

CRISIS SERVICE SYSTEM  
MEMORANDUM OF UNDERSTANDING (MOU)  
MINIMUM REQUIREMENTS

All providers and hospitals in the district will have one or more Memorandums of Understanding (MOU) between and amongst the parties to ensure that the Minimum Crisis Service System requirements are achieved. The MOUs should clearly outline responsibilities among the parties and ensure an integrated crisis service system.

At a minimum the MOUs must:

- a. Describe and detail any financial inter-relationships among the parties to the MOU.
- b. Include protocols for how the entities interact around individual cases
- c. Establish protocols for consumers who remain in an emergency department (ED) for over 8 hours and how active treatment will be provided awaiting hospital or crisis stabilization unit admission or discharge to home with supports.
- d. Provide for a minimum of a quarterly district crisis services system meetings to problem solve issues, review ongoing system fidelity and MOUs, develop and review quality improvement initiatives, etc.
- e. Describe the relationships and protocols for the interface between the mobile crisis workers and the centralized call center.
- f. Describe responsibilities and problem resolution processes amongst the parties
- g. Include provisions for review and amendment of the MOUs ,as well as at a minimum an annual review process
- h. Establish timely accessibility to a consumer's crisis plan
- i. Detail collaboration among the parties (as appropriate) with development of crisis plans
- j. Provide the protocols for Crisis and ED staff to consult with one another as needed for prompt and effective crisis resolution.
- k. Provide the procedure for resolving conflict/who is responsible for final disposition? (which may be discharge back home)
- l. Provide the procedure to begin active treatment while consumer is in the ED (Collaboration between Crisis, ED staff, Consumer's regular PCP or Psychiatrist, family and natural supports)
- m. Describe the process to establish and review performance outcomes and metrics between hospitals and crisis providers, including input from consumers and families.
- n. Provide the protocols for the Crisis Provider psychiatrist to consult with the ED physicians