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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.

The Right Door for Hope, Recovery and Wellness, as a Certified Community Behavioral Health Clinic (CCBHC), provides CCBHC services that are available to any person in need, including, but not limited to, those with serious mental illness, serious emotional disturbance, long-term chronic addiction, mild or moderate mental illness, and substance use disorders. A preexisting diagnosis is not required as CCBHCs are required to provide timely assessment and diagnostic services.

Any person with a mental health or substance use disorder (SUD) ICD-10 diagnosis code, as cited in the most current CCBHC Demonstration Handbook, is eligible for CCBHC services. The mental health or SUD diagnosis does not need to be the primary diagnosis. Individuals with a dual diagnosis of intellectual disability/developmental disability are eligible for CCBHC services.

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Priority of service provision is given to those persons that live within Ionia County or within the school district lines of schools located within Ionia County. All individuals, regardless of ability to pay, shall be served.

1. 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 person served 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 persons served, 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.

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2. Responsiveness

2.1. If a person served experiences a crisis during regular business hours or when the primary clinician is scheduled to work, the primary clinician shall assist the person served 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.

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 in a timely manner. The decision regarding 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. Mobile Crisis services shall respond within 2 hours of the referral.

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 safeTALK, 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 services for adults and children (A crisis is 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, including safety plan implementation and follow up by primary clinician/designee. (Please reference safety planning elements noted on 5.10 of this procedure).

3. 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.

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3.2. Law Enforcement may be contacted to perform "wellness checks" if an agency employee believes there to be risk of imminent danger to persons served or others.

3.2.1. A welfare check is secured when we have reason to believe someone is in danger, generally due to medical or safety concerns. Prior to calling for a welfare check a clinician shall make multiple attempts to reach the person via phone and physically go to the location of the person, unless deemed unsafe.

3.2.2. Prior to calling for a welfare check a supervisor shall be consulted.

3.2.3. Once decision is made between clinician and supervisor, Central Dispatch's non-emergency line (616) 527 0400 shall be called. If the person is verbalizing threats to harm self or others and the threat is perceived as imminent, 911 shall be called.

3.2.4. Information provided to Central Dispatch/911 may include access to weapons, who all is in the home (including pets), if there is a history of violence/physical aggression, how the person may respond to police presence.

3.2.5. Per Michigan Mental Health Code, if there is reasonable cause that the clinician believes there is imminent risk to the safety of the person served, pertinent protected health information may be provided to Central Dispatch/law enforcement in order for the police to assist the person served. (MHC 330.1748)

3.2.6. Substance use information may not be disclosed; however, a welfare check may be requested. Should it be determined that a BONAFIDE medical emergency is happening, identifying information may only be disclosed (name, medications, etc.). The use of substances shall not

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be disclosed unless it is necessary for medical staff to treat the person. (42 CFR 2.51 Medical Emergencies)

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 be 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 person served 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. Staffing

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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. All staff exempt from providing after-hours Emergency Services due to a medical reason must renew annually with their primary care provider and submit to Human Resources. When a primary care provider is not providing the statement, it is expected that the employee has been under the treatment of the alternative licensed provider providing the statement for three months or longer.

4.5. The Right Door for Hope, Recovery and Wellness shall have multiple people designated for after-hours crisis response.

4.6. All clinical staff shall have a working knowledge of the Michigan Mental Health Code requirements/criteria for voluntary and involuntary inpatient admissions.

4.7. Bachelor level staff during day-time hours

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4.7.1. Bachelor level staff may provide pre-screens with the oversight of a Masters' level clinician during daytime hours

4.7.2. Requirements:

4.7.2.1. Staff must be vetted by supervisor and approved by the CEO.

4.7.2.2. Staff must have suicide prevention training within the last year and annually thereafter.

4.7.2.3. Staff must attend the on-call trainings to understand processes related to pre-screens.

5. After Business Hours

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 person served either through a telephone intervention, video conferencing such as Zoom or Teams, or

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face-to-face contact as determined to best meet the needs of the person served.

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 notified to perform the screening. If the safety of the crisis worker or others is a concern, law enforcement will be contacted for assistance. 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.

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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.

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, whenever possible. 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.

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5.10. All safety plans must include the following items:

5.10.1. At least one support person/natural support

5.10.2. The 24-hour crisis line number

5.10.3. Date/time for a follow up with their primary clinician. If person served is not an open case, date/time for a Behavioral Health Screen with Access staff shall be given.

5.10.4. List of coping skills developed with the person served that they can use when struggling.

5.10.5. Address removal of potentially harmful items- medications, weapon, and any other objects identified.

5.10.6. Primary clinician/designee shall follow-up as directed by the safety plan or the next business day, whichever is first.

5.10.7. Signature of both the person served and the screener. A copy of the safety plan shall always be provided to the person served.

5.11. Crisis staff shall notify the primary clinician (if applicable) and Access staff of the outcome of all crisis contacts via email prior to the next day. This shall include dates and times of any agreed upon check ins and appointments.

6. Emergency Response Services for those receiving ACT Services

6.1. A crisis intervention plan shall be established for each individual receiving ACT services.

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6.2. ACT staff shall address the emergency after-hours needs of ACT persons served.

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.

7. Emergency Response Services for those with Substance-Use Disorders

7.1. Clinician shall respond to request for intervention as noted in this procedure.

7.2. Clinician/designee shall address the emergency after-hour needs of those with SUD services, including assistance with securing detox or residential services, assessment for inpatient mental health services, as appropriate. Clinician shall inform the person served that the process to secure Detox and/or Residential can take some time.

7.3. A blood alcohol content of 0.08 or lower is generally acceptable for a person served to participate in a pre-screen for inpatient or other services.

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7.4. Should the person served be in need of Detox or SUD Residential services, Clinician/Designee shall provide the person resources to call. Most Detox/Residential Services want to speak with the person served to determine level of care. Clinician shall assist the person in calling 2-3 places and together with the person served determine if they are able to call on their own. Most Detox/Residential Services are not accessible during overnight hours; therefore, a safety plan will be created to promote safety until the agencies can be contacted.

7.5. Clinician shall assist the person served in identifying a safe place to stay and educate the person served about harm reduction.

7.6. Clinician shall education the person served about the dangers of immediate withdrawal by going “cold turkey” while using alcohol or benzodiazepines and encourage the identification of positive coping skills

7.7. Clinicians shall provide education to the youth served and their supports related to youth substance use and intoxication, including information related to detox options for youth, as appropriate.

7.8. Schedule a follow up appointment with their primary clinician or Access for the following day to assist with engagement and following up with safety plans and contacting detox or residential services as appropriate.

7.9. An additional resource: The Michigan State Police Angel Program allows individuals struggling with addiction to walk into an MSP post during regular business hours to ask for assistance. They are guided through an

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assessment and an "angel" volunteer will provide support and transportation to an appropriate treatment facility (517-897-2091).

8. Mobile Crisis

8.1. The Intent of Mobile Crisis is to respond to person's served and their support systems in the community, ideally outside of a medical facility, to guide them safely through their crisis situation. The focus of the intervention should be on assessing safety, diffusing the situation, and getting people back into their typical routine as quickly as possible, literally and figuratively "meeting people where they are at."

8.2. The population to be served will be adults and children residing within Ionia County.

8.3. Mobile Crisis operates 24 hours a day, 7 days a week, 365 days a year. . The Access Manager may exclude on a limited basis if there are extreme weather conditions.

8.4. Two people, one being a Master's level prepared Children's Mental Health Provider (or Master's prepared QIDP if applicable) and the second may be another professional or para-pro under appropriate supervision.

