PROPOSED
MEMORANDUM OF UNDERSTANDING
KENTUCKY SAFE FAMILIES IN RECOVERY
PARTNERSHIP (DRAFT)

Whereas, the Kentucky Safe Families in Recovery Partnership is committed to building and sustaining integrated and coordinated substance abuse intervention services, policies, protocols and tools for children and families who are involved with the judicial and child protection systems as a result of child maltreatment and parental substance use/abuse.

Whereas, the three participating agencies: the Department for Community Based Services (DCBS) and the Department of Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) in the Cabinet for Health and Family Services, and the Department of Family and Juvenile Services (DFJS) in the Administrative Office of the Courts (AOC), recognize that they provide essential leadership in the larger systems of care for these families.

Whereas, these agencies seek to maximize child safety, permanency, and well-being; parental capacity; progress towards sobriety; and maintained recovery for this population by agreeing to the following shared operating values and principles for collaboration and service coordination:

1. We will strive for coordinated policies, training, service delivery and consistent expectations among child welfare, the courts, and behavioral health services systems of care.
2. We believe that the best approach to expanding and coordinating funding for substance abuse treatment and family services is through a common voice and plan among the three agencies.
3. We believe that leadership to improve services for families and communities or to improve state practices and policies is a shared responsibility between the three agencies and their related systems.
4. We value and will strive for creating, measuring and improving common outcomes between the three agencies.
5. We believe that substance use disorders are conditions needing treatment and recovery supports.
6. We value expanding and enhancing opportunities for local treatment and recovery services that allow families and children greater opportunities for contact, bonding and development of parental capacity.
7. We value the experience and input of parents and individuals who are in long-term recovery from addiction.
8. We agree that decisions about the child and family are complex and require examining risk and protective factors with shared input and collaboration from all three agencies.
9. We believe that graduated consequences and parental accountability are best paired with supports to reduce barriers to change with thoughtful responses to lapses and low-risk relapses.

NOW THEREFORE, to actualize these values and advance service coordination the following provisions are agreed to by the parties as witnessed by the signatures to this MOU. These provisions form the sole basis of the MOU, notwithstanding any other written assurance to the contrary:

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 “Kentucky Safe Families in Recovery Partnership.”

- Department for Community Based Services (DCBS)
- Administrative Office of the Courts (AOC), Department of Family and Juvenile Services (DFJS)
- Department of Behavioral Health, Developmental and Intellectual Disabilities (DBHDID)

The purpose of this state-level MOU is to continue the work and organizational structure of the Partnership begun through the In-Depth Technical Assistance (IDTA) supported by the National Center on Substance Abuse and Child Welfare (NCSACW), by seeking to incorporate the Partnership’s work in the State Interagency Advisory Council
(SIAC) structure. This MOU (a) sets forth the expectations and responsibilities of the agencies in accomplishing this mission and (b) serves as a model MOU for local entities (regional, sub-regional and community) that will participate in the initiatives developed under this MOU.

The Partnership agencies have identified and begun implementation of the following key components to accomplish the Kentucky Safe Families in Recovery Partnership mission. The Kentucky Safe Families in Recovery Partnership has:

1. Established an oversight committee to develop, sustain, enhance and expand interagency initiatives designed to integrate court, substance abuse, and child welfare services for families affected by substance use/abuse disorders who are involved in a child protective services. The oversight committee has met semi-annually to monitor and improve outcomes. The extended core team has met monthly or more often to develop the partnership documents, strategies and implementation plans.
2. Begun implementation of initiatives and protocols developed under the IDTA designed such as:
   a. Mapping training opportunities, treatment services, funding sources and the workings of the three agencies statewide.
   b. Drafting white papers to guide information sharing and drug testing and related bench and practice guides.
   c. Conducted 15 Regional forums to engage local leadership from the courts, DCBS, and DBHDID in the IDTA efforts.
   d. Advancing data sharing between the three agencies and aggregate data analysis and display.
   e. Agreed to values and principles to guide the partnership
   f. Conducted trainings and pilots in each system that will advance the effort such as training for guardians ad litem, DCBS drug summits, and piloting the UNCOPE.
3. Established an ongoing collaborative extended core team to serve in an advisory capacity
4. Engaged stakeholders for advisement and feedback through periodic meetings of an advisory group.

Article 2. Interagency Collaboration

The Partnership shall make a request to the State Interagency Advisory Council (SIAC) to becoming a standing committee and continue to work together to coordinate services and procedures across the three key agencies, courts, protective services, and behavioral health to maximize opportunities for safe recovery from substance use disorders and related problems affecting child safety and well-being. The Partnership also agrees to expand their collaborative planning activities to engage the members of SIAC. The exact mechanism for SIAC involvement is currently under development.

