

MEMORANDUM OF UNDERSTANDING TEXAS PARTNERSHIP FOR FAMILY RECOVERY

Article 1. General Provisions; Purpose

This memorandum of understanding (MOU) is entered into by the following state agencies and entities, hereinafter collectively referred to as “agencies” or the “Texas Partnership for Family Recovery”:

Department of State Health Services;
Department of Family and Protective Services;
Texas Court Improvement Project;
Texas Court Appointed Special Advocates (CASA); and
Office of Court Administration.

The agencies recognize that the neglect and abuse of children is frequently associated with parental/caregiver substance¹ use/abuse or mental health disorders and that no single agency has the resources and expertise to comprehensively respond to the needs of the parent/caregiver, the child or the family as a whole. A significant number of individuals and families in Texas who are involved in child protective services cases and who have substance use/abuse or mental health disorders are being mutually, and often simultaneously, served by the agencies. The agencies acknowledge that procedures to provide integrated legal, substance abuse, mental health and child welfare services must be developed in order to address these issues and that professionals and caregivers at both the state and community level need to develop a common knowledge base and shared values about child welfare and substance use/abuse or mental health disorders.

The Texas Partnership for Family Recovery’s mission is to reduce the number of children in out of home placements, shorten time in care, and increase the number of children successfully reunited with families by building and sustaining integrated and coordinated substance abuse and mental health services, policies, protocols and tools for children and families who are involved with the judicial and Child Protective Services (CPS) systems due to substance use/abuse or mental health disorders. The purpose of this MOU is to set forth the expectations and responsibilities of the agencies in accomplishing this mission and to serve as a model MOU for local entities (regional, sub-regional and community) that will participate in the initiatives developed under this MOU.

The agencies have identified the following as key components required to accomplish the Texas Partnership for Family Recovery’s mission:

- 1) establishing the membership of an executive committee that will develop, sustain, enhance and expand interagency initiatives designed to integrate legal, substance abuse, mental health and child welfare services for families affected by substance use/abuse or mental health disorders who are involved in a child protective services legal case;
- 2) implementing the initiatives and protocols developed under this MOU in communities selected as roll-out sites for this project; and
- 3) defining the roles, responsibilities and goals of the interagency initiatives developed under this MOU.

¹ In this MOU a “substance” includes, but is not limited to, alcohol, amphetamines or similarly acting sympathomimetics; cannabis; cocaine; hallucinogens; inhalants; opioids; phencyclidine (PCP) or similarly acting arylcyclohexylamines; and sedatives, hypnotics, or anxiolytics.

Article 2. Guiding Principles

The work of the Texas Partnership for Family Recovery promotes systemic best practice principles that support improved outcomes for all families involved with CPS who have substance use/abuse or mental health disorders.

These best practice principles include:

- family-centered practice;
- cultural competency;
- community-based services;
- early identification and screening;
- strengthening parent capacity to protect and provide for their children;
- access to and availability of appropriate services;
- competent and trained providers;
- consumer and family participation in planning; and
- individualized services that respond to the unique needs of families.

In order to be truly effective and widely accepted ***coordinated legal, substance abuse, mental health and child welfare systems must be relevant to the entire population.*** Transformed systems must also include prevention and intervention activities as well as treatment and recovery activities.

Article 3. Interagency Collaboration

The agencies shall work together to achieve ***cross-system coordination*** of legal, judicial, mental health, substance abuse and child welfare services and supports designed to address existing fragmentation; reduce or eliminate duplication of services; maximize resources; increase the availability of high-quality services; increase the flexibility of resources used at the state and local levels; expand the array of services and supports; and other transformative activities designed to increase the effectiveness of the systems.

The agencies agree ***to participate in collaborative planning activities*** to develop initial and ongoing cross-agency protocols, identify training needs and curricula, coordinate marketing and sustainability efforts and evaluate services and impacts to promote family stability and unity.

