

AGENCY LOGO

TO: [MEDICAL PRACTICE NAME]

FROM: [AGENCY NAME]

DATE:

SUBJECT: 1<sup>st</sup> Five Healthy Mental Development Initiative

This *Letter of Commitment* shall define the terms of collaboration beginning (enter date ##/##/##) for the purpose of maintaining partnerships between medical practices and public service providers to enhance high quality well-child care for the birth-five patients and families [Medical Practice Name] serves.

[MEDICAL PRACTICE NAME]'s roles and responsibilities toward achieving project goals and objectives:

- Assess children ages birth to five for social/emotional development, family stress, and caregiver depression at a minimum, during well-child visits using standardized surveillance and/or screening tools.
- If concerns are identified, refer family to 1<sup>st</sup> Five Site Coordinator via [insert previously agreed upon method of referral].
- Provide regular feedback to the 1<sup>st</sup> Five Site Coordinator regarding ways to improve the referral and follow-up process.
- Administer a standardized surveillance and/or screening tool at recommended AAP intervals (outlined in the latest edition of Bright Futures).
- Will work with 1<sup>st</sup> Five site Site Coordinator to identify practice training needs on issues that impact children's social-emotional development.
- Will work with 1<sup>st</sup> Five Site Coordinator to provide input on evaluation needs.

[AGENCY NAME] roles and responsibilities toward achieving program goals and objectives:

- Maintain a streamlined process and developmental support for patient referrals for all family needs related to the child's social/emotional development.
- Contact referred families and link them with appropriate intervention services.
- Provide notification of the referral results to participating medical practices.
- Maintain contact with medical practice related to the effectiveness and efficiency of identification, referral, and follow-up processes.
- Identify and maintain an ongoing directory of community referral resources.

This agreement does not involve the exchange of funds between the parties. This agreement may be terminated by either party by providing written notice to the other party at least ten days in advance of the date of termination. This *Letter of Commitment* is entered into by [AGENCY NAME] and [MEDICAL PRACTICE NAME] on dates and signatures shown below.

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[MEDICAL PRACTICE NAME/TITLE]

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Date

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[AGENCY NAME/TITLE]

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Date