

DEPARTMENT OF HEALTH
COMPLEX BEHAVIOR COLLABORATIVE
MEMORANDUM OF AGREEMENT
Between
Consultant and Alaska Service Provider

This Agreement between the _____ Consultant
(To be assigned by DBH)

enrolled in the Complex Behavior Collaborative and _____ the Alaska Service
(Name of Alaska Service Provider)

Provider is for the purpose of receiving services for _____ through the
(Participants' Name)

Complex Behavior Collaborative, Consultation and Training Provider Agreement.

_____ the Alaska Service Provider agrees to the following:
(Alaska Service Provider Name)

1. To provide services to the participant and commit to continue working with the participant for a minimum of at least 6 months in order to effect change while receiving consultation services through the Complex Behavior Collaborative,
2. Include the consultant in treatment planning meetings,
3. Notify consultant of changes in behaviors causing concern (escalation in aggression, requiring police intervention, change in environment, etc.)
4. To incorporate the consultant's findings and recommendations into the Plan of Care (POC),
5. To have staff ready and available to participate in trainings and agency wide trainings,
6. To utilize new information and training techniques in working with other clients with similar presentations ,
7. To provide consultants with clinical documentation (i.e. assessment, POC, etc.) as necessary,
8. To participate in data collection for each individual enrolled in the CBC
9. To provide to the Consultants and the Department of Health & Social Services (DHSS), Division of Behavioral Health,
 - a. Outcome data on the interventions and activities designed to develop and stabilize functional behaviors as determined in the behavioral intervention plan by completing surveys administered by the consultants and the DHSS.

The Consultant agrees to work with the Alaska Service Provider and to meet all obligations to the client and the Alaska Service Provider as specified in the Complex Behavior Collaborative, Consultation and Training Provider Agreement.

Complex Behavior Collaborative
Memorandum of Agreement (Cont.)

Alaska Service Provider Agency Name:

Address _____

City State Zip

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Printed Name: _____

(Agency Director or Designee)

Signature: _____

(Agency Director or Designee)

Date: _____

Consulting Business Name:

Address _____

City State Zip

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Printed Name: _____

(Consulting Agency Director or Designee)

Signature: _____

(Consulting Agency Director or Designee)

Date: _____

THIS FORM MUST BE ATTACHED TO Referral Packet for the CBC by the Alaska Service Provider