**XYZ County Department of Behavioral Health and Developmental Disabilities**

**Memorandum of Understanding (MOU)**

1. Purpose:

The purpose of this Memorandum of Understanding (MOU) is to create a partnership between the School District of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the XYZ County Department of Behavioral Health and Developmental Disabilities (MCBH/DD) for the purpose of taking a public health approach to the promotion and implementation of Youth Mental Health First Aid (YMHFA) through the school district staff and the communities they serve.

The primary focus of this agreement will be to train a minimum of one school district staff member to be certified instructor of YMHFA by the National Council for Behavioral Health. These instructors will provide the training to school district staff, parents, and members of the community.

1. Mental Health First Aid Concept:

YMHFA is a groundbreaking early intervention and public education program that teaches community members how to assist a person experiencing a behavioral health problem. YMHFA teaches the skills needed to identify, understand and respond to signs and symptoms of behavioral health challenges or crises. First Aid is administered until appropriate treatments and supports are received or until the crisis is resolved. XYZ County plans to train 30 individuals with priority being given to the school districts.

The new YMHFA Instructors will be certified to teach the 8-hour course to a variety of audiences, ranging from teachers, counselors, principals, administrators, para professionals, students, coaches, parents, and community members

1. XYZ County Department of Behavioral Health and Developmental Disabilities:

The Department of Behavioral Health and Developmental Disabilities supports people in an environment of recovery, with a focus on prevention, resilience, wellness and self-determination in order to attain the highest quality of life possible. MCBH/DD is responsible for administering a broad array of treatment, intervention and prevention programs for children, adults, and families impacted by mental health, substance use and intellectual disabilities. MCBH/DD received a grant from the state to support a System of Care initiative in XYZ County.

System of Care is a set of values and principles that help to guide system improvements in partnership with youth and families. MCBH/DD recognizes the importance and value the school districts provide to our youth and families in XYZ County with the goal being to expand the partnership with families by working together to promote YMHFA.

1. Partnership:

In order that the resources of the parties may be coordinated and used to the fullest advantage in promoting and implementing YMHFA in XYZ County both organizations have agreed to the following:

 **MCBH/DD**

1. MCBH/DD will fund a training session for selected instructors to be certified by the National Council on Behavioral Health on July 14 – 18, 2014.
2. MCBH/DD will cover the costs for the training materials for each of this first class of instructors’ **initial** training session after certification.
3. MCBH/DD will continue to seek funding opportunities to continue to support the YMHFA initiative within the XYZ County communities and to assist the SD goals in promoting YMHFA for their employees and parents of students.

**School District**

1. Instructors will adhere to all the mandates of the National Council for Behavioral Health; including by not limited to maintaining their certification by providing a minimum of three (3) trainings in one (1) year.
2. Instructors must provide three (3) trainings within the year of the anniversary date of certification; two (2) of these trainings will be given to members of the SD community (focus on parents).
3. SD agrees to notify MCBH/DD with a calendar of training dates (4 weeks prior to the scheduled event) and agrees to provide copies of the roster of attendees within 10 days following the training event. These rosters need to identify the participant’s name, contact info (telephone, email address) and identify them as either parent, youth, SD employee, or community partner.
4. Term of Memorandum of Understanding:

This MOU shall be in effect for a term of three years, effective July 1, 2014 to June 30, 2017. Six months prior to the termination, the parties shall meet to review the progress and success of the MOU and to determine whether MOU will be extended for an additional term. Nothing in the terms of this MOU shall be deemed to create any agency, employer, or officer relationship between the parties. Each party further agrees to indemnify, defend, and save harmless the other, its officers, agents and employees.

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 John Smith Date NAME Date

 XYZ County BH/DD Administrator School District of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_