Millennium
COLLABORATIVE CARE
Igniting Healthcare Change in WNY

Community Crisis Stabilization Treatment Response Protocols

Crisis Response-Treatment Protocols

[February, 2017]

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1 Introduction

Project 3aii, Community Crisis Stabilization aims to provide community based alternatives to Emergency Departments for individuals experiencing an acutely psychotic episode or who are otherwise behaviorally unstable. The project's goal is to provide readily accessible behavioral health crisis services that will allow access to an appropriate level of service and providers, supporting a rapid de-escalation of the crisis. Core crisis stabilization services include Crisis Phone Hotline (Phone Triage), Mobile Crisis Outreach, Short-Term Community Respite, and Observation. Additional services are Emergency Departments, Behavioral Health and Community-Based treatment providers, Health Homes and Primary Care Physicians.

Purpose of document is to define and outline how services would be accessed by patients. Using the Mental Health Triage Tool as a basis for a community wide crisis stabilization protocol. The network of core service providers will adopt these designated protocols to triage and stabilize behavioral health crises in the community.

2. General Definition:

Crisis Stabilization services consist of an integrated community wide response to individuals who are experiencing a behavioral health crisis. Helping individuals get to the most appropriate level of care. Response services are available to access 24 hours a day/seven day a week to assist individuals who need assistance. These services provide support to manage current crisis and triage individuals to the most appropriate level of care to stability crisis.

Services included in this response include, but are not limited to, crisis services hotline (phone triage), mobile crisis outreach, short-term community respite, walk in-open access clinic services, peer warm lines and support, PCP services and when necessary local law enforcement and the hospital emergency department/CPEP. These services are intended to give individuals, family member, treatment providers, and law enforcement some alternatives for providing crisis interventions and de-escalation in the community.

Purpose:

- Provide timely community crisis intervention response
- Provide person-centered, evidence based assessment interventions
- Whenever possible stabilize crisis in community setting without transport to hospital emergency department

- Provide linkage to services to maintain stability within community settings

3. Description for Mental Health Triage Tool:

Purpose of Mental Health Triage Tool: Increase efficiency for identifying and connecting individuals with the right level of care during their crisis. Engage individuals with solutions that influence behaviors by providing the information needed to make informed decisions, better understanding their mental health status, and know when to seek which level of care.

Level Definition

Level A: The individual needs immediate intervention; police are call to scene and/or are in route and crisis services assistance has been requested.

- **Response**-*Serve Risk, imminent risk of harm*. Definite danger to life (self or others), severe behavioral disturbance, individual physically restrained, immediate referral and response from 911/EMS.
- **Mental Health Service Action/Response**-Call 911 first, after calling 911 link individual to crisis services in your county to ensure additional support is provided as needed.

Level B: The individual needs urgent intervention due to significant risk to harm self or others. The individual is verbalizing threatening, suicidal or homicidal thoughts and demonstrating furtherance of such thoughts.

- **Response**-*High Risk, urgent mental health response*. Very high risk of imminent harm to self or others, emergency services response, immediate referral to crisis services (response within 2-3 hours)
- **Mental Health Service Action/Response**-Triage clinician to notify ambulance and/or police, urgent assessment from mobile outreach program or law enforcement per mental hygiene law section 9.45/9.41, call crisis hotline/mobile team to consult while incident is occurring, if needed mobile outreach team will respond (face to face), assess situation and conduct a mental health assessment, mobile team will advise if 911 should be called based on lethality concerns.

Level C: The individual needs timely intervention due to the inability to cope with current stressors. Risk of harm to self or others is not pressing at time of contact due to the presence of other reliable supports or due to lack of plan or intent.

- **Response**-*Moderate Risk, semi-urgent mental health response*. Possible danger to self or others, moderate behavioral disturbance, and significant distress especially in absence of capable supports.
- **Mental Health Service Action/Response**-If licensed clinician on staff, he/she can assess situation, call crisis hotline to have mobile outreach program assess the situation and determine plan of response (phone/face to face visit, safety planning, monitoring etc.), provider devises crisis/safety plan as part of treatment and monitoring client behaviors and call/text warm line for support.

Level D: The individual is in need of intervention due to subjective distress and/or mild level of dysfunction or difficulty in coping with current stressors. The individual would not seem to require hospitalization but may benefit from consideration for additional short-term formal services.

- **Response**-*Non-urgent mental health response*. Moderate distress, no danger to self or others, no acute distress, no behavioral disturbances, and continue to monitor.
- **Mental Health Services Action/Response**-Develop crisis/safety plan with individual. This plan should include the phone numbers for both crisis hotline and warm line services as tools to use if individual needs support, designated mental health providers to monitor lethality at each visit and determine a response plan if the crisis/safety plan is not followed, provide consultation, advice and/or brief counseling if required and/or mental health services to collect further information.

Additional Actions to consider for each level

Level A-Serve Risk: Keep caller on line until emergency services arrive or as long as possible.

Level B-High Risk: Call security or police if staff is compromised, provide safe environment for individual, provide or arrange support for individual and caregiver while waiting for face-to-face response from mobile outreach or police.

Level C-Moderate Risk: Refer to existing mental health professional and/or provide after hour peer support, link to clinics with rapid response, obtain additional information from relevant sources, and link to respite services.