Article 3. Goals and Strategies

The mission of Kentucky Safe Families in Recovery Partnership is to promote enhanced child safety, child permanency and child and family well-being through effective interventions with families having parental substance use/abuse disorders and involvement with child protective services. To achieve this mission, the four primary goals are to:

1. Establish, implement and reinforce shared values and practice guidelines that promote best practices within and between the courts, child protective services and behavioral health to include, but not be limited to:
   a. Practice guidelines for drug testing and the use of drug testing results in practice.
   b. Data sharing guidelines and MOUs as appropriate.
   c. A common set of shared values between the three agencies.
   d. Screening and assessment practices between agencies.
   e. Practice guidelines for decisions on child removals, reunification, and visitation with parents.
   f. Coordinated case management services for families and children who are within the child welfare and judicial systems.
g. Diminish disproportionate representation of any group in the courts, protective services, and behavioral health service population.

h. Facilitate meaningful family involvement and participation in decision-making with the courts, protective services, and behavioral health.

2. Establish, implement, and reinforce integrated and/or cross-training for professionals in the three key agencies – courts, child protective services, and behavioral health to include:
   a. Collaboration with agencies providing training.
   b. Review the literature and resources to identify emerging best practices.
   c. Share training resources when feasible.
   d. Direct staff as needed and free up resources for trainings.

3. Coordinate, integrate and leverage resources to maximize the impact of services for families affected by substance use/abuse disorders and involved with child protective services. To do this, the partners make a commitment to:
   a. Collaborative budget discussion to identify opportunities to maximize resources,
   b. Shared and cross-system needs assessment
   c. Ongoing dialogue on opportunities to improve the efficient use of funding and human resources.

4. Evolve approaches for coordinated and integrated data collection and analysis across courts, child protective services, and behavioral health agencies.
   a. Evolve data and information from the three systems toward increasing direct interface between data system for tracking clients and service impact.
   b. Establish common outcome measures that have meaning across the three agencies - courts, protective services, and behavioral health.

**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 important in further coordinating services and improving outcomes.

It is agreed that directed information technologies can enable cross-agency data matching and sharing to the degree necessary to improve measurement of 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, as appropriate:

- Provide, consistent with applicable law, aggregate data necessary to evaluate overall child and family outcomes;
- Continue efforts directed to sharing client data across systems to monitor client outcomes;
- Develop common data tools as necessary to meet the requirements for evaluation; and
- Aim for development of cross agency regular batch matching of data.

The integrated data system will:

- For DBHID-funded providers – portray the needs of DCBS involved families and understand the outcomes of served families using data from the Substance Abuse and Mental Health Administration National Outcomes Measures (NOMS).
- For DCBS, child protective services - to further disseminate child safety, well-being and permanency measures currently required by Federal, State and local authorities and use TWIST data to promote activities of the Partnership.
- For DFJS - to promote measures of best practices and continue to facilitate the efficient collection of data as outlined by ASFA and Court Performance Measures.
Article 5. Workforce Capacity and Competency

To achieve the goals of this agreement, each agency will:

1. Dedicate specific staff as leads or participants in work groups related to the four goals;
2. Provide leadership to the partnership and make strategic decisions as needed;
3. Participate in meetings, planning sessions, oversight meetings, and other collaborative activities;
4. Review and revise draft documents and plans in a timely manner;
5. Seek decisions from leadership approval for activities from higher leadership as needed;
6. Share relevant data across agencies and the courts and provide, consistent with applicable law, aggregate data;
7. Continue efforts directed to sharing client data across systems to monitor client outcome with the intent of developing cross-agency integration of data systems.
8. Participate in the development of uniform standards of best practices and evidence-informed treatment and intervention strategies for substance abuse and related disorders services they provide, fund or purchase.
9. Promote professional and paraprofessional skills development through training and competency requirements to serve the unique needs of families with child maltreatment and substance use disorders.
10. Develop or revise policies within each agency that support the partnership’s direction.
11. Participate in pilots of specific practices or procedures that implement practice guides.

Article 6. STAFF COMMITMENTS AND EXPECTATIONS

The agencies and the courts also agree to assign management staff to on-going participation in the Kentucky Safe Families in Recovery Partnership. Staff assigned to the project should have access to leadership for authorizing actions or providing guidance or assistance in implementing the activities related to the above. In turn, agency leaders agree to coordinating efforts to advance the partnership and embed the efforts in SIAC.

Article 7. Terms of Agreement

This agreement shall be effective upon adoption by each signatory agency and entity and shall be reviewed at least every two years and revised as needed to further implement the agencies’ strategic and long-term plans. This agreement may be expanded, modified, or amended, as needed, at any time by the consent of all of the agencies.

Approvals:

Commissioner Department for Community Based Services (date)

Executive Officer, Department of Family and Juvenile Services, Administrative Office of the Courts (date)

Commissioner Department for Behavioral Health, Developmental and Intellectual Disabilities (date)