

Indiana Juvenile Mental Health Screening, Assessment and Treatment Pilot Project

MEMORANDUM OF UNDERSTANDING BETWEEN _____ COUNTY
AND THE INDIANA JUVENILE MENTAL HEALTH SCREENING, ASSESSMENT,
AND TREATMENT PILOT PROJECT

This Memorandum of Understanding is entered into between _____ County
("County") and the Indiana Juvenile Mental Health Screening, Assessment, and
Treatment Pilot Project ("Pilot Project").

County and Pilot Project agree that it is in the best interest of youth in detention to have
routine mental health screening, and any necessary assessment and mental health
treatment. County and Pilot Project further agree that records of mental health screening,
assessment, and treatment should be treated confidentially and should not be used to
establish youth's guilt in criminal trials or fact finding hearings. County and Pilot Project
further agree that there should be an agreed set of procedures in dealing with mental
health screening, assessment, and treatment for youth in secure detention.

Accordingly, as a requirement to participate in the Pilot Project, County agrees to comply
with all procedures set forth in the attached Protocol on Appropriate Policies and
Procedures in Mental Health Screening, Assessment, and treatment of Youths in
Detention ("Procedures Protocol"), as well as all procedures specified in the other
protocols identified in the Related Documentation to the Procedures Protocol.

As a further requirement to participate in the Pilot Project, County agrees to use any
required forms specified in the Related Documentation to the Procedures Protocol,
including but not limited to the Business Associate Agreement.

County and Pilot Project each represent that this Memorandum of
Understanding has been reviewed by legal counsel and that the signatories
below are duly authorized to sign this Memorandum of Understanding.

AGREED ON BEHALF OF COUNTY:

JUVENILE COURT OF _____ COUNTY

Presiding Judge or Designate

Date

JUVENILE DETENTION FACILITY OF _____ COUNTY

Detention Center Director or Designate

Date

Indiana Juvenile Mental Health Screening, Assessment and Treatment Pilot Project

JUVENILE MENTAL HEALTH PROVIDER OF _____ COUNTY¹

Mental Health Provider's Director or Designate Date

PROSECUTING ATTORNEY'S OFFICE OF _____ COUNTY

Prosecuting Attorney or Designate Date

JUVENILE PROBATION OFFICE OF _____ COUNTY

Chief Probation Officer or Designate Date

PUBLIC DEFENDER'S OFFICE OF _____ COUNTY²

Chief Public Defender or Designate Date

AGREED ON BEHALF OF PILOT PROJECT:

Pilot Project Director or Designate Date

*Additional Signatories to this Memorandum of Understanding (Use
Additional Pages as Necessary):*

Signature and Title/Entity Date

Signature and Title/Entity Date

Attachment to MOU:

Protocol on Appropriate Policies and Procedures in Mental Health
Screening, Assessment, and Treatment of Youths in Detention

¹ If there are multiple mental health providers, the County will arrange for the directors of the various providers to sign on to this Memorandum of Understanding.

² If youth are represented by defense counsel who are not part of the public defender's office, the County will arrange for the additional defense counsel to sign on to this Memorandum of Understanding.