8.5. Once Mobile Crisis Services have been offered and accepted, it will be determined between the family and the clinician where to meet with environmental safety considered. This face-to-face contact will take place within 2 hours of the initial request for CMC.

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8.5.1. Clinician must assess for safety if going into unsecure locations. If guns are present, they should be locked up. Dogs or other animals should be secured.

8.5.2. If the incident involves violence, consideration should be given to contacting Central Dispatch to have law enforcement respond along with clinician (s) or alternative location selected.

8.5.3. Both responders should develop a “safe word” prior to arrival at the response site to be utilized for both responders to exit the location for safety purposes.

8.5.4. After meeting with the person served and their support system, clinicians will determine the next steps that will be taken, whether that be inpatient admission or a safety plan.

8.5.5. If inpatient admission is not warranted, a safety plan will be created or reviewed with person served and family. This will include all elements in Section 5.10 above.

8.5.6. Responding clinicians shall both document the crisis contact according to agency protocol.

8.5.7. Supports for the person served following the initial intervention may include assessment, individual/family therapy, intensive therapy, skill building, psychiatric, case management and psychoeducation services, etc.

8.5.8. A psychiatrist is available 24-7 should it be needed. This can be accessed through the on-call administrator.

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8.5.9. If the person served is already a recipient of CMH services, primary therapist, case manager, or Wraparound facilitator, as applicable, will be notified of the mobile crisis contact within 24 hours. Primary case holder will document follow up contact.

8.5.10. If the person served is not yet a recipient of CMH services but is eligible, a follow up plan will be implemented that will include the following: appropriate referrals to mental health assessment and treatment resources (and any other resources needed); a plan that identifies the steps for obtaining those services, including timelines for those activities, along with who is responsible for each step. The follow up plan will also include a check in with a crisis clinician, either via phone or face to face, within 7 business days to determine the status of the goals/steps in the follow up plan. This check-in will be documented in the clinical record.

8.6. MiCAL Interface and Practices

8.6.1. Since MiCAL/988 has rolled out in Ionia County, The Right Door has been ready to provide responsive interventions to persons seeking services and supports through MiCAL/988 as well as providing high quality responsiveness to our MiCAL/988 partners.

8.6.2. As a partner of MiCAL/988, we completed our agency account details and information about our crisis services as requested and in a timely manner. Agency account details and changes related to our crisis services will be updated as significant change occurs.

8.6.3. Multiple persons at The Right Door have been identified to receive coordination emails from MiCAL/988 to The Right Door. This will

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ensure that coordination emails are addressed timely and not dependent upon receipt by one person. MiCAL has identified a process of emailing care coordination documents to The Right Door. Logs will be available daily in the CRM.

8.6.3.1. The Director of Access/designated Access staff will periodically access the CRM to assure coordination of all referrals.

8.6.3.2. Once The Right Door has received a referral from MiCAL/988 (which may come via phone, email, etc. depending on the urgent nature of the contact), The Right Door will provide necessary services and interventions to address the needs of the person served via screening, assessment, safety planning or crisis interventions, inpatient screening, as appropriate, following The Right Door designated procedures.

8.6.4. The Right Door utilizes Gryphon Place as our initial point of contact for our crisis line; Gryphon Place is a designated MiCAL/988 call center.

8.6.4.1. The Right Door submits documentation to Gryphon Place that outlines specific crisis or safety plans/interventions for some persons served.

8.6.4.2. The Right Door will also submit documentation related to known urgent crisis situations to MiCAL/988 through CRM for MiCAL/988. The documentation submission specific to MiCAL/988 will be coordinated through the Manager of Access/Crisis Services.

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8.6.4.3. Gryphon Place is able to access crisis alert documentation via their system as TRD designated crisis line as well as MiCAL/988 call center.

8.6.4.4. Information exchanged between MiCAL/988 and TRD will follow all HIPAA and confidentiality practices in the State of Michigan for CCBHCs/CMHSPs.

Kerry Possehn, Chief Executive Officer	Date		