

LOCAL COMMUNITY CONSORTIUM (LCC) MEMORANDUM OF UNDERSTANDING

Between

[Rural Communities Opioid Response Program (RCORP)-Funded Organization]

and

[Insert consortium name or list of consortium members]

PURPOSE and SCOPE

The purpose of the Health Resources and Services Administration (HRSA) RCORP-Planning project is to support prevention of and treatment for substance use disorders, including opioid use disorder (OUD). The overall goal of the program is to reduce the morbidity and mortality associated with opioid overdoses in high-risk rural communities by strengthening the capacity of multi-sector consortiums to address one or more of three focus areas at community, county, state, and/or regional levels: (1) Prevention—reducing the occurrence of opioid addiction among new and at-risk users as well as fatal opioid-related overdoses through community and provider education and harm reduction measures including the strategic placement of overdose reversing devices, such as naloxone; (2) Treatment—implementing or expanding access to evidence-based practices for OUD treatment, such as medication-assisted treatment (MAT); and (3) Recovery—expanding peer recovery and treatment options that help people start and stay in recovery.

[RCORP-Funded Organization] has been awarded an RCORP-Planning grant that will benefit [target area] and consortium members (hereinafter referred to as “Collaborators”) by:

- Providing leadership to reduce morbidity and mortality associated with opioid overdoses in the target area by strengthening the capacity of collaboration in the community.

This Memorandum of Understanding (MOU) clearly identifies the roles and responsibilities of the [RCORP-Funded Organization] and Collaborators.

DURATION

This MOU shall become effective upon signature by the duly authorized representatives of the Collaborators and [RCORP-Funded Organization] and will remain in effect for the duration of the funding period for the Communities of Practice for Rural Communities Opioid Response Program (COP-RCORP), unless modified by mutual consent and executed in writing by the authorized representatives of all parties. The MOU is at-will and may be terminated by any party at any time upon written notice to the other party.

FUNDING

Option 1: There is no funding provided under this MOU.

Option 2: Indicate funding support.

RCORP-Funded Organization Names

Fill in the yellow highlighted text for this field with your organization name, using this list:

Ashtabula County Mental Health and Recovery Service Board (MHRSB)

Fairfield County Alcohol, Drug Addiction, and Mental Health Services (ADAMHS) Board

Mental Health and Recovery Service Board (MHRSB) of Seneca, Sandusky and Wyandot Counties

Sandusky County Health Department

Washington County Health Department

NOTE: Use acronyms only after first reference.

Consortium Name / List of Members

Decision Point: You will need to decide whether you want one master MOU for your local community consortium (LCC) or individual MOUs with each Collaborator.

For one master MOU for the LCC, insert the name of the LCC and all Collaborating Organizations.

For individual MOUs, insert the name of the LCC and the individual Collaborating Organization.

Target Area

Fill in the target area field from this list:

Ashtabula County, OH

Fairfield County, OH, OH in HRSA-designated rural census tracts of 43017, 43112, 43130, 43148, 43150, and 43155

Seneca County, OH

Sandusky County, OH, including Fremont and zipcodes 43407, 43410, 43420, 43431, 43435, 43442, 43464, and 43469

Washington County, Ohio, including Marietta and Belpre and zipcodes 45712, 45713, 45714, 45715

Funding

Decision Point: Choose the appropriate option; then, delete the words, “Option 1./2.” and the language for the non-selected option.

If choosing option 2, options include “staffing support” or “training materials.” Dollar amounts should say, “Not to exceed \$X,XXX,” so as not to require updating. An example for language is: “The Smith County Health Department is receiving funds in the amount up to \$5,000 to cover staff and transportation fees in support of participation in the consortium.”

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GENERAL ROLES and RESPONSIBILITIES

The [RCORP-Funded Organization] and [Collaborator's Organization(s)] understand that the RCORP-Planning award is to be used for the activities proposed in the COP-RCORP's work plan, that the activities must exclusively benefit populations in the target rural service area, and that funding is not to be used for the exclusive benefit of [RCORP-Funded Organization] or any one Collaborator.

ROLES and RESPONSIBILITIES OF [RCORP-Funded Organization]

[RCORP-Funded Organization] will contribute the following expertise toward completion of the COP-RCORP:

- [List expertise pertinent to the project]

As a COP-RCORP-funding recipient, [RCORP-Funded Organization] will undertake the following activities:

- Administer Health Resources and Services Administration (HRSA) funds on behalf of COP-RCORP in a manner consistent with federal grant guidelines.
- Facilitate collaboration toward the completion of the goals, objectives, activities, management, and evaluation of COP-RCORP as submitted for HRSA funding, which will include
 - Developing and strengthening the local community consortium
 - Completing opportunity and gap analysis around OUD
 - Developing a comprehensive strategic plan to address gaps and unmet needs in the target area around OUD prevention, treatment and recovery
 - Developing a workforce plan that addresses identified gaps in the target area's workforce
 - Developing a sustainability plan to ensure that the local community consortium, capacity enhancements, and readiness to implement key initiatives identified through the strategic planning process are sustained beyond the 12-month period of performance

ROLES and RESPONSIBILITIES OF COLLABORATORS

[Collaborator's Organization(s)] will contribute the following expertise toward completion of the COP-RCORP project:

- [List expertise pertinent to the project]

Collaborators commit to:

- Dedicate staff time for meetings and consultations regarding COP-RCORP project.
- Treat shared information as confidential and agree not to disclose shared information to unauthorized entities.
- Disclose any conflict of interest that may arise in the course of COP-RCORP activities.
- Protect patients and comply with all Health Insurance Portability and Accountability Act and federal requirements.