Level D-Low Risk: Facilitate appointment with alternative provider, follow-up phone contact as deemed appropriate, referral or advise to contact alternative service provider (e.g., respite and/or peer programs)

4. Standard Treatment Protocols

Behavioral Health Provider

Standard: The program has the ability to respond promptly to crisis and clear policy and procedures for responding to at-risk recipients during normal business hours:

- **Adequate Clinical Expectations:** The clinic identifies, tracks, monitors, assesses, and reassesses the treatment of at-risk and high-need recipients, the program has the ability to accommodate crisis intakes and Walk-Ins during normal program hours, as part of general treatment planning process, the clinic actively assist recipients in creating a minimal safety plan to get emergency help when needed. The plan includes use of clinic's open access hours as part of initial plan and phone numbers for crisis services and/or warm line numbers for support **(Mental Health Triage Tool, Level B, C and D apply).**

After Hours Service Provider

Standard: The program has the ability to respond promptly to crisis and clear policy and procedures for responding to at-risk recipients during after hours

- **Adequate Clinical Expectations:** There is a plan in place that results in contact with a licensed/credentialed professional by individuals and their collaterals who need assistance when the program is not in operation, the primary clinician at the program is informed on the next business day of information from clinicians providing after hours services, during intake, after-hours contact is explained to all individuals, and significant others where appropriate, along with an information packet describing the services offered by the program. This information is also posted onsite and reviewed with the individual throughout the course of care, after hour service provider inform patients about opportunities to attend the clinic's open access hours for the next day. Patient is informed that they can expect to see a therapist/clinician during designated open access hours, preferably (on an as needed bases) after hour service providers have access to minimal patient safety plan, the program demonstrates consistent follow-up on crisis calls received and staff is trained in the agency policy and can identify where the policy can be found and the procedures to be followed in a crisis (**Mental Health Triage, Level B, C, and D apply)**

Health Homes

Standard: Assessment should include appropriateness linkage for care management services.

- **Adequate Clinical Expectation**: There is a plan in place that results in contact with care management service providers to introduce or reconnect patients (every time) to on-going services that can support patients in the community, increase referrals to ACT/Health Home/Care Management/other high-intensity services. If it is determined that a person in crisis is eligible, but not enrolled in Health Home services a referral to a Health Home will made and for engaged Health Home persons in a crisis, designated care manager will be contacted **(Mental Health Triage Tool, Level A, B, C and D apply).**

Primary Care Provider (PCP):
Standard: For shared Behavioral Health patients with Primary care, the program has clear policy and procedures for communicating information.

- **Adequate Clinical Expectations:** There is plan in place to use the patient record to accurately document the patient's primary care doctor, during intake the patient is asked who and where they seek care for their medical needs and when was the last time they attended appointment, staff confirm with reported primary care office that patient is an established patient, and clear policy and procedures are planned for bi-directional communication concerning shared patients. No release of information consent needed **(Mental Health Triage Tool, Level C and D apply).**

Communication with Families /Others significant people

Standard: Program has ability to communicate with families / other significant people

- **Adequate Clinical Expectations:** Families or significant others have all information necessary to contact treatment providers for both routine follow-up and immediate access during periods of crisis, Staff can explain the parameters and polices concerning confidentiality, including the ability to receive information from family and others, Clinicians seek to identify others involved in recipient's care and recover and discuss benefits of their involvement with recipients. There is documentation of efforts to communicate in person or by telephone with significate others involved in the recipient's treatment and recovery as appropriate **(Mental Health Triage, Level A, B, C and D apply)**.

Mental Health Triage tool and Protocols Training

To divert high utilizers from the ED, Millennium's behavioral health team works collaboratively with community-based organizations who provide mobile crisis, outreach, respite and peer support services. The PPS engaged local experts to create a standardized mental health triage tool to be utilized across the eight-county region (work groups have reviewed the document and made recommendations). The finalized tool, will be distributed with training materials developed by experts who manage individual with mental health concerns.

Behavioral health providers (psychiatrists, mental health, behavioral health, substances abuse professionals and facilities) will train appropriate staff using the Mental Health Triage tool and training aides. They will also provide evidence of how their organizations will implement usage of the mental health triage tool.

Communication with Families /Others significant people

Standard: Program has ability to communicate with families / other significant people

- **Adequate Clinical Expectations:** Families or significant others have all information necessary to contact treatment providers for both routine follow-up and immediate access during periods of crisis, Staff can explain the parameters and polices concerning confidentiality, including the ability to receive information from family and others, Clinicians seek to identify others involved in recipient's care and recover and discuss benefits of their involvement with recipients. There is documentation of efforts to communicate in person or by telephone with significate others involved in the recipient's treatment and recovery as appropriate **(Mental Health Triage, Level A, B, C and D apply)**.

5. Project Timeline

Milestone #4-Time Line:

	Q2 2016	Q3 2016		Q4 2016				Q1 2017		
Initiative	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**
Development of the Mental Health Triage Tool	6/15/2016				**10/19/2016**				**2/15/2017**	
Development of Training for Mental Health Triage Tool					**10/19/2016**		**12/21/2016**	**1/18/2017**	**2/1/2017**	
									2/13/2017	
Training made available to partner organizations and community										**3/10/2017**
Initial Discussions with Partners about need to develop written Treatment protocols					10/19/2016					
Convened workgroup to develop written treatment protocols (Best Pratices Committee)						11/14/2017		1/24/2017	2/7/2017	
Protocol recommendations made (NFMMH-Crisis Stabilization Workgroup)							12/2/2016	1/26/2017		
Draft of protocols presented and group confirmed census									2/15/2017	

6. Appendix A: Bibliography

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