

The Inter-agency Treatment Group of Weld County - Coordinated Agency System Agreement

Purpose. The Inter-agency Treatment Group of Weld County is a voluntary interdisciplinary coalition of Weld County agencies who agree to meet for the purpose of: 1) maintaining open lines of communication, 2) aligning protocols, and 3) assisting those with chronic mental health, substance abuse, or co-occurring disorders, who are at high risk of being chronically arrested or hospitalized for activities related to their disabilities. The Inter-agency Treatment Group of Weld County is committed to the development of treatment interventions to assist these persons on a case-by-case basis, for their benefit and that of the community. The members of the group agree to meet to discuss specific clients or patients in the community who might benefit from an individualized treatment/care plan created by Inter-agency Treatment Group members.

Membership. Group membership is open only to representatives of agencies who deal directly with the above designated community members. Adding members to the group will be by request to the Chair who will seek input from all Committee members prior to a decision.

Conflicts of Interest. Each participating agency shall take responsibility to identify and resolve any conflicts of interest or other ethical issues that may affect the agency's participation in any given case. All group members shall assist other group members in becoming aware of conflict of interest issues that may arise.

Confidentiality. Members of the Inter-agency Treatment Group of Weld County agree that otherwise confidential or sensitive information shared for the purpose of helping clients and patients is not to be used for the purpose of prosecution or punishment of these persons. Shared information may be used in an inter-agency manner to assist clients and patients in living lawful, productive lives. Members of the group shall avoid citing sources of information disclosed at Inter-agency meeting that could jeopardize the relationship any group member or helping agency might have with individuals. Some group members are subject to mandatory reporting requirements under State and/or Federal law. All members recognize that these reporting requirements supersede these guidelines, and as such, some information may not remain confidential, to the extent that it is subject to reporting requirements.

Participation. All Inter-agency Treatment Group members can be expected to comply with fiduciary or professional duties, if any, required of their relationship to the individual under discussion. Where in the judgment of a member he or she cannot participate in a collaborative discussion about a given individual under discussion, without compromising a legal, ethical, moral, or professional standard, the member or agency should not participate in Inter-agency Group discussions concerning that individual. Where confidential or privileged information about an individual is likely to be discussed, persons or agencies with conflicts of interest against the client or patient should remove themselves from the discussion room or other site of communication.

Legal Compliance. In performing its functions, The Inter-agency Treatment Group of Weld County recognizes that members must comply with applicable Federal privacy and security regulations of the Health Insurance Portability and Accountability Act (HIPAA) 45 C.F.R. Parts 160, 162 and 164 and the Federal Alcohol and Drug Confidentiality regulations 42 C.F.R., Part 2.

Consent Form. All members agree to utilize The Inter-agency Treatment Group of Weld County Consent To Release Information form to ensure that confidential information is protected and released consistent with the above provisions.

Meeting Format. The meetings require verbal participation only. No individually identifiable health information or confidential drug and/or alcohol abuse therapy information will be exchanged in written format. No treatment notes will be recorded.

Commitment Statement:

_____ (Organization/Agency) agrees to participate in the Inter-agency Treatment Group of Weld County according to the terms of this collaboration agreement, and to engage with other partner participants to pursue the mission and purpose of the group to assist those with chronic mental health, substance abuse, or co-occurring disorders, who are at high risk of being chronically arrested or hospitalized for activities related to their disabilities.

_____ (Organization/Agency) agrees to appoint the following executive: _____ (name of executive) as its representative in Inter-agency Treatment Group meetings and activities.

Name of executive representative

Title of executive representative

Name of authorized agent

Title of authorized agent

Signature of authorized agent

Date