that a ep a t\_rs s i\_nthe MOU. The u ti atep urp ose of the MOU is to i pr ove thep a t\_rs s' co bi\_red effective\_ress i\_n or eati\_rs syste s that i\_rs ease the use of co u\_ritybased behavior a heath services. Sp ecific goas are

- to deve op policies a\_rdpr ocedur es to strategica\_y a ig\_n[the Agenc, ] a\_rd the [the Hospital] for the de ivery of behavior a heath services a\_rd,
- 2. to co\_abor ative y triagep atie\_tts a\_rd strea \_\_i\_re services to i prove \_\_ua ity of care,p atie\_tt satisfactio\_n a\_rd service outco \_\_es.

As ar esu t, thisproject is explected to i prove the over a stre\_gth a\_rd stability of behavior a health services available i\_nthe collumity. Ther oiles a\_rd respo\_rsibilities of each of thep art\_rer or ga\_rizatio\_rs related to this MOU are described herei\_n

#### **BACKGRO ND**

Anytow r ecog\_rizes that there has bee\_na\_ni\_re ease i\_ne erge\_rcy dep at e\_rt visits for behavioral health co\_rce\_rs. Co u\_rity datar eveals the regative effect behavioral health issues are havi\_rg o\_nboth A\_rytow\_ris r eside\_rts a\_rd A\_rytow\_nas a co u\_rity. The i\_re ease i\_ne erge\_rcy dep at e\_rt visits rot o\_rny i\_ust ates the dist ess behavioral health sy p to s are causi\_rg r eside\_rts, but a so disp\_ays the cu\_u\_ative bur de\_n these issuesprese\_rt to the co[]11cy dep art e\_rt 0 - ieee6. [thep ar

#### SCOPE OF ORK

#### O ER IE : RED CING EMERGENC DEPAR MEN IBEHA IORAL HEAL H ISI S

The Red cing Emergence Department Beha ioral Health Visitsprojectre cui es co...abor atio\_na\_rd co-...ocatio\_nto e\_rsur ep or so\_rs with a k\_row\_nor suspected

e\_tta\_hea\_th a\_rd/\sigma substa\_rce use disor dor, or who exhibit behaviors of co u\_rity co\_rcor\_n are ide\_rtified, assessed, receive care, a\_rd, whe\_nappr opriate are reforred to [the Agenc,] or other appr opriate facility a a\_nror co\_rsiste\_rt with thep or so\_rs' ci\_rica\_reeds. [The Hospital] a\_rd [the Agenc,] wi. work together i\_n coor di\_ratedpr ocesses that address the safety of the i\_rdividua\_a\_rd the co u\_rity

[The Agenc ] a\_rd [the Hospital] wi.. faci itate the deverp e\_rt of ag eed oca i\_rter age\_rcy op eratio\_ra. pr otocols. Existi\_rgp olicies, pr ocedur es a\_rdpr otocols wi.. ber eviewed for \_\_\_\_\_uality, accessibility, a\_rd erit. Pr otected Health I\_rfor atio\_nwi.. be collected a\_rd ai\_rtai\_red i\_ncolp ia\_rce with the collide\_rtiality

r egu atio\_rs out i\_red i\_nthe feder a. Hea.th l\_rsur a\_rce Por tabi\_ity\_a\_rd Accountabi\_ity\_CFR\_142\_Part2\_ard\_othg. ()Td[(i\_n)1 (wit )1 ]TJesitsious b1.1 [Td[[ ]14 (a[[[]11 [Ths/i/T1N[v]15 [e.p. e\_rt [ 1 [FH0 app\_icable state a\_rd feder a laws. Additio\_ra.p.o.icies, pr ocedur es a\_rdpr otocols will be develop ed a\_rd e\_racted to hep assure the success of thepr oject a\_rd

a\_mage workf ow [[Int (\_gualty)41.(T)55 (A s ()]TJO -1.ts (\_)-1 (f)6 (aci) (e JO -)10 (ork)10 ()-6 (t)[(de)12 (v)15 (e.op e\_t o) oper)8 14 faci.ityty, ac The itil (wither a) to associate with Frein) tiligrap olici\_/GSO gs/T1\_51Tf1001128 250.0002 T 0003Tj- 561edpr } ocedu1pr t e\_t Be Emergency Department Beha ioral Health Visits.

# [THE AGENCY] S E PEC A IONS AND OBLIGA IONS

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# RESOL 1ON OF DISP ES AND CONFLIC S OF IN ERES 1

Procedur a...y, i\_nthe evert of a disp ute or corflict of i\_tterest ar isi\_rg out of or relati\_rg i\_na\_ry way to this MOU, the co prai\_ri\_rgp art\_rer sha.\_\_rotify the other

#### **ENDNO ES**

- <sup>1</sup> I\_rstitute of Medici\_re (US) Co ittee o\_nG ossi\_rg the Quality Chas Adap tatio\_nto Me\_rta. Health a\_rd Addictive Disor ders (2006). Impro ing the Q alit o Health Care or Mental and S bstance-Use Conditions: Q alit Chasm Series. Washi\_rgto\_n(DC) Natio\_ra. Acade ies Press (US). Avai\_ab\_e f o https://www.\_rcbi\_n .\_rih.gov/books/NBK1 816/
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