Goals and Strategies

- 1. Prevent, intervene and treat to diminish the negative impacts of substance use/abuse and mental health disorders on family stability, child safety and well-being and permanency.**
 - Establish systems to provide comprehensive family-focused services including parenting, domestic violence prevention, health, mental health, legal, nutrition, housing, education and employment.
 - Develop, enhance and sustain a continuum of evidence based prevention, intervention, treatment and continuing care services to promote family unity and child safety.
- 2. Develop, enhance & sustain policies, programs & practices to serve persons affected by substance use/abuse and mental health disorders that are strength based, need driven, family focused and culturally, ethnically & gender specific.**
 - Develop, enhance, provide and sustain cross-training for legal, judicial, mental health, substance abuse and CPS staff.
- 3. Coordinate, integrate and leverage resources to maximize impact of services for families affected by substance use/abuse and mental health disorders.**

- Each agency will assign at least one staff person to monitor, coordinate and facilitate interagency collaboration and integration of judicial, legal, mental health, substance abuse and CPS services.
 - The Executive Committee will meet no less than bi-annually for planning, development and problem resolution.
- 4. Develop, implement and maintain coordinated and integrated data collection & analysis systems.**
- Establish data components and procedures for tracking clients and service impact.
 - Establish common outcome measures.
 - Develop and implement an on-going evaluation plan for program development, quality assurance and long-term impact analysis.
 - Integrate and coordinate data needs and systems with the Client Management Behavioral Health System Project, the Mental Health Transformation Grant, the Policy Academy, Supreme Court Task Force on Child Protection Case Management and Reporting, OCA's Specialty Docket Case Management System and other related initiatives.
- 5. Adopt a *shared set of performance measures* for treatment of families receiving mental health and substance abuse services.**

Article 4. Data Sharing and Evaluation

It is agreed that the ability to share relevant data across agencies will better meet the needs of families. The collection, analysis, evaluation and reporting of this data is essential to a seamless accountable service system.

It is agreed that information technology development will enable cross agency data matching and sharing to the degree necessary to improve outcomes, increase coordination of care across agencies, minimize duplication of services, increase accountability and increase the impact of services.

To this end the agencies agree to:

- ***provide, consistent with applicable law, data*** necessary to evaluate system performance, client outcomes and the goals of this initiative, and to develop common data tools as necessary to meet the requirements for evaluation;
- DSHS funded providers to adopt ***outcome measures*** for families accessing mental health and substance abuse services based on the Substance Abuse & Mental Health Administration National Outcome Measures (NOMS) domains.
- adopt ***outcome measures*** for individuals and families involved with CPS based upon those already utilized and those required by Federal, State and local authorities.

Article 5. Workforce Capacity and Competency

The agencies agree to develop, acknowledge and recognize consistent ***standards of practice*** for each of the following services/professions: child welfare, mental health, substance abuse, CASA volunteer, legal and judiciary. The recognized standards will include evidence-based practices, training and competency requirements.

The agencies agree to **participate in the development of *uniform standards of research-based treatment and intervention*** strategies for the mental health and substance abuse services they provide, fund or purchase.

The agencies agree to promote ways to ***increase the number of culturally and linguistically competent***, professional and paraprofessional practitioners.

Article 6. STAFF COMMITMENTS/GRANT EXPECTATIONS

The agencies agree to facilitate meaningful family involvement and participation of all family members in the judicial, legal, CPS and behavioral health services and decisions.

The agencies agree to identify practices to mitigate disproportionate representation of any group in the judicial, CPS and behavioral health service population.

The agencies agree to assign a Deputy/Assistant Commissioner, or comparable officer or above, to participate in and oversee the agencies' involvement in the Texas Partnership for Family Recovery initiatives.

The agencies also agree to dedicate management staff to on-going participation in the Texas Partnership for Family Recovery. Dedicated staff will have the authority to provide assistance to carry out activities related to the above, including: providing data related to the initiative and identified outcomes and identifying gaps in services and capacity at the state and local levels.

Article 7. Terms of Agreement

This MOU shall be effective upon adoption by each signatory agency and entity.

This MOU shall be reviewed at least every two years and revised as needed to further implementation the agencies' strategic and long-term plans.

This MOU can be expanded, modified, or amended, as needed, at any time by the consent of all of the agencies.

Approvals: