

How PMHCA teams can engage with EDs

- 1. *Emergency Department (ED) Provider-to-Provider Consultation:*** A PMHCA can engage EDs by providing education and resources related to mental and behavioral health. They offer these to healthcare providers. These resources can include handouts, virtual or in-person training sessions, and web-based learning modules. The educational services may be limited to ED-based teams. They may involve sharing community mental health and behavioral resources or programs. They may also involve evidence-based care pathways. They may also involve education on using pediatric screening tools. Alternatively, PMHCA teams may focus on educating school-based teams and Primary Care Physicians on ED-based services. They can also educate them on standardized regional triage pathways before ED presentation. They can also provide family- and provider-centered support services. This can increase awareness of ED-based resources and processes.
- 2. *Community Resource:*** PMHCA teams may decide that consulting with ED providers is a workable option. Consultation services may involve providing ED providers with advice on which screenings to use. They may also advise on how to manage medications. They may also suggest outpatient programs to help with discharge planning. They might hold regular "office hours" with a mental health specialist. They might also respond to the needs of ED providers as required.
- 3. *ED Provider Education and Training:*** Teams may choose to offer patient-related resources and services. These connect patients and their families to community resources. It's a discharge coordination service for providers. Alternatively, they may provide educational information in the form of pamphlets or brochures. ED providers can share these with patients. PMHCA teams may use telehealth platforms to help providers connect patients with licensed mental and behavioral health workers. These workers include psychiatrists and psychologists. This increased access to care is especially important in areas where there are few or no licensed MH/BH specialists. Such services can help initiate treatment. They can also expedite discharge planning and act as a stop-gap until alternative inpatient or outpatient services become available.



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