

# How are you doing on your collaborations?

Jurisdiction/Site: \_\_\_\_\_ Name of Contact: \_\_\_\_\_

Agencies: \_\_\_\_\_

Agencies (cont.): \_\_\_\_\_

Type(s): LE \_\_\_ Behavioral Health \_\_\_ Other (specify): \_\_\_\_\_

Below is a list of common activities that sometimes occur between agencies. Please check the activities in which you routinely engage in your jurisdiction regarding efforts to manage or provide services to individuals with substance use disorders, mental health disorders, or other behavioral issues. The goal is to identify what activities you currently have in place with other partners. (Check all that apply for each row)

	substance abuse treatment programs	mental health agencies	Jail/detention/ pretrial facility	Police, or other (specify): _____
<b>a.</b> We share general information about client/individual needs for treatment services but not specific to a particular person	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>b.</b> Our organizations have agreed to use similar requirements for program eligibility across our programs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>c.</b> We have written agreements providing space in our facilities for services for some programs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>d.</b> We hold joint staffing/case reporting consultations, involving players from many agencies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>e.</b> We have developed joint "policy and procedure" manuals for our programs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>f.</b> More than two organizations have pooled funding to offer services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>g.</b> We have modified some program/service protocols to meet the needs of other agencies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>h.</b> We share budgetary oversight of some programs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>i.</b> We share daily operational oversight of some programs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>j.</b> Our organizations cross-train staff on evidence-based practices and services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>k.</b> We have written protocols for sharing information across agencies that include HIPPA, CFR 42, CFR 25. These protocols are not disease specific (i.e., HIV, substance abuse, etc) but general	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
TOTAL: add checks in each column:	1 _____	2 _____	3 _____	4 _____