Further, the [Collaborator's Organization(s)] commits to undertaking the following activities:

- Participating in Local Community Consortium meetings and discussions to produce the COP-RCORP project goals, activities, and objectives outlined above.

[Additional roles and responsibilities include:]

RCORP-Funded Organization Expertise

You will need to include a list of your key expertise, pertinent to the project.

Collaborator Expertise

You will need to include a list of your Collaborators' key expertise, pertinent to the project. If you have one master MOU, then this should be a list of expertise that applies to all. If you have individual MOUs, then this would be a unique list of expertise that applies to that collaborator.

Additional Possible Roles/Responsibilities

Below are examples to consider. Include any or others, as appropriate. If no additional activities or roles and responsibilities, then delete that reference language from the MOU:

- Provide leadership in reducing morbidity and mortality associated with opioid overdoses in target area by strengthening the capacity of collaboration.
- Share expertise and experience in reducing morbidity and mortality associated with opioid overdoses in target area by strengthening the capacity of collaboration.
- Create partnerships and linkages to contribute to the overall success of the project.
- Bring to the table a willingness to be creative and to focus on solutions rather than barriers.
- Participate in planning and training activities targeted at reducing morbidity and mortality associated with opioid overdoses in target area.
- Fully endorse and implement the strategic, workforce, and sustainability plans developed by COP-RCORP.

BENEFITS OF COLLABORATION

Collaboration on the COP-RCORP project will enhance prevention, treatment, and recovery service capacity to address the needs of individuals at-risk for and with OUD. Collaboration will expand access to evidence-based treatment for OUD and peer recovery treatment options. Collaborating organizations will benefit from contributing to the reduction in morbidity and mortality related to opioid use and overdose.

GOVERNING STRUCTURE

Insert governing structure of the consortium.

Inclusion of by-laws is optional.

USE OF COP-RCORP NAME

No party will use the name or logo of COP-RCORP in any advertisement, press release, or other publicity without written prior approval of [RCORP-Funded Organization]. [RCORP-Funded Organization(s)] has/have the right to acknowledge Collaborator's support of the work performed under this MOU in public communications.

TERMINATION

It is mutually understood and agreed by and among the parties that Collaborators will provide at least [XX] days' notice of the intention to withdraw from COP-RCORP. If a Collaborator chooses to withdraw, said Collaborator commits to making arrangements to complete assigned or pending activities before termination.

EFFECTIVE DATE AND SIGNATURE

This MOU shall be effective upon the signature of each authorized representative listed in this Agreement and will remain in effect for at least the duration of the funding period for COP-RCORP. Parties indicate agreement with this MOU by their signatures on the appended Letter of Commitment.

[RCORP-Funded Organization]

_____ Date: _____

[RCORP-Funded Organization authorized representative name]

[Title]

[Organization Address]

[Organization Email and Phone Number]

[Collaborator]

_____ Date: _____

Governing Structure

You will need to determine what is appropriate for your community. Consider stating elements such as:

- Governance (decision maker)
- Rules of Operation
- Distribution of Work

NOTE: by-laws are optional. If you include them, then you may want to state in the MOU that Collaborators agree with creating and supporting the by-laws of the consortium and where the by-laws can be found (e.g., in an appendix, on a website).

If you do not include by-laws, then delete the text reference from the MOU.

Termination

You will need to determine what is culturally appropriate for your community. A suggested timeframe would be 30 days.

Contact Information

Decision Point: Based on your decision of having a master LCC MOU or individual MOUs, you have two options for signatures.

Option 1. If you have all organizations sign one master LCC agreement, you will need to list each separate collaborator and the required contact information. Please copy and paste the blocks to add more collaborators to the list, if needed.

Option 2. If you have each organization sign a separate MOU, then you will need to list the one collaborating organization who will be signing and delete all of the other placeholders. NOTE: Use this option only if you have organizations who will offer something unique, such as funding, specific expertise or roles/responsibilities that would not apply to the other Collaborators.

[Collaborating Organization's authorized representative name]
[Title]
[Organization Address]
[Organization Email and Phone Number]

[Collaborator]

_____ Date: _____
[Collaborating Organization's authorized representative name]
[Title]
[Organization Address]
[Organization Email and Phone Number]

[Collaborator]

_____ Date: _____
[Collaborating Organization's authorized representative name]
[Title]
[Organization Address]
[Organization Email and Phone Number]

Commented [ML1]: