

## **Sample Memorandum of Understanding**

This Memorandum of Understanding (MOU) shall serve as a basis for agreement between the \_\_\_\_\_ [name Drug Court] and \_\_\_\_\_ [name treatment provider agency].

The purpose of this MOU is to establish a collaborative relationship between the parties to build a partnership based on (1) understanding both Adult Drug Court and treatment provider expectations, including sanctions and incentives, and court and treatment program rules; (2) sharing information as outlined below; and (3) helping participants successfully graduate from the Adult Drug Court program.

### **Definitions**

Adult Drug Court : Adult Drug Courts are special problem solving courts that are treatment-based alternatives to prison or jail for drug and alcohol using criminal offenders.

Staffings are team meetings where participants' progress is discussed and options for incentives & sanctions, treatment, and phase changes are evaluated.

Adult Drug Court Team (ADC team): Judge, Probation Officer (PO), Drug Court Coordinator (if available), Specialty Court Clinician (if available), Clerk, District Attorney (DA), and Defense Counsel, and treatment providers (if available).

### **Term**

The term of this Memorandum of Understanding (MOU) is legally effective for the calendar year from \_\_\_\_\_ [date] to \_\_\_\_\_ [date], or until a subsequent MOU is properly executed, whichever is later. All terms and conditions of, and modifications to the MOU remain effective during the calendar years listed above or until such time as a subsequent MOU becomes legally effective.

### **Modifications**

Any party wishing to modify this MOU must notify the other parties in writing of its desire to do so. All the parties will review the requested modification (s) and decide whether to modify the MOU. If modifications are made, the revised document will be submitted to the parties for signatures.

### **Termination**

Any party wishing to terminate its participation in this MOU must notify the other parties in writing of its intent and reason for termination. All parties will review the request; discuss the reasons for the requested termination; and try to resolve the matter to continue the party's participation. The party may still decide to terminate its participation.

### **Confidentiality Agreement**

Both parties agree to comply with all federal and state regulations regarding alcohol and/or drug treatment records, including (1) the Health Insurance Portability and Accountability Act of

1996 (HIPAA) 45 C.F.R. Pts. 160 & 164; and (2) Confidentiality of Alcohol and Drug/Abuse Patient Records, 42 CFR Part 2, and (3) Massachusetts Fair Information Practices Act (FIPA).

### **Adult Drug Court**

The \_\_\_\_\_ [name Drug Court] agrees to:

- (1) Inform all parties of the goals and requirements the Drug Court team has established for participation in drug court and any requirements which apply to an individual participant.
- (2) Conduct frequent and random drug testing pursuant to probation capabilities
- (3) Utilize sanctions and incentives to reinforce participant progress with treatment and compliance with Adult Drug Court rules.
- (4) Provide regular updates to treatment providers on each participant, including the results of random drug and alcohol screens, violations of Drug Court program rules, concerns identified by the Adult Drug Court team, sanctions and incentives applied during hearings, and participant achievements.
- (5) ADC team members may visit treatment facilities and will sign any appropriate confidentiality documents.
- (6) Attend ADC and substance use disorder treatment conferences and trainings, if funding is available.
- (7) Insure all participants sign release of information forms to allow ADC and treatment providers to communicate.

### **Substance Use Treatment Providers**

\_\_\_\_\_ [name treatment provider agency] agrees to:

- (1) Perform clinical assessments for persons referred from the ADC to the provider.
- (2) The treatment provider reserves the right to deny admission to services based upon admission criteria, or to discharge participants from the program based on violation of program rules.
- (3) Develop, implement, and maintain individualized treatment plans for ADC participants, and share the plan with the ADC.
- (4) Provide progress reports including results of drug testing, if applicable for the ADC participants prior to staffing on \_\_\_\_\_ [day and time] (See below for general ADC contact information).
- (5) Attend and participate in ADC case staffings when possible on \_\_\_\_\_ [day and time].
- (6) Provide assistance to the participant around transportation to ADC sessions, where feasible.
- (7) Provide full and complete reports to the Adult Drug Court probation officer, including an immediate report when a participant fails to appear on time for scheduled treatment services, has a positive drug or alcohol screen, or and/or any other violations of treatment program rules (See below for ADC urgent contact information).
- (8) Attend ADC and criminal justice conferences and trainings, if funding is available.

**Adult Drug Court Contact Information:**

***Urgent contact information***

Printed Name \_\_\_\_\_  
Title \_\_\_\_\_  
Best Method of Contact    € Phone    € Email    € Fax  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_  
Fax Number \_\_\_\_\_

***General contact information***

Printed Name \_\_\_\_\_  
Title \_\_\_\_\_  
Best Method of Contact    € Phone    € Email    € Fax  
Phone number \_\_\_\_\_  
Email \_\_\_\_\_  
Fax Number \_\_\_\_\_

**Treatment Provider Contact Information:**

***Urgent contact information***

Printed Name \_\_\_\_\_  
Title \_\_\_\_\_  
Best Method of Contact    € Phone    € Email    € Fax  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_  
Fax Number \_\_\_\_\_

***General contact information***

Printed Name \_\_\_\_\_  
Title \_\_\_\_\_  
Best Method of Contact    € Phone    € Email    € Fax  
Phone number \_\_\_\_\_  
Email \_\_\_\_\_  
Fax Number \_\_\_\_\_

**Signatures:**

***Representative of the Adult Drug Court***

ADC Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Date \_\_\_\_\_  
Title \_\_\_\_\_

***Representative of the Treatment Provider***

Treatment  
Provider Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Date \_\_\_\_\_  
Title \_\_\_\_\_