**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.

**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 RESPONSIBILTIES 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 pan 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:]*

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[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]

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