Memorandum of Understanding
Families First & Foremost (F3)
Children’s System of Care

This Memorandum of Understanding is made and entered into by and between the undersigned parties for the purpose of establishing the terms and conditions under which the parties will collaborate in the design and implementation of a single system of care, for families of children in Lancaster County who have severe emotional disorders and who are in or at risk for involvement in the juvenile justice system.

NOW, THEREFORE, in consideration of the mutual understandings and commitments hereinafter recited it is agreed as follows by the parties hereto:

1. For purposes of this memorandum the following definitions shall apply:

A. Families First & Foremost (F3) A single system of care, based upon the following core principles, for families of children who have severe emotional disorders and who are in or at risk for involvement in the juvenile justice system:

   (i) Family Focus The recognition that (1) the ecological context of the family is central to the care of all children; (2) families are important contributors to and equal partners in any effort to serve children; and (3) all system and service processes should be planned with maximum involvement of families and consumer youth.

   (ii) Cultural Competence Sensitivity and responsiveness to, and acknowledgment of, the inherent value of differences related to race, religion, language, national origin, gender, socioeconomic background and community-specific characteristics.

   (iii) Least Restrictive Recognition that services should be delivered in settings that maximize choice and movement, and that present opportunities to interact in normative environments (e.g. school and family).

   (iv) Individualization The provision of care that is child centered; i.e. care that addresses the child’s specific needs, and recognizes and incorporates the child’s strengths and service plans.

   (v) Interagency Cooperation The involvement in partnership of core agencies in multiple child-serving sectors including child welfare, health, juvenile justice, education and mental health.

   (vi) Collaboration Professionals working together in a complementary manner to avoid duplication of services, to eliminate gaps in care and to facilitate the child’s and family’s movement through the service system.
(vii) Accessibility Minimizing barriers to services such as physical location, scheduling and financing.

(viii) Community Based The provision of services within close geographical proximity to the targeted community, and through ongoing consultation with individuals, organizations, and institutions that facilitate the acceptance, integration and de-stigmatization of children with serious emotional disturbance and their families.

(ix) Accountability The provision of frequent, detailed and accurate reports by the organization responsible for the management and delivery of system-of-care services; to funders, policymakers, community members and consumer youth and families, regarding the outcomes of services, with the goal of receiving feedback on system-of-care performance from those stakeholder groups.

B. Target Population Lancaster County children from 0 to 18 years of age who have a serious emotional disorder and who are in or at risk for involvement in the juvenile justice system. Children enrolled before age 18 may continue to receive services until age 22.

C. Conveners (Partners in System of Care) The governance structure of F3 that includes representatives of Families Inspiring Families, a family organization; the Eastern Service Area of the Nebraska Department of Health and Human A1 Services; the County of Lancaster, Nebraska; Region V Systems; Lincoln Public Schools; and Lancaster County Department of Juvenile Probation.

D. Stakeholders A group of representatives of mental health and substance abuse treatment providers; educational, child welfare, juvenile justice, and community based agencies; cultural centers; and parents and family members of children with mental health issues, who are developing and monitoring the F3 System of Care. The stakeholders are responsible for making recommendations to the Conveners.

2. The parties agree to recognize and utilize the F3 System of Care operated through the Lancaster Count Office of Juvenile Mental Health as the central, single point of entry to the system of care for children and their families. Referrals to the F3 System of Care will be directed back to the referral source for care coordination.

3. The parties agree that all time, money, and capital invested in the system of care for children will be fully and accurately recorded by them and reported to P3 staff at the Lancaster County Office of Juvenile Mental Health. This ongoing record will be used to track and maintain matching funds and in-kind match for grant purposes.

4. Partners agree to participate in training opportunities as well as Convener and Stakeholder meetings by sending staff and family members as appropriate.

5. Partners agree to work collaboratively for optimal interaction and to resolve all conflicts within the F3 Convener Group. Partners shall bring conflicts to the attention of the F3 Convener Group in order for the issue to be addressed in a timely manner.
6. All partners will utilize a single, uniform planning document in the implementation of the F3 System of Care.

7. All partners agree to comply fully with all applicable provisions of state and federal law governing confidentiality and disclosure of information. All partners shall secure appropriate releases prior to the release or disclosure of any and all confidential information.

8. Partners will participate in agreed upon evaluation efforts, and the results of those efforts will be shared with all partners.

9. Partners will contribute to, uphold, foster and sustain the principles enunciated herein and as further developed and defined during the course of the P3 grant project. Such principles shall specifically include the principles of interaction and any additional principles developed by the Conveners and Stakeholders in response to issues and concerns raised during the course of the grant project.

10. All parties agree that they will not discriminate in any way against any individual, group, or organization, on the basis of race, religion, language, national origin, gender, or socioeconomic background, in employment, provision of services, or any other aspect of their operation during the term of this Memorandum.

11. This Memorandum shall be in full force and effect for the duration of the P3 grant project. It may be amended at any time by the written agreement of the parties.

12. This Memorandum may be terminated at any time by the agreement of the parties. The Memorandum shall terminate automatically, without action by the parties, upon termination of the P3 grant project. Any individual party may terminate its participation in this Memorandum by providing 30 days written notice of the termination to all other parties.

13. This Memorandum of Understanding is intended solely to represent the understanding and agreement of the undersigned parties regarding their mutual cooperation as participants in the F3 system of care. This memorandum is in no way intended to establish any type of binding legal employment, agency, partnership, or other type of relationship between and among the parties hereto, the recipients of services from those parties, and/or any and all other individuals, agencies, or entities affected by the parties, or any of them, in performing functions consistent with the terms of this Memorandum. No party, by its execution of this Memorandum, shall in any way assume any responsibility or liability whatsoever for the acts or omissions of any other party, or its agents, employees or representatives. Each party agrees to maintain a level of insurance to cover the liability contemplated herein.