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**ED Clinical Pathway for Children and Youth with Mental Health Conditions**

**Memorandum of Agreement**

**Memorandum of Agreement**

**Between**

**<*Name of Hospital*> Emergency Department**

**And**

**Community Consortium Members**

**<*Name of Community Agency*>**

**And**

**<*Name of Community Agency*>**

**And**

**<*Name of Community Agency*>**

**<*Date*>**

**Purpose:**

This Memorandum of Agreement (MOA) will:

* Promote fair and timely access to children’s mental health and addictions (mental health) services for children and youth presenting at the Emergency Department (ED), including prioritization and response within the community.
* Ensure one common MOA between the ED and all community mental health agencies that service that ED.
* Prescribe the pathway of access and referral process on behalf of children and youth requesting mental health services from entry to the ED to disposition to child and youth mental health and addictions (CY mental health) services.
* To establish clear guidelines for the nature and timeliness of community response to children and youth discharged from the ED, based on evaluation of risk and urgency
* Establish processes whereby disposition decisions are regularly reviewed at the aggregate level to identify trends/patterns and ensure consistency with the protocol.

**Governing Principles:**

Response to youth with a mental illness or in acute emotional distress should be provided in the least restrictive and least intrusive means appropriate and in a manner that ensures the safety, privacy, dignity and self-respect of the youth, family and others.

Provision of prompt assessment and treatment for youth who are experiencing a mental health crisis is essential and timely follow-up may be required for many youth to ensure continued physical and psychological safety and wellbeing at home and in the community.

Inter-agency and cross-sectorial cooperation in assessment, intervention and coordination is essential to provide a comprehensive, efficient, and effective crisis resolution, as well as facilitation of ongoing service delivery.

Continuity in the relationships betweenchildren/youth and their health care providers allows for the most comprehensive and informed treatment planning and crisis management for children, youth, and their families. Where continuity in relationships may not be possible, information-sharing and coordination of services is essential.

To be effective, coordinated child- and family-centered care requires consideration of the unique needs of each child or youth, and his/her family and the community context.

**Principles of the Partnership:**

Appreciation of Diversity:

* The organizations appreciate the diversity of skills, perspectives, experience and knowledge brought to the partnership by the other(s). A partnership combines this diversity in a way that enables the partnership to think in new and better ways about how to service the community.

Valuing Relationship:

* Fundamental to the partnership success is the encouragement of relationships among leaders and staff from each organization. Relationship building opportunities are actively pursued among partner organizations at all levels.

Value Created:

* Partners do more than exchange resources – they create something new and valuable. This partnership will create value in that individuals will be served better across organizations/services.

Investment:

* Partnerships are relationships built over time and with shared experience. Partners show tangible signs of long-term and on-going commitment by devoting resources to the ongoing maintenance of the partnership.

Integrity:

* Partners behave towards each other in ways that justify and enhance mutual trust. Decisions will be made with the input of partners that will allow for compromise and consensus. Each partner has influence. Communication is open and constructive.

Collaboration:

* Inter-organization collaboration is aimed at producing and measuring better outcomes for people who use the service.

Excellence:

* Partners are strong in their commitment to this agreement and have something valuable to contribute. The motives for entering into this partnership are positive and of mutual benefit.

**Parties to the Memorandum of Agreement:**

The parties to this MOA are:

**<*Name of* *Hospital*> Emergency Department**

**<*Name of Community Agency*>**

<*Brief description of service rendered*>

**<*Name of Community Agency*>**

<*Brief description of service rendered*>

**<*Name of Community Agency*>**

<*Brief description of service rendered*>

**Procedure/Process:**

ED Clinical Pathway:

Please refer to the attached ED Clinical Pathway form and Algorithm.

Shared Documentation Between the ED and the Community Agency:

The ED will document the patient visit on a standardized clinical pathway form and the child and youth mental health clinician (CY MHC) will document their assessment on a standardized assessment form. In addition, the following screening tools will be used during the patient’s ED visit – The Caregiver/Youth Perception Survey (C/YPS), the Ask Suicide Screening Questions (RSQ) and either the Paediatric Symptom Checklist (PSC) for children under 12 years or the Global Appraisal of Individual Needs Short Screener (GAIN-SS) for children 12 years and over. The clinical pathway form, standardized assessment, and the completed screening tools are to be shared with the community agency upon disposition and the patient’s primary care provider where appropriate.

In the case of Disposition D, the community agency can request this documentation from the ED.

**Guidelines for First Contact by Community Agencies Based on Disposition from ED:**

Disposition A: Admission to hospital:

* As a best practice, it is recommended that the community agency will follow-up in person prior to the patient’s discharge from a hospital admission. When an in person meeting is not possible, the minimum recommendation is contact via telephone.
* As a best practice, and where clinically appropriate, the community agency will follow-up in-person by next business day of receipt of discharge disposition information. Timing of service delivery is at the discretion of the community agency.

Disposition B: Discharge from ED with Expedited Follow-Up in the Community**:**

Where the ED disposition indicates that level of risk and available supports are such that expedited follow up in the community is required:

* The community agency will follow-up by telephone within one business day of receipt of ED documentation to discuss and make a determination regarding the urgency of community services required
* The community agency will keep the ED informed regarding follow-up response.

Disposition C: Discharge from ED with Follow-Up in the Community:

Where the ED disposition indicates that level of risk and available supports are such that timey follow up in the community is required:

* The community agency will follow-up by telephone within seven business days of receipt of ED documentation to discuss and make a determination regarding the urgency of community services required
* The community agency will keep the ED informed regarding follow-up response.

Disposition D: Discharge from ED with Follow-Up in the Community:

* The patient will be encouraged to follow-up with their Primary Care provider and will be provided with the contact information for mental health community services and may follow-up themselves if they choose to do so.
* If community agency receives the patient, they are to keep the ED informed of follow-up response.

**Communication Protocol:**

Reciprocal communication between the ED and the community agencies is of paramount importance in this ED Clinical Pathway. This communication includes but is not limited to the results of ED Clinical Pathway Form and screening tools, as well as community agency follow-up response. The communication mechanism and process will be left to the discretion of the parties involved however it is recommended that the CY MHC play the key role in ensuring this communication takes place.

**Information Sharing and Privacy:**

The parties of this MOA agree to comply with all relevant privacy-related legislation.

Where there is disclosure of personal information to a party of the MOA, they will ensure that:

* Informed consent to share personal information is obtained from the individual(s) and/or his/her guardian, where applicable.
* Personal information is disclosed in accordance with all applicable legislation pertaining to the personal information in question.

Where there is receipt of personal information to a party of the MOA and with respect to such personal information, they ensure that:

* All personal information received is used only in the manner and for the purposes for which the youth/guardian has consented;
* Appropriate security measures are in place to protect the delivery and storage of all personal information provided;
* They will comply with any reasonable recommendations made by governmental privacy authorities with respect to the protection of personal information provided.

**Leadership:**

Representatives from all organizations will meet at a minimum of 3 times per year to reaffirm the commitment to this agreement and provide future direction as well as discuss other related issues as they arise.

If trends emerge showing difficulty in responding to the needs of youth presenting in crisis, the partners will develop strategies and/or recommendations to address such trends.

**Operational Lead:**

Each partner will identify an operational lead who will be the primary contact for their organization/service for purpose of the MOA and who will have the authority to act on behalf of his/her organization.

**<*Name of Hospital*> Emergency Department**

Signature Position Date

**<*Name of Community Agency*>**

Signature Position Date

**<*Name of Community Agency*>**

Signature Position Date

**<*Name of Community Agency*>**

Signature Position Date