Section: Crisis/Emergency Services
Policy: Emergency/Crisis Contact Summaries
Policy No: CES 01
Effective: 12/19/1994
Revised/Approved: 03/28/2017

POLICY: It is the policy of Community Counseling Services that staff members will complete an emergency services report for all emergency contacts.

PURPOSE: To ensure that services provided to individuals on an emergency basis are documented appropriately and maintained in the medical record for individuals receiving services

PROCEDURE: An Initial Assessment and Crisis Contact Summary Contact Log will be completed by the staff member responding to a crisis/emergency situation, whether he/she is a Primary or Secondary Emergency On-Call staff member, an M-CeRT team member, or a service provider who meets the requirements of billing crisis services.

The Initial Assessment and Crisis Contact Summary will contain identification of individuals involved in the emergency/crisis, time and date contact was made, type of contact (face-to-face and/or telephone contact), the location of the contact if it was face-to-face, presenting needs, initial behavioral observations, and actions taken by responding staff. In addition, disposition or resolution of the emergency/crisis which will include the condition of the individual(s) at the conclusion of the contact and services to which the individual and/or family was referred. If warranted, documentation of notification and involvement of significant others should be included. If contact is warranted but not provided, indication of why there was no notification should be reflected. The name and credentials of staff member(s) addressing the emergency/crisis and completing the Initial Assessment and Crisis Contact Summary will also be included.

If the person who is in an emergency/crisis situation is a recipient of services at Community Counseling Services, the staff member completing the Crisis Report will submit for inclusion in the medical record and notify a member of the individual's treatment team so follow-up contact/support can be arranged. If the individual is not a recipient of CCS and the call was addressed by the Primary/Secondary On-Call staff member assigned, the Initial Assessment and Crisis Contact Summary forms should be sent to the Human Resources Department, where they will be reviewed and copies of appropriate reports forwarded to the Executive Director. The Human Resources Department will maintain a file of all Initial Assessment and Crisis Contact Summaries for the Primary and Secondary Emergency On-Call system. If a member of the M-CeRT team responded to the call, the Initial Assessment and Crisis Contact Summary will be sent to the M-CeRT Coordinator, who will review them and will forward copies of appropriate reports to the Executive Director. The M-CeRT Coordinator will maintain a file of all Initial Assessment and Crisis Contact Summaries for the M-CeRT team. Information from all staff providing crisis services will be collected monthly for submission to DMH as required.

Mississippi DMH Operational Standards addressed: Rule 19.4

Section: Crisis/Emergency Services
Policy: Emergency Services
Policy No: CES 02
Effective: 3/1/1980
Revised/Approved: 3/28/17

POLICY: It is the policy of Community Counseling Services that professional crisis response/intervention services shall be available to the entire region (both Community Counseling Services clients and non-Community Counseling Services clients) on a twenty-four- (24) hour-a-day, seven (7)-day-a-week basis. These services will be provided through our Crisis/Emergency Hotline and Mobile Crisis Response Teams (M-CeRTs). Two teams will be established, one covering the Eastern and one covering the Western counties served by Community Counseling Services. The Mobile Crisis Response Team (Eastern) will serve Clay, Lowndes, and Noxubee counties. The Mobile Crisis Response Team (Western) will serve Oktibbeha, Webster, Choctaw, and Winston counties. Crisis/Emergency services are available in every county served by Community Counseling Services.

PURPOSE: To ensure that all individuals needing emergency/crisis services are able to access them in an effective and timely fashion.

PROCEDURE:

General Information

A mental health crisis can be defined as behavioral, emotional, or psychiatric distress in which the individual perceives a sudden loss of his/her ability to use effective problem solving and coping skills. These services are provided to children and adults who are experiencing a significant mental health crisis and in the opinion of the mental health professional assessing the situation, the individual's mental health and/or behavioral needs exceed the individual's resources. All staff delivering emergency services will receive necessary training to ensure essential skills are available to adequately triage and make appropriate clinical disposition decisions, including the capability to access the need for inpatient services or identify less restrictive alternatives.

Community Counseling Services maintains a Memorandum of Understanding with the Crisis Stabilization Unit located in Grenada and operated through Region 6. This Memorandum of Understanding and provides for assessment twenty-four (24) hours a day, seven (7) days a week. In addition, Community Counseling Services attempts to secure agreements with licensed hospitals within its catchment area to ensure emergency room availability (when deemed appropriate) to individuals within a reasonable period of time. Through its Crisis Response Services, Community Counseling Services will make available face-to-face contact (if warranted) with a mental health professional, including specifically the availability of mental health professionals to provide consultation in the care of individuals admitted to the hospital for medical treatment of suicide attempts or other psychiatric emergencies, as well as, offering training of emergency room staff members in handling mental health emergencies

Both telephone crisis intervention and face-to-face crisis intervention are provided in the following ways:

