

**Hopewell Health Centers, Inc.
Policy & Procedure**

Subject: Crisis Services	Supersedes Issue Date: N/A
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Policy: It is the policy of Hopewell Health Centers, Inc. to provide to provide a set of services aimed at the assessment and immediate stabilization of crisis or emergency situations which may be life threatening or which are perceived to be life threatening by the individual or referral source requesting assistance.

Procedure:

PHILOSOPHY AND PROGRAM GOALS – Emergency Services are designed to provide or assist the person in crisis and the referral source as appropriate (1) to obtain all services necessary to stabilize the crisis/emergency situation within a safe environment that affords the person respect and dignity, (2) to obtain consultation, (3) to locate other services and resources, (4) to recommend follow-up services and (5) ensure a mechanism for follow-up services post crisis. Program goals and outcomes include:

- A. De-escalating and/or stabilizing the individual
- B. Linking the individual to the appropriate level of care and services
- C. Assuring safety
- D. Developing a crisis plan
- E. Providing information as appropriate to concerned others per HIPPA guidelines.
- F. Resolving the emergency situation.
- G. Scheduling follow-up/ongoing care as appropriate, which for patients who present locally, but live out of the area, could entail creating care coordination agreements with providers in the patient’s local area.

DESCRIPTION OF SERVICES –

- A. Mobile Emergency Services by Crisis Intervention Team - Emergency Services (crisis intervention, and pre-hospital screening) are provided 24 hours a day, 7 days a week including Holidays. Calls are taken by agency Crisisline workers. An 800 number is available and publicized to facilitate accessibility from all six counties served by the agency. For Athens/Hocking/Vinton (888) 475-8484 and for Gallia/Jackson/Meigs 800-252-5554.
 - i. On-call therapists are dispatched by crisisline.
 - ii. All on-call therapists are Certified Health Officers and have completed the following training required by Ohio Revised Code
 - 1. Risk assessment (ORC 5122-29-10)
 - 2. De-escalation techniques

3. Mental status evaluation (ORC 5122-29-10)
 4. Community resources (ORC 5122-29-17)
 5. Voluntary and involuntary hospitalization procedures (ORC 5122)
 6. CPR and First Aid
- iii. Populations Served: The service is available to all population groups. Crisis intervention services are available to persons who are in crisis, other emergency services systems, other mental health providers, health care providers and other human services agencies/systems. Pre-hospital screening services are available to persons who are:
1. Severely Mentally Disabled
 2. Children/Adolescents/Severely Emotionally or Behaviorally Disabled
 3. Developmentally Disabled/Mentally Ill
 4. Homeless Mentally Ill
 5. Substance Abuse/Mentally Ill
 6. Veterans
 7. Forensic Clients
 8. General Population/Other
- iv. Emergency Services will be provided in a safe and secure location such as the agency, in local hospitals, jails, or emergency rooms. It is the goal of Hopewell Health Centers, Inc. to respond to each crisis within 3 hours of the initial call. If at any point it is determined that an environment is unsafe and/or the presence of law enforcement will help facilitate the consumer in receiving the needed on-call crisis service, law enforcement partners, specifically CIT trained officers will be called to assist.
1. The on-call therapist will provide or assist the person to obtain necessary services to stabilize the situation including, but not limited to:
 - a. referral, linkage, and advocacy with other systems
 - b. use of the person's natural support system.
 2. The person's individual choices will be considered.
 3. The on-call therapist will provide written and oral information, as appropriate, to assist the person to obtain needed resources.
 4. The on-call therapist will complete a safety plan in consultation with the patient and their natural supports as applicable.
 5. Psychiatric consultation can be accessed by the on-call therapist 24 hours a day, 7 days a week by contacting Crisiline.
- B. Mobile crisis teams - In the 6 county coverage area, the mobile crisis team will present in the community to the location of the crisis to begin the process of assessment and definitive treatment outside of a hospital or health care facility. In Athens County, the Hopewell Health Centers, Inc. crisis worker teams with a

member of the Athens County EMS department in a co-responder model. This Co-responder/Mobile crisis model is available Monday through Friday from 9AM to 5PM. In the remaining 5 counties, teams will consist of an on-call therapist and case manager. Both will respond as a team to the location of the crisis. Under no circumstances will any mobile crisis team respond to a location that presents a risk to the safety of the team.

- i. Mobile crisis services provide acute mental health crisis stabilization and psychiatric assessment services to individuals within their own homes or where the crisis is happening and in other sites outside a traditional clinical setting. The objectives of mobile crisis services can vary, but often include;
 1. Provide an immediate response in conjunction with a law enforcement officer to assess the mental health crisis situation.
 2. Determine level of care for the community member including linkage to appropriate outpatient or community-based resource, facilitation to a higher level of care including a general hospital should an imminent risk be determined where the need is not met by an outpatient resource.
 3. Provide qualified, experienced and trained staff whom hold an LPC, LPCC, LSW, LISW, RN, Public Health Officer Designation or other appropriate licensure.
 4. Diversion from county jail in conjunction with a law enforcement officer
 5. Familiarize and educate first responders about mobile crisis services
 6. Link community members to available services such as Rapid Access, Peer Support and MAT services

C. Walk-In Crisis Services – A patient or community member can access crisis services during business hours by walking into a Hopewell Health Centers, Inc. Behavioral Health office. Hopewell provides a team of trained therapists who can respond as well as daytime on-call crisis workers.

D. Crisisline - Crisisline receives, dispatches, and coordinates all requests for crisis intervention and pre-hospital screening services for the catchment area including calls from local health care providers, emergency rooms, emergency medical services, law enforcement agencies, other mental health services, and other social service agencies.

- i. Crisisline services include, but are not limited to:
 1. Appropriate linkages to all available community services and resources as needed and available
 2. Information and referral services
 3. Connection with on-call crisis team

- E. Crisis Call Line Clinician – Serves same functions as Crisisline with the addition of,
- i. Crisis counseling by telephone
 - ii. Brief Screening/Intervention and referral to service
- F. Postvention Services – Postvention services include but are not limited to,
- i. Adult Crisis Stabilization Units – See Program Structure and Staffing for description
 - ii. Adult Group Home - See Program Structure and Staffing for description
 - iii. Peer Support Services
 - iv. Linkage and referral to withdrawal management
- G. Safety Planning – All crisis intervention services include the completion of a Stanley Brown safety plan. The purpose of the Safety Planning Intervention is to provide people who are experiencing suicidal ideation with a specific set of concrete strategies to use in order to decrease the risk of suicidal behavior. The safety plan includes coping strategies that may be used and individuals or agencies that may be contacted during a crisis. The Safety Planning Intervention is a collaborative effort between a treatment provider and a patient. The basic steps of a safety plan include;
1. Recognizing the warning signs of an impending suicidal crisis;
 2. Using your own coping strategies;
 3. Contacting others in order to distract from suicidal thoughts;
 4. Contacting family members or friends who may help to resolve the crisis;
 5. Contacting mental health professionals or agencies;
 6. Reducing the availability of means to complete suicide.