

Memorandum of Agreement

Mid-Valley Student Threat Assessment Team

This Agreement made and entered into as of the date set forth below, by and between: Salem-Keizer School District, Willamette ESD, Marion County Mental Health, Polk County Mental Health, Juvenile Department, Marion County Sheriff's Department, Salem Police Department, Keizer Police Department, Oregon Youth Authority and District Attorney's Office.

WITNESSETH:

WHEREAS, all parties involved have agreed that controlling school violence is a community responsibility and that sharing resources through collaboration of community agencies is the best way to address it; and

WHEREAS, the team has developed a protocol that identifies and manages potentially dangerous and lethal circumstances in our schools and local community, as well as other communities in Marion and Polk Counties, and requires collaborative effort between agencies; and

WHEREAS, all parties are committed to improving services to youth identified by the Mid-Valley Student Threat Assessment Team protocol, by sharing information, eliminating duplication of services, and coordinating efforts; and

WHEREAS, all parties mutually agree that sharing resources, where feasible, may result in improved coordination; and

WHEREAS, it is the understanding by all parties that certain roles in serving children and youth are required by law, and that these laws serve as the foundation for defining the role and responsibility of each participating agency; and

WHEREAS, all parties mutually agree that all obligations stated or implied in this agreement shall be interpreted in light of, and consistent with governing State and Federal laws;

NOW, THEREFORE in consideration of the following agreements, the parties do here by covenant and agree to the following:

EACH OF THE PARTIES AGREE TO:

- 1. The Mid-Valley Student Threat Assessment Team will meet on a weekly basis to consult on cases that have been through the process. Each member agrees to participate in a weekly meeting and be available for an emergency meeting if deemed necessary, or if unable to attend send a representative from their agency when feasible.**
- 2. Keep the member's administrative authority fully advised of the team's activities in a manner satisfactory to the administrative authority and in a manner that accurately reflects the value that the team represents.**

3. To attend and complete initial member training to be provided by the collaboration or through outside sources when available and feasible.
4. To continue to pursue additional training and knowledge in the area of threat assessment and management, and share this information with other team members.
5. To immediately report to the team any situations regarding conflicts of interest between the business of the team, the member, or with the member's organization.
6. Strictly comply with matters of confidentiality in a manner consistent with the members own agency policies and rules in dealing with confidential material.
7. To be sensitive to other participating agency issues, such as: jurisdiction, chains of command, agency business, and media and public perception.
8. While a member of the team, to not seek or accept personal gain resulting from either the training or knowledge inherent in being a team member.

ADMINISTRATIVE

This agreement shall be in effect as of the date of the agreement is signed by the parties and shall renew automatically unless otherwise modified. **It is expressly understood that any of the parties may terminate its participation in this agreement for whatever reason by giving sixty (60) days written notice to the other parties.**

Modification of this agreement shall be made only by the consent of the majority of the initiating parties. Such shall be made with the same formalities as were followed in this agreement and shall include a written document setting forth the modifications, signed by all the consenting parties.

OTHER INTERAGENCY AGREEMENTS

All parties to this agreement acknowledge that this agreement does not preclude or preempt each of the agencies individually entering in to an agreement with one or more parties to this agreement. Such agreements shall not nullify the force and effect of this agreement. This agreement does not remove any other obligations imposed by laws to share information with other agencies.

Signed this date: _____

Agency / Organization: _____

Administrative Authority (Printed): _____

Administrative Authority (Signature): _____

Member's Name (Printed): _____

Member's Signature: _____