During the Business Day: (8:00 a.m. - 5:00 p.m., Monday - Friday)
Individuals can contact the crisis hotline at 1-888-943-3022 or walk in to any CCS office. The hotline number is posted on the Community Counseling Services website (www.ccsms.org), recorded on office answering machines, as well as, local phone books and promotional materials. The M-CeRT Coordinator will be issued a cell phone in order to receive calls made to the crisis hotline during the business day. Emergencies may also be identified through referral from other agencies or from individuals who walk in to any CCS office. If an individual calls the crisis hotline, it will be the responsibility of the M-CeRT Coordinator to assess the given situation and if determined to be a "crisis situation" as defined above, will utilize an assessment tool as required by the Department of Mental Health in order to determine the individual's risk. Areas assessed will include, but not be limited to, suicide/homicidal ideation, substance abuse history/current use, mental status, current/past mental health diagnoses and treatment, coping skills, medical conditions, and available resources/support systems. If after assessing the situation over the phone, it is determined that a face-to-face contact is deemed appropriate, members of the respective M-CeRT teams (Eastern/Western) will be contacted. If the individual receives services at Community Counseling Services, the M-CeRT Coordinator will reach out to a member of his/her treatment team to assist in the response since he/she will have first-hand knowledge and an established relationship as the primary treatment provider. If an individual walks in to a CCS office or calls the front desk of a CCS office and the Office Manager determines it is potentially a crisis situation, the Office Manager will be responsible to contact the County Administrator/Supervisor who will assess the situation and coordinate response/support from clinicians/team members in the county office. If the County Administrator/Supervisor determines additional support and resources are needed, he/she will contact the M-CeRT Coordinator for assistance.

Individuals must be seen within one (1) hour of initial time of contact in urban settings and within two (2) hours of initial time of contact if in a rural setting. Based on data from the USDA, all counties served by Community Counseling Services are categorized as rural. Every emergency contact, whether telephone or face-to-face, shall be documented by the clinical service provider handling the emergency. Documentation is provided by completing the Initial Assessment and Crisis Contact Summary. Submission of the report will follow the procedure outlined in ES 01: Emergency/Crisis Contact Summaries.

After the Close of the Business Day: Weekends and Holidays
Emergency mental health services are provided when deemed necessary to the entire service area whenever the offices of Community Counseling Services are closed. It is anticipated that by providing immediate services, many persons who may otherwise be handled through other community institutions may more appropriately be helped by mental health professionals. In addition, immediate consultation and education services to other community agencies (police, health and human services, clergy, etc.) will be available through Crisis/Emergency Services. The individual desiring emergency/crisis services will only have to make one (1) telephone call to reach an individual trained to triage the situation.

Individuals can contact the emergency/crisis hotline at 1-888-943-3022. This number is posted on the Community Counseling Services website (www.ccsms.org), recorded on office answering machines, as well as, local phone books and promotional materials. An after-hours rotation will be maintained with a staff member scheduled for either primary or secondary duty. Should the primary emergency on-call staff member not be able for some reason to answer the emergency on-call cellular telephone, the call is automatically sent to the emergency on-call cellular telephone of the staff member on secondary emergency on-call duty, who will handle/assess the situation. All individuals scheduled to be on the on-call rotation, will attend an emergency on-call training, with accompanying training/resources materials on telephone crisis intervention, as well as, identifying community resources. It will be the responsibility of the staff member on-call to assess the given situation. If determined to be a crisis situation as defined above, the staff member responding to the call will utilize an assessment tool required by the Department of Mental Health in order to determine the individual's risk. Areas assessed will include, but not be limited to suicide/homicidal ideation, substance abuse history/current use, mental status, current/past mental health diagnoses and treatment, coping skills, medical conditions, and available resources/support systems. If after assessing the situation over the phone, it is determined that a face-to-face contact is deemed appropriate, The M-CeRT Coordinator will be contacted so members of the respective M-CeRTs (Eastern/Western) can be dispatched. Individuals must be seen within one (1) hour of initial time of contact in urban settings and within two (2) hours of initial time of contact if in a rural setting. Based on data from the USDA, all counties served by Community Counseling Services are categorized as rural. Every emergency contact, whether telephone or face-to-face, shall be documented by the clinical service provider handling the emergency. Documentation is provided by completing the Initial Assessment and Crisis Contact Summary. Submission of the report will follow the procedure outlined in ES 01: Emergency/Crisis Contact Summaries.

Emergency On Call:

Procedures utilized for Emergency On-Call primary or secondary duty: Eligibility for On-Call Duty: The responsibility for providing after-hours on-call duty shall be a part of the job description of full-time employees of Community Counseling Services that have a Bachelors or Master's degree, are clinically competent/qualified to perform Emergency On-Call Responsibilities, individuals who work hours are generally during the day, and individuals who have no after-hour supervisory responsibilities. In addition to the items identified above, the individual must successfully complete the emergency on-call training class, including a grade of seventy (70) or above on the class examinations. For those employees holding less than a Master's Degree must be employed by the agency for a minimum of six months prior to be placed on the Emergency On-Call Roster.

