

The Right Door for Hope, Recovery and Wellness

Chapter Title Clinical	Chapter # C		Subject # 310.3
Subject Title Twenty-Four Hour Emergency Services	Adopted 4/12/02	Last Revised 8/8/2016	Reviewed 3/15/05; 7/26/10; 12/31/13; 6/23/15; 8/8/2016

PROCEDURE

Application

This procedure shall apply to the clinical services of The Right Door for Hope, Recovery and Wellness.

Purpose

The intent of this procedure is to identify practices that assure timely and effective responsiveness to the urgent or crisis needs of those served by The Right Door for Hope, Recovery and Wellness.

1.0 Accessibility to Crisis/Emergency Services

- 1.1 Crisis response services are available to all persons regardless of residency or ability to pay.
- 1.2 Crisis is defined by the consumer and/or significant other, including care providers, law enforcement personnel and other community members.
- 1.3 Emergency services through The Right Door for Hope, Recovery and Wellness are available 24 hours a day, 7 days a week, and 365 days a year.
- 1.4 Emergency services are provided throughout the community; however, if the safety of the crisis response staff is a concern, the staff shall contact law enforcement for accompaniment.
- 1.5 The Right Door for Hope, Recovery and Wellness shall inform the community-at-large, in addition to agency consumers that emergency/crisis services are available 24 hours a day, 7 days a week, and 365 days a year, as well as the availability of same day service for those seeking behavioral health services.

2.0 Responsiveness

- 2.1 If a consumer experiences a crisis during regular business hours or when the primary clinician is scheduled to work, the primary clinician shall assist the consumer in resolving the crisis.
- 2.2 If the primary worker is not available during regular business hours, the assigned clinician's supervisor or designee shall coordinate the crisis response.

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2.3 If the person requesting emergency services during regular business hours does not have an assigned worker at The Right Door for Hope, Recovery and Wellness, the designated crisis worker shall assist the person to resolve their crisis.

2.4 During non-business hours, the designated crisis worker shall respond and coordinate all crisis interventions.

2.5 In all crisis situations, The Right Door for Hope, Recovery and Wellness staff shall respond to the crisis situation within three hours, in the case of determining the need for inpatient services, the decision of the need for inpatient services shall be made within 3 hours of the referral or within 3 hours of the person being medically cleared, as warranted.

2.6 Crisis Behavioral Health Services include, but are not limited to:

2.6.1 Crisis prevention services including community based prevention efforts such as Mental Health First Aide and Applied Suicide Intervention Training (ASIST).

2.6.2 24/7 Toll-free Crisis Line

2.6.3 24/7 Crisis response team for adults and children (as defined by those seeking services)

2.6.4 24/7 Substance Use crisis response, including coordination of ambulatory or medical detoxification.

2.6.5 Post-crisis intervention and follow up.

3.0 Interface with Law Enforcement and Medical Practitioners in Crisis Situations

3.1 The Right Door for Hope, Recovery and Wellness recognizes that law enforcement, first responders, emergency rooms and physician offices are often the first point of contact with an individual in crisis and coordination with these entities are critical, especially in crisis situations.

3.2 Law Enforcement may be contacted to perform “wellness checks” if an agency employee believes there to be risk of imminent danger to consumers or others.

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- 3.3 Law Enforcement may be contacted for accompaniment should the safety of an employee of The Right Door for Hope, Recovery and Wellness responding to a crisis situation or others is a concern.
- 3.4 Employees shall respond to requests for crisis interventions from law enforcement and medical practitioners in a timely manner.
- 3.5 The Right Door for Hope, Recovery and Wellness staff shall collaborate with all community organizations providing emergency services to individuals in order to ensure efficient crisis resolution and promote continuity of care for the individual experiencing the crisis. When a formal Memorandum of Understanding or Coordination of Care Agreement is in place, The Right Door for Hope, Recovery and Wellness will coordinate care as agreed upon.
- 3.6 When notified by the local Emergency Departments that a consumer who presented to the Emergency Room as a potential suicide risk and was discharged from the Emergency Department, The Right Door for Hope, Recovery and Wellness will initiate contact with the person, offer same day service intervention, and coordinate the initiation of behavioral health services, as needed.

