

**COOPERATIVE AGREEMENT
BETWEEN
ASSISTED LIVING FACILITY WITH A LIMITED
MENTAL HEALTH LICENSE
AND MENTAL HEALTH PROVIDER**

Assisted Living Facility (“Facility”)

NAME: _____

ADDRESS: _____

Mental Health Provider (“Provider”)

NAME: _____

ADDRESS: _____

EMERGENCY NUMBERS:

MOBILE CRISIS, IF AVAILABLE: _____

24/7 CRISIS LINE: _____

FOR RESIDENTS SERVED BY FACT: _____

FOR RESIDENTS SERVED BY INTENSIVE CASE MANAGEMENT: _____

Purpose: To identify the responsibilities of the Mental Health Provider (“Provider”) and the Limited Mental Health Assisted Living Facility (“Facility”) to ensure delivery of appropriate community-based services to mental health residents. The agreement specifies directions for accessing emergency and after-hours care for the mental health resident and a method by which the staff of the facility can recognize and respond to the signs and symptoms particular to any resident and indicate the need for professional services. *See Florida Statutes sections 394.4574; 429.02; 429.075.*

The Mental Health Provider Shall:

1. Initiate referrals of individuals whose needs can best be met in an assisted living facility.
2. Offer case management services to individuals served by the provider residing in the Facility and provide the Facility with the case manager’s phone number & location. Contact information will be documented in the Individualized Community Living Support Plans.
3. Furnish the Facility staff with the Provider’s 24-hour emergency crisis telephone number. This shall be documented in the Individualized Community Living Support Plans. The provider agrees that the provider’s staff will attempt to intervene to avert law enforcement involvement or the initiation of the Baker Act whenever possible.
4. Develop an Individualized (meets the specific needs of the resident) Community Living Support Plan with each mental health resident served by the Provider with input from the Facility Administrator. The plan will be completed within thirty days after the mental health assessment is finished. The Plan will include signs of crises and symptoms particular to the resident and will identify strategies to avert crises.
5. Link individuals served by the Provider with appropriate community mental health services in accordance with the individual’s community living support plan and mental health services plan.
6. Provide services to residents without regard to race, age, sex, religion, economic status, sexual orientation, or physical handicap.
7. Discuss with the Facility Administrator, or designee, issues pertinent to the care, safety and welfare of the residents. This does not preclude the mandatory reporting requirements abuse, neglect or exploitation of aged or physically or mentally disabled adults as provided for by Florida Status Chapter 415.

8. Within available resources, provide technical and clinical training to assist the facility in program and staff development issues.

The ALF Facility Shall:

1. Notify the Provider if a Facility resident may qualify as a mental health resident.
2. Working with the Provider, assist in the development of the mental health resident's Community Living Support Plan.
3. Keep a copy of the Community Living Support Plan for each mental health client on site (but preserve confidentiality) and assure staff is familiar with the plan and individual resident needs.
4. Facilitate mental health resident's participation in the development of their Community Living Support Plans.
5. Facilitate mental health resident's participation in mental health and other appropriate activities.
6. Facilitate provision of privacy and confidentiality during Case Management visits for Facility mental health residents.
7. Provide support services indicated in the resident's community living support plan.
8. Recognize and report behavioral changes/actions which could indicate the need for professional services to any resident such as: change in food intake, compliance with medication, side effects of medication, change in sleep habits, increased or decreased activity, suicidal thoughts and/or behaviors, delusions and hallucinations, physical or verbal aggression.
9. If the resident declines services, the Facility shall document such refusal and obtain the resident's signature indicating the declination. The document shall be maintained in the resident's file at the Facility.

Acceptance/Refusal of Services: All services provided pursuant to this agreement shall be in accordance with resident rights, including the right of the resident, or resident's guardian, or healthcare surrogate to accept or refuse clinical mental health services.

Financial Consideration: There shall be no financial obligation placed on one party by the other as a result of this agreement.

This agreement is executed when signed and dated below.

For Facility:

For Provider:

Signature

Signature

Print Name

Print Name

Owner/Administrator
Title

Title

Date

Date