Emergency On-Call Training: Training for those individuals eligible for emergency on-call duty, as well as, M-CeRT team members shall be conducted in compliance with Department of Mental Health minimum standards for training and shall be conducted according to the established curriculum, which shall include at a minimum how the CCS Policy and Procedure for Crisis Response, after-hours emergency system works, dealing with emergencies by telephone, dealing with callers who are experiencing psychotic episodes, dealing with callers who are suicidal, referral sources and

techniques, and procedures for pre-evaluation screening and civil commitment. Should any individual not successfully complete the training class, the matter shall be brought to the attention of the employee's County Administrator/Supervisor. An individualized corrective action plan will be developed by the Administrator/Supervisor and the Emergency-On-Call instructor and be implemented immediately. After implementation of this plan, the individual will be required to complete whatever areas he/she did not pass. The Department of Human Resources shall maintain a list of all eligible staff members who have successfully completed the training class for incorporation into the Emergency On-Call roster. In addition, all staff will be trained in Crisis Prevention Intervention (CPI). M-CeRT Team members will receive additional training as identified below under training of M-CeRT team members.

Assignment: After-hours Emergency On-Call Duty shall be from 5:00 p.m. Wednesday - 5:00 p.m. the next Wednesday. The emergency-on-call roster shall be prepared and maintained by the Department of Human Resources, and shall cover a period of no less than six (6) months. The roster shall be prepared no less than thirty (30) days before its implementation from the list of those individuals who have successfully completed the emergency-on-call training class. Assignment to the roster is considered to be binding. Once assigned to the roster, individuals may be excused only for serious personal emergencies. Individuals may trade assignments, with the agreement of both individuals involved and notification of the Department of Human Resources.

Publication of the Roster: The Department of Human Resources shall provide copies of the roster, including the home telephone numbers of all individuals on the roster, no less than fifteen (15) days prior to its implementation. When changes are made to the roster, the Department of Human Resources will notify appropriate individuals. When vacancies occur in the roster due to emergency, illness, extended leave or termination, the Department of Human Resources shall fill the vacancy with an individual on the list of those who have successfully completed the training but who have not yet been incorporated into the roster. Should there be no such individual, the person whose name is on the end of the roster shall be moved to fill the vacancy.

Expectations: Individuals assigned to both primary and secondary duty are expected to notify the Department of Human Resources immediately if the On-Call Notebook and cellular telephone are not received as scheduled, test the cellular telephone when received to verify that it is operating correctly (if not, contact the HR Department immediately), and be available to provide direct telephone contact to callers. The emergency on-call cellular telephone and notebook shall be with the staff member during all non-business hours, seven days a week, during the assigned rotation. Specifically, responsibilities include provide/arrange any necessary services, answer the emergency on- call cellular telephone at all times**,** and triage all calls to identify appropriate level of intervention/response. For individuals whose crisis is resolved over the telephone, the staff member on-call shall offer to arrange an appointment for the following day. If the caller is a Community Counseling Services client, efforts will be made to schedule the appointment with his/her therapist. When the issue is unable to be resolved over the telephone, the appropriate M-CeRTs (Eastern/Western) will be contacted.

Mobile Crisis Response Teams (M-CeRT):

M-CeRT team members: The following outlines staffing requirements for each M-CeRT team:

- Certified Peer Support Specialist
- Licensed and/or Credentialed Master's Level Therapist with experience and training in crisis response
- Community Support Specialist with experience and training in crisis response
- M-CeRT Coordinator with a minimum of two years' experience and training in crisis response
- Medical and psychiatric support through the use of telemedicine (at all times)

A team approach will be utilized, including other appropriate members when necessary for the benefit of the individual in crisis or additional support is warranted. If safety is of concern, a request should be made for law enforcement to accompany the M-CeRT team. The M-CeRT Coordinator, as well as, Administrators On Call, are available resources at all times.

Training: Staff members assigned to a M-CeRT team will have received training as outlined under the Emergency On-Call training section identified above. In addition, members will receive training on best practices for responding to emergencies/crisis situations, including solution-focused and recovery-orientated interventions designed to avoid unnecessary hospitalization, incarceration, or placement in a more segregated setting, Applied Suicide Intervention Skills Training (ASIST), Mental Health First Aid (MHFA), and completion of relevant crisis intervention course through the Relias Learning Management such as Cultural Diversity, Toolkit for Modifying Evidenced Based Practices to Increase Cultural Competence, Effective Response in Crisis Intervention, Crisis Management, and WRAP: Advance Directive/Crisis Management Plan.

Assignment: Members of the M-CeRTs will be scheduled for a one week rotation. The schedule will be maintained by the M-CeRTs Coordinator.

Expectations: Individuals assigned to a M-CeRTs will be available to provide direct face to face contact to individuals experiencing a mental health crisis. Members will be issued a CCS cell phone so they can be accessible during all times of their scheduled duty. The nature of the crisis will determine the number of staff needed to respond. Provide or arrange for a safe location where face-to-face services can be provided. This may occur at a local hospital/emergency room or other secure public facility (i.e., a Community Counseling Services office). When face-to-face contact is warranted, the M-CeRTs Coordinator shall be notified of the initial time of the request for face-to-face contact. Face-to-face contact shall be within two (2) hours of the initial contact in rural settings. The M-CeRTs Coordinator