

Model Memorandums of Understanding

Template 1: Youth Serving Organization & Mental Health Provider

Memorandum of Understanding Between

[YSO Name]

And

[Mental Health Provider Organization Name]

1. Purpose

The purpose of this Memorandum of Understanding (MOU) is to establish a collaborative partnership between [YSO Name] and [Provider Name] to support the identification, referral, and treatment of youth who may be at risk for suicide or experiencing significant mental health concerns. This partnership aims to improve timely access to suicide risk assessment, safety planning, and mental health services for youth served by [YSO Name].

2. Scope of Partnership

This agreement outlines:

- Referral of youth identified as at risk for suicide
- Communication and coordination related to referrals
- Follow-up and continuity of care, as appropriate and permitted

This agreement does not create an employment or supervisory relationship between the parties.

3. Roles and Responsibilities

[Youth-Serving Organization Name] will:

- Identify youth of concern using internal suicide identification and response protocols
- Conduct supportive check-ins and notify designated supervisors
- Obtain appropriate caregiver consent prior to referral, unless otherwise permitted by law

- Initiate referrals to [Provider Name] following agreed-upon procedures
- Document referral actions according to organizational policy

[Mental Health Provider Name] will:

- Receive and process referrals from [YSO Name]
- Conduct suicide risk assessments and provide clinically appropriate services
- Communicate referral outcomes as permitted by consent and applicable laws
- Maintain all clinical records and licensure requirements

4. Referral Process

Referrals will be made by [designated role/title] at [YSO Name] via [method].
Expected response time from [Provider Name] is [timeframe].

Urgent or imminent risk situations will be handled according to emergency protocols outlined by each organization.

5. Communication and Information Sharing

- Primary points of contact are listed in Section 10
- Information will be shared only with appropriate consent and in compliance with applicable privacy laws
- Partners agree to communicate as needed to support continuity of care

6. Confidentiality

Both parties agree to comply with all applicable privacy and confidentiality laws, including HIPAA and relevant state regulations.

7. Monitoring and Review

The partnership will be reviewed [annually/biannually] to assess effectiveness and identify needed adjustments.

8. Term and Termination

This MOU is effective from [start date] through [end date], will be reviewed [frequency], and may be updated as protocols or resources change. The agreement may be terminated by either party with [number] days written notice.

9. Non-Binding Agreement

This MOU is not intended to create a legally binding obligation.

10. Points of Contact

[YSO Contact Name, Title, Email, Phone]

[Provider Contact Name, Title, Email, Phone]

Signatures

[YSO Authorized Signature]

Date:

[Provider Authorized Signature]

Date:

Template 2: Youth Serving Organization & Mobile Crisis Team

Memorandum of Understanding

Between

[YSO Name]

And

[Mobile Crisis Team/Agency Name]

1. Purpose

This MOU establishes a partnership to support rapid response when youth served by [YSO Name] are identified as being at imminent risk for suicide and/or needing support after a suicide death.

2. Scope of Partnership

The agreement outlines:

- Criteria for contacting the mobile crisis team
- Response expectations and availability
- Roles during crisis response and follow-up

3. Roles and Responsibilities

[Youth Serving Organization Name] will:

- Identify youth at imminent risk using internal protocols
- Contact the mobile crisis team when criteria are met
- Ensure staff supervision and youth safety while awaiting response
- Notify caregivers and administrators as required

[Mobile Crisis Team Name] will:

- Respond to crisis calls according to availability and scope
- Conduct on-site or virtual crisis assessments
- Determine next steps (e.g., stabilization, referral, emergency services)
- Communicate outcomes as permitted

4. Crisis Response Procedures

- Crisis team may be contacted via [phone/dispatch method]
- Typical response time: [timeframe]
- After-hours availability: [details]

5. Post-Crisis Follow Up

Partners will coordinate post-crisis follow-up, including:

- Referral to ongoing services
- Communication with caregivers
- Staff debriefing, as appropriate

6. Confidentiality

Information sharing will comply with applicable privacy laws and organizational policies.

7. Review and Duration

This MOU is effective from [start date] through [end date], will be reviewed [frequency], and may be updated as protocols or resources change. The agreement may be terminated by either party with [number] days written notice.

[YSO Contact Name, Title, Email, Phone]

[Crisis Team Contact Name, Title, Email, Phone]

Signatures

[YSO Authorized Signature]

Date:

[Crisis Team Authorized Signature] Date:

Template 3: Youth Serving Organization & Crisis Line/Emergency Support Partner

Memorandum of Understanding

Between

[YSO Name]

And

[Crisis Line/Emergency Support Partner/Agency Name]

1. Purpose

This MOU supports coordination between [YSO Name] and [Partner Name] to ensure youth have access to immediate crisis support when suicide risk is identified and/or needing support after a suicide death.

2. Scope of Partnership

This agreement outlines:

- Connecting youth to crisis support services
- Clarifying staff roles when using crisis lines or emergency services
- Supporting follow-up after crisis intervention

3. Roles and Responsibilities

[Youth Serving Organization Name] will:

- Identify youth who may benefit from crisis support
- Support youth in contacting crisis services when appropriate
- Notify caregivers and supervisors as required
- Document actions taken

[Partner Name] will:

- Provide crisis intervention services consistent with their scope
- Offer guidance on next steps or referrals
- Share general outcome information when permitted

4. Use of Crisis Services

Crisis services may be accessed by:

- Youth independently
- Youth with staff support
- Staff initiating contact during emergencies

5. Communications and Follow Up

Partners will coordinate, when possible, to support continuity of care following crisis intervention.

6. Confidentiality

All interactions will adhere to applicable confidentiality and privacy standards.

7. Term and Review

This MOU is effective from [start date] through [end date], will be reviewed [frequency], and may be updated as protocols or resources change. The agreement may be terminated by either party with [number] days written notice.

[YSO Contact Name, Title, Email, Phone]

[Crisis Team Contact Name, Title, Email, Phone]

Signatures

[YSO Authorized Signature]

Date:

[Crisis Team Authorized Signature] Date:
