

Memorandum of Agreement

between

Careline Crisis Services, Inc.

and

[Insert Partner Agency/Program Name]

Careline Crisis Services, Inc. (CCSI) is a non-profit organization, which provides telephone, chat and text crisis support and suicide prevention services to Alaskans, statewide.

[Insert Partner Agency/Program Name Here] and CCSI agree to work cooperatively for the benefit of individuals in our communities as defined below.

[Insert Partner Agency/Program Name Here] shall:

1. Provide services or referrals for persons in crisis as appropriate.
2. List their program and agency information on the Alaska 2-1-1 information resource directory (<https://alaska211.org>).
 - a. Service providers and statewide partners of CCSI are also encouraged to utilize Treatment Connection/Open Beds.
3. As appropriate, refer persons who are experiencing the early onset of mental or behavioral health problems or a more immediate/acute crisis, including those at risk of suicide, to CCSI services for immediate and ongoing support.
4. Prior to the utilization of the Careline number, logo, or materials collaborate with CCSI to ensure that any agency materials or promotional/outreach efforts utilizing the Careline number are consistent with the Careline mission and established best practices and will include the incorporation of safe messaging. More about safe messaging can be found at <https://www.sprc.org/keys-success/safe-messaging-reporting>
5. Provide information to CCSI regarding:
 - a. Agency/program services.
 - b. Walk-in services and procedures;
 - c. Clinical issues impacting CCSI contacts/clients referred to Careline, as appropriate and in compliance with HIPAA.
 - d. Regional activities which may impact contact volume to CCSI.

Careline Crisis Services, Inc. shall:

1. Refer contacts as appropriate and as indicated, to [Insert Partner Agency/Program Name Here].
 - a. When available, and when indicated, CCSI personnel shall facilitate referrals through Treatment Connection/Open Beds.

2. Utilize **Alaska 2-1-1** as their source of referral information for Alaska communities and refer callers to local resources as appropriate.
3. Offer follow-up calls to persons who are experiencing a crisis or who are at risk of suicide and access CCSI through [Insert Partner Agency/Program Name Here], or upon referral from an emergency responder or other acute care facility.
4. Provide information to [Insert Partner Agency/Program Name Here] personnel about CCSI services.
5. CCSI shall strive to work collaboratively with [Insert Partner Agency/Program Name Here] to support individuals experiencing suicide ideation, crisis, or behavioral health concerns.
6. Provide the Careline logo for utilization in promotional and outreach efforts (to be used upon approval from the CCSI Executive Director: executivedirector@akccsi.org).
7. Maintain confidentiality of individuals served as a result of the referral from [Insert Partner Agency/Program Name Here].

Both parties agree to adhere to all Federal, State, and local laws and regulations, and/or work within the confines of each party, with respect to client confidentiality requirements, in the exchange of client information.

This agreement shall be in effect from the date of signature until written notification by either party of its termination.

Susanna Marchuk, Executive Director
Careline Crisis Services, Inc

Date

[Insert Name Here], Executive Director
[Insert Partner Agency/Program Name Here]

Date