**Interagency collaboration to provide mental health care to people with intellectual disability**

A Memorandum of Understanding
(MoU) template

**AUTHORS**

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**DESCRIPTION OF RESOURCE**

This template provides a guide to developing a Memorandum of Understanding (MoU) outlining how services/agencies can work together to provide collaborative mental health care to people with intellectual disability. It is meant for the provision of care to people
with intellectual disability in general (rather than a specific person). The aim and contents
of the MoU will vary depending on the role of the services/agencies involved and the extent of their collaboration.

The below sections provide a guide, but sections may need to be added/deleted/modified based on the needs of the services/agencies involved. Guidance is provided in brackets.

See the [Working with people with intellectual disability and their team](https://www.idmhconnect.health/i-am-professional/working-people-intellectual-disability-and-their-team) section on the [Intellectual Disability Mental Health Connect](https://www.idmhconnect.health) website for more details.

**Memorandum of Understanding on providing collaborative service provision to people with intellectual disability**

This Memorandum of Understanding is between

(Service/agency)

and

(Service/agency)

This Memorandum of Understanding (MoU) outlines how (Service/agency) and the (Service/agency) will (collaborate to provide interconnected and responsive services to people with intellectual disability).

**Background information**

(Background on services and any existing collaborations)

Click or tap here to enter text.

**Aims and goals**

This MoU will (outline aims and goals of the collaboration)

Click or tap here to enter text.

**Contact Information**

Service/agency name: Click or tap here to enter text.

Representative: Click or tap here to enter text.

Position: Click or tap here to enter text.

Address: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Service/agency name: Click or tap here to enter text.

Representative: Click or tap here to enter text.

Position: Click or tap here to enter text.

Address: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Expertise of each service/agency**

(Service/agency)

Click or tap here to enter text.

(Service/agency)

Click or tap here to enter text.

**Inclusion criteria of each service/agency**

(Clients seen and inclusion criteria of each service/agency)

(Service/agency)

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(Service/agency)

Click or tap here to enter text.

**Referral process**

(General referral process and capacity for urgent referrals)

(Service/agency)

Click or tap here to enter text.

(Service/agency)

Click or tap here to enter text.

**Roles and responsibilities**

(Roles and responsibilities of each service/agency including

1. how services can work collaboratively e.g. advice sharing, information sharing, case conferencing, joint assessments, joint care planning, transfer of care planning
2. services/supports each agency provides
3. governance of each service)

(Service/agency)

Click or tap here to enter text.

(Service/agency)

Click or tap here to enter text.

**Communication protocols**

(Protocols can be included for both i) discussing/updating the overall collaborative agreement, and ii) general guidance for communication regarding care planning for people with intellectual disability. Include methods of communication (e.g. in-person case conferences; video conferencing) and frequency of contact)

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**Information sharing process**

(Include information sharing processes for e.g. medical history, assessment results, reports and consent procedures for sharing information between services)

Click or tap here to enter text.

**Confidentiality**

(How confidentiality of the person with intellectual disability and their support networks will be maintained)

(Service/agency)

Click or tap here to enter text.

(Service/agency)

Click or tap here to enter text.

**Record keeping procedures**

(Include how records relating to interagency collaborative processes can be shared if different systems are in place across services/agencies)

Click or tap here to enter text.

**Procedures for dispute resolution**

(Outline the steps service/agency staff should take in the event of a dispute)

Click or tap here to enter text.

**Opportunities for capacity building between services**

(Include e.g. staff who can be consulted for advice, opportunities for in-services, forums)

(Service/agency)

Click or tap here to enter text.

(Service/agency)

Click or tap here to enter text.

**MoU monitoring and review**

(Processes for monitoring the use and utility of the MoU, how/how often it will be reviewed, and how modifications can be made)

Click or tap here to enter text.

**MoU timeframe**

(Outline when this MoU will come into effect e.g. when all services/agencies sign below and how long it will remain in effect e.g. until reviewed and modified, a specific date, indefinitely unless terminated)

Click or tap here to enter text.

**Signatures**

|  |
| --- |
|  |

Signature

Click or tap here to enter text.

Date

Click or tap here to enter text.

Representative name

Click or tap here to enter text.

Representative position

|  |
| --- |
|  |

Signature

Click or tap here to enter text.

Date

Click or tap here to enter text.

Representative name

Click or tap here to enter text.

Representative position