4.0 Staffing

- 4.1 Designated crisis workers must be qualified per Michigan Department of Health and Human Services guidelines for Licensure, experience level, and approved for after-hours Emergency Service by the CEO/designee.
- 4.2 All staff responding to crisis situations must have training on suicide assessment and other relevant trainings for special populations.
- 4.3 After-hours crisis staff is designated and a calendar is maintained by CEO/designee.
- 4.4 The Right Door for Hope, Recovery and Wellness shall have multiple people designated for after-hours crisis response.
- 4.5 All clinical staff shall have a working knowledge of the Michigan Mental Health Code requirements/criteria for voluntary and involuntary inpatient admissions.

5.0 After Business Hours

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- 5.1 When the agency is closed after regular business hours, throughout the weekend, and on holidays (On-Call holidays shall include calendar holidays as well as designated agency closing in observance of the holiday time (e.g. if agency closes on Monday, July 5), The Right Door for Hope, Recovery and Wellness clerical staff shall transfer control of the toll-free crisis-line to a contracted telephone-crisis-response service to receive all after-hour calls for emergency mental health services.
- 5.2 Requests made to the contracted telephone-crisis-response service for a face-to-face evaluation or to speak directly with The Right Door for Hope, Recovery and Wellness staff, shall be forwarded to the designated crisis worker.
- 5.3 Staff shall provide crisis resolution to the consumer either through a telephone intervention or face-to-face contact as determined to best meet the needs of the consumer.
- 5.4 In those situations, in which a face-to-face intervention or inpatient pre-admission screen is required to evaluate for psychiatric hospitalization, the designated crisis staff or primary clinician shall be dispatched to the scene to perform the screening. If the safety of the crisis worker or others is a concern, law enforcement will be contacted for accompaniment. Pre-admission screens are not completed and psychiatric hospitalization determinations are not made until the person has been medically cleared. Medical clearance is most often obtained through a local Emergency Department or physician office.
 - 5.4.1 If the crisis worker or primary clinician is uncertain if face-to-face shall be performed they shall contact their supervisor or the designated secondary crisis staff for consultation.
 - 5.4.2 If a face to face crisis screening is completed, then a decision on whether or not to psychiatrically hospitalize the person in crisis needs to be made within three hours of the referral/medical clearance.
- 5.5 The designated crisis worker or primary clinician shall receive approval for and coordinate all admissions for hospitalization. Approval will be made by Access/Mobile Crisis Manager or designee. For all children under the age of 18, approval is needed by the CEO or designee.
- 5.6 If the individual in crisis has an advance directive and/or written crisis intervention plan and it is logistically feasible to access it prior to the intervention, the designated crisis staff or primary clinician shall review the plan either with the individual during the intervention and/or prior to the intervention.

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- 5.7 The designated crisis worker or primary worker shall assure there is a current release of information for the Primary Care Physician either on file or by obtaining one at the time of the face-to-face screening. If the individual declines the release or has no Primary Care Physician the designated crisis worker or primary clinician shall document accordingly and provide resources of local primary care doctors to the person, if appropriate.
- 5.8 All documentation related to a crisis intervention or pre-screening shall be completed within twenty-four business hours, preferably concurrently. The designated crisis worker or primary worker shall communicate as soon as possible with any secondary crisis designated staff, Access/Mobile Crisis staff and primary clinician/supervisor regarding the status of the crisis intervention.
- 5.9 Alternatives to psychiatric inpatient are to be explored should the screening indicate that the individual does not require inpatient level of care. Potential alternatives may include crisis residential, respite, and other options as defined by the individual's natural support system with a strong safety plan.

6.0 Emergency Response Services for those receiving ACT Services

- 6.1 A crisis intervention plan shall be established for each individual receiving ACT services.
- 6.2 ACT staff shall address the emergency after-hours needs of ACT consumers.
- 6.3 ACT staff shall assess each individual in crisis for medical and psychiatric service needs and coordinate the appropriate services.
- 6.4 ACT shall follow the same procedures for evaluation and hospitalization as outlined in this procedure.
- 6.5 ACT shall identify those ACT team members trained to provide crisis intervention and emergency procedures.

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Robert S. Lathers, Chief Executive Officer	Date		