SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

CLINICAL POLICY

NUMBER: BC006

NAME: ACCESS TO CRISIS SERVICES

INITIAL APPROVAL DATE:	02/19/2002	BY: Sanilac CMH Board
STAKEHOLDER REVIEW:	04/04/2013	BY: Consumer Advisory Board
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DISCONTINUED DATE:	N/A	REPLACED BY: N/A

I. PURPOSE

To establish a process to access crisis services.

II. APPLICATION

Populations: **ALL**
Programs: **Direct – ALL**
Contracted - ALL

III. POLICY

It shall be the policy of the Sanilac County Community Mental Health Authority (Sanilac CMH) to utilize the centralized access system, herein referred to as the Region 10 Access Center, to standardize service matching. Service matching will include services needed to resolve a crisis situation. Service authorization procedures are put in place to ensure eligible individuals consistently receive

- least intensive
- least restrictive
- least intrusive and
- least costly intervention

capable of successfully addressing their presenting problem(s) and enhance the individual's steps to recovery.

IV. DEFINITIONS

Access System – A 24-hour telephone service by which mental health professionals or trained mental health workers evaluate emergencies and provide counseling and referrals to ensure the rapid provision of appropriate intervention.
The system is:

1) knowledgeable about the array of mental health services available within the CMH system and the community at large
2) attempts to match the presenting problem(s) with the most appropriate treatment available; and
3) monitors use of services/resources.

Crisis – A temporary state of instability caused by stress that overwhelms a person's learned coping mechanisms.

Crisis Intervention – Services provided in a crisis situation. These services will stabilize the crisis situation and empower the individual/family/group to function more effectively in similar situations in the future. Crisis intervention involves:

1) a reduction of stress that is disturbing,
2) supporting for efforts of the individual/family/group to problem solve, and
3) building strengths within the individual/family/group to prevent or solve future problems.

Acute: A situation where there is a perceived harm to self or others.

Urgent: A behavioral health condition that requires attention and assessment within twenty-four (24) hours, but which does not place the member in immediate danger to himself/herself or others, and the member is able to cooperate with treatment.

Emergent: A situation in which an individual is experiencing a serious mental illness or a developmental disability, or a minor is experiencing a serious emotional disturbance that possibly needs further assessment to determine if level of care needs to increase to help reduce their negative symptoms. Possible safety plan might be recommended.

Non-Emergent: A situation in which an individual is stable but might need assistance with outreach or linking to support for continued success.

V. STANDARDS

A. In order to track use of publicly funded mental health services in a capitated/CCBHC system, initial requests for hospitalizations must be screened and authorized by the Region 10 Access Center. A level I service may be authorized electronically by the Sanilac CMH clinician. A level II service must be authorized by telephone through the Region 10 Access Center prior to services being received, or during the next business day if the crisis occurs after hours.

B. It is essential that individuals meeting the priority criteria of the Michigan Mental Health Code are recognized and given immediate access to crisis intervention services.

C. If the screening of an individual occurs after regular business hours, it is because the individual is in a crisis and has called the crisis line, is presenting at an emergency room of a hospital, is presenting at the jail or by other police involvement. The Region 10 Access Center performs after hours crisis screening and emergency referrals for the individuals. People requiring face to face emergency services are to be referred to their current treatment provider, or another provider from the after-hours program roster. If service requires authorization, the Access Center will be called the next business day to complete the authorization.

D. In a difficult situation, when a negotiation cannot be reached and there is outright disagreement between an individual, guardian, minor/family and/or provider of services, and the Access Center reviewer conducting the review, the dissatisfied party (or parties) should request an immediate second review by the Access Center Supervisor. If an agreement is not reached, the individual, guardian and/or provider should follow the steps outlined in the Michigan Mental Health Code which include making a request for a second opinion from the PIHP Medical Director.

E. The Region 10 Access Center screens for a four-county region: Genesee, Lapeer, St. Clair and Sanilac Counties. It is the responsibility of the Access Center to respond by phone when residents from this region present for emergency services in other Michigan counties. In addition, the Access Center will contact the county of residence when an individual presents for emergency services in this region but is from an outside county. If that county does not

intervene, the Access Center will document this and provide the screening services. County of Financial Responsibility will be billed for the screening, and treatment, if authorized.

VI. PROCEDURE

Sanilac CMH will maintain current information regarding available crisis intervention services on its website, in all intake packets, posted in all the Agency waiting rooms, and on social media. Sanilac CMH will work with all individuals served during intake, throughout treatment, and after psychiatric emergency/crisis to create, maintain, and follow a crisis plan.

The Sanilac County Community Mental Health After Hours Crisis Line is answered by Protocall. Protocall notifies the On-Call Staff when a local response is required. The Crisis Line Number is **1-888-225-4447.**

Each case should be handled based on an assessment of the individual's needs. Crisis intervention may be provided on a face-to-face basis, virtually, or over the telephone, as is appropriate, and shall not be limited because of place of residence or homelessness or lack of a permanent address.

The only services that will be provided to non-Michigan residents will be crisis services. Coordination and transfer of care shall take place with bordering CCBHCs, along with coordination for out of state Medicaid eligibility and should follow the standards identified in the Medicaid Provider Manual.

A. AFTER HOURS PROTOCOL

1. Protocall will evaluate the individual's preliminary mental health status for lethality and risk of harm to self or others.

2. Protocall will also determine if the individual is currently receiving Sanilac CMH services and what type of providers are associated with the individual (CSM, therapist, etc.).

    a. Protocall will utilize the On-Call Worker (via the traditional crisis calendar and backup) for any needed lethality assessments/pre-admission screenings for individuals who currently have Medicaid or no insurance (See Crisis Calendar Protocol).

    b. If Protocall is unable to reach the On-Call Worker within 5 minutes, they are to contact the assigned On-Call Supervisor (via the traditional crisis calendar). If Protocall is then unable to reach the on-call supervisor within 5 minutes, they are to contact the Chief Operating Officer (COO) (via the traditional crisis calendar).

        i. On-Call Staff are required to respond and should consult with the On-Call Supervisor as necessary.

    c. If the individual is currently receiving Sanilac CMH services, and the crisis situation is an imminent risk of harm to self or others, the On-Call Worker is to contact the assigned primary case holder by phone to determine if they, the primary case holder, would like to handle the crisis situation.

        i. If the situation is outside of the primary case holder's expertise or they are unable to manage the situation, the On-Call Worker will move forward with the assessment/pre-admission screening.

ii. The primary case holder is paid for all the time they work, from the time they answer the phone to the time the crisis situation is completed.

d. If On-Call Staff are requested by Protocall to complete an assessment on an individual that does not live in this county, they are to contact the county of financial responsibility to get permission for the assessment. If the county of responsibility is unable to be reached, the On-Call Worker should continue to assess.

B. Remember to consider these key factors when gathering information:

1. ACT individuals will contact the ACT After Hours Crisis Number.
   As required by the Medicaid Manual, ACT individuals will have access to a multi-disciplinary Crisis ACT team 24 hours per day, 7 days a week. ACT individuals will have access to the ACT Crisis Number. In the event that the individual does not get a response from the ACT Crisis Number, they will also be given the ACCESS After Hour's On-Call Number to use as needed.

2. When an ACT individual calls after hours and identifies themselves as an ACT individual, Protocall will contact the ACT On-Call Staff.

3. Children's Mobile Crisis Services is structured treatment and support provided by a mobile intensive crisis stabilization team that is designed to promptly address a crisis situation in order to avert a psychiatric admission or other out of home placement, or to maintain a child or youth in their home or present living arrangement. Currently, these services must be available to children or youth with serious emotional disturbance (SED) and/or intellectual/developmental disabilities (I/DD), including autism, or co-occurring SED and substance use disorder (SUD). However, consistent with the SPP, MDHHS seeks to expand access to include both children with serious behavioral health disorders and children experiencing a crisis that places them at risk for emergency department, inpatient hospital, or residential use. The service must be provided by a mobile intensive crisis stabilization team consisting of at least two staff who travel to the child or youth in crisis. One team member must be a Master's prepared Child Mental Health Professional (or Master's prepared Qualified Intellectual Disabilities Professional [QIDP], if applicable) and the second team member may be another professional or paraprofessional under appropriate supervision. Paraprofessionals must have at least one year of satisfactory work experience providing services to children with SED and/or I/DD, as applicable. Team members must have access to an on-call psychiatrist by telephone, as needed. At minimum, all team members must be trained in crisis intervention and de-escalation techniques.
   <u>Staff Protocol:</u>
   1. Protocall contacts assigned On-Call Staff.
   2. On-Call Staff assess the situation and determine if it is clinically appropriate to implement Children's Crisis Mobile 2nd staff.
   3. On-Call Staff will contact the contract agency to notify the 2nd staff of crisis mobile implementation and brief them on the situation. The contract agency will provide Sanilac CMH with a 2nd staff calendar assignment, with contact info listed.

4. On Tuesdays the office is open until 6pm. Supervisors will identify a staff in Children's Services, Clinical Services, or Care Management to cover crisis calls from 5-6pm. At

6pm, the staff that has been assigned to After-Hours On-Call will cover from 6pm to 8am.

5. A disposition must be made within three (3) hours of the initial request for a face-to-face evaluation.

6. Contact is initiated by the individual experiencing the crisis, a peace officer, the home provider, or the general public.

7. For after-hours screening purposes, it is advised that the individual should present at a local Emergency Room or summon an ambulance by calling 911. The hospital will contact Protocall when the person has acquired medical clearance; including but not limited to being medically cleared of being under the influence of alcohol (blood alcohol level is below .08) and other drugs.
   - If the clinical lethality assessment is invalid due to the individual being impaired from substance use, On-Call Staff should utilize their clinical judgment, based on a competency assessment, to defer the assessment for up to 24 hours.
   - Information relating to medication regimen, the use of illegal drugs, alcohol use/abuse, over the counter drugs, history of psychiatric illness, psychiatric treatment intervention, psychiatric hospitalization, and medical condition must be assessed.

8. The safety of the individual or those around him or her must be evaluated.
   - Are there weapons involved and are they accessible?
   - Is there a reason to utilize/comply with the duty to warn law enforcement or child/adult protective services?
   - Is the person involved experiencing suicidal ideations?
     - If so, is there a suicide plan?
     - Are there available means for completion?
     - Does the individual have a history of a previous suicide attempt?
     - Is there a history in the family of suicide or mental illness?

9. Must assess for available support. (Consider whether anyone else – family member, friend, significant other, therapist – should be contacted with the individual's approval.)

10. Staff responding must be trained and be prepared to respond to crisis situations.

11. Sanilac CMH will maintain contractual agreements and active coordination with area emergency departments, inpatient psychiatric treatment providers, inpatient substance use disorder treatment providers, and residential programs to provide services at the clinically appropriate levels. Sanilac CMH will follow the same protocol for individuals transitioning from these settings and returning to the community which includes transfer of medical records, verification of all prescriptions, active follow-up, and a crisis plan that includes suicide prevention and safety, and peer services (if needed). Contractual agreements will include, but not be limited to, the following service types:
    - Emergency Departments
    - Inpatient Treatment
    - Urgent Care Centers
    - Residential Crisis Settings

- Medication Assisted Treatment (MAT) Clinics
- Residential Treatment Programs

12. Sanilac CMH will track all individuals admitted to and discharged from the aforementioned facilities (unless there is a formal transfer of care).

13. Sanilac CMH will also maintain triage and referral relationships with law enforcement in Sanilac County which includes all of the same access standards and protocols for individuals served by Sanilac CMH that present in psychiatric crisis.

14. If the individual is a minor, the guardian or parent needs to be contacted/present. Minors are to be signed into a psychiatric hospital for treatment by a guardian, the court, or a parent.

15. Each crisis received must be documented on a Crisis/Pre-Admission Screening Form (Form #1026 or Form #0385). The OASIS Contact note needs to be completed for all open individuals. If an individual is open at Sanilac CMH, Form #0385 is not necessary. The completed forms (including appropriate authorizations) must be submitted the next working day to the Hospital Liaison. The On-Call Staff is to notify the primary worker, assigned psychiatrist, and the relevant supervisor.

16. If exploring inpatient hospitalization at a hospital that is not under contract with Sanilac CMH, the On-Call Worker needs to contact the On-Call Supervisor prior to placement. With approval from the On-Call Supervisor, the On-Call Worker will then utilize the Sanilac CMH pre-created letter from the Chief Executive Officer. The following business day, this letter of agreement needs to be provided to the Chief Operating Officer (COO) and Contract Management. If a hospital is requesting their own letter of agreement form be utilized, rather than the Sanilac CMH pre-created letter, contact the On-Call Supervisor prior to completing. With On-Call Supervisor's approval, the On-Call Staff can sign the needed hospital letter of agreement. This also would need to be provided to the Chief Operating Officer and Contract Management the following business day.

VII. ATTACHMENTS

None

VIII. REFERENCES

None

IX. CRISIS CALENDAR PROTOCOL

1. Contact On-Call Worker.
2. If no response in 5 minutes, contact On-Call Supervisor.
3. If no response in 5 minutes, contact other Clinical Supervisors.
4. If no response in 5 minutes, contact Chief Operating Officer.
5. If no response in 5 minutes, contact Chief Executive Officer.