



LA FRONTERA ARIZONA/EMPACT – SUICIDE PREVENTION CENTER

MEMORANDUM OF UNDERSTANDING

This partnership agreement between EMPACT – Suicide Prevention Center and the Glendale Family Advocacy Center, beginning 7/1/2025, is the result of grant funding by the Arizona Criminal Justice Commission’s Crime Victim Assistance Program. This agreement expires upon the grant’s end date of 6/30/2026. The purpose of this agreement is to set forth the terms and conditions under which EMPACT will provide behavioral health services to clients referred by the Glendale Family Advocacy Center.

Program Description

The Glendale Family Advocacy Center (FAC) and EMPACT – Suicide Prevention Center partner to provide short and/or long-term individual and group therapy, case management, advocacy, and crisis and trauma- focused services, through the programming offered by EMPACT for FAC clients. This partnership will allow FAC clients to receive services similar to those provided in a behavioral health community outpatient setting at the FAC. The services provided at the FAC are free to the client. The clients who receive services from EMPACT are victims or witnesses to crimes and are referred by FAC staff through an established referral process. FAC-referred clients will receive priority services from EMPACT. Both partners, FAC and EMPACT, shall have autonomy in terms of the authority and responsibility for the operation of respective programs.

Roles and Responsibilities of EMPACT:

1. Assign staff for in-house individual therapy, case management, and coordination of care services at the FAC up to two days per week. The time spent on-site will be determined by client need and therapist’s availability.
2. EMPACT will respond to FAC referred clients no later than seven (7) days after referral has been received from FAC Victim Advocate. EMPACT is then responsible for providing counseling services or providing a referral that best fits the client’s needs.
3. EMPACT will attend its own meetings, supervision, training, conferences, and in-service days off-site. EMPACT will attend FAC meetings as requested by FAC Director.
4. EMPACT Clinical Coordinators will provide supervision, training, and ongoing management to staff assigned to the FAC.
5. EMPACT staff will post a regular, established schedule visible to all FAC staff, which indicates when they are out of the office. Should there be an unexpected change to the schedule, EMPACT staff will notify designated FAC staff.
6. EMPACT staff will complete the necessary documentation in accordance with EMPACT documentation guidelines. Documentation is to be entered into EMPACT’s electronic records within 24 hours of client contact.
7. Staff will observe EMPACT – Suicide Prevention Center’s holiday schedule. Staff will make arrangements to work outside the FAC office on Glendale FAC holidays that are not observed by EMPACT – Suicide Prevention Center.

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8. EMPACT will provide office supplies and laptop to staff for provision of services to FAC clients.

Roles and Responsibilities of the Glendale Family Advocacy Center:

1. Provide necessary badging and supplies required for EMPACT staff to be onsite.
2. Provide a furnished office for EMPACT staff to use two days per week for therapy sessions.
3. Provide a desk space for EMPACT staff to use for documentation.
4. Provide a storage cabinet for EMPACT staff to store necessary therapeutic supplies.
5. Send client referrals to EMPACT via established referral process.
6. Provide on-site support through the FAC Director.
7. Include EMPACT in staff meetings and/or training as appropriate.
8. Arrange for the FAC Director and the EMPACT Manager or Clinical Coordinator to meet quarterly, or as needed, to review the partnership and the services being provided at the FAC.

Upon 30 days prior written notice to the other party, this Agreement may be terminated by either party, with or without cause. This Agreement has been executed and approved by the parties and persons whose signatures appear below.

Glendale Family Advocacy Center

Name: Colby Brandt

Signature: _____

Title: Interim Chief of Police

Date: _____

ATTEST:

City Clerk

Name: Julie K. Bower

Signature: _____

Title: City Clerk

Date: _____

EMPACT – Suicide Prevention Center

Name: Erica Chestnut-Ramirez

Signature:  _____
Signed by:
5803125824034B8...

Title: Regional Vice President

Date: 5/16/2025

APPROVED AS TO FORM:

City Attorney’s Office

Name: Michael D. Bailey

Signature: _____

Title: City Attorney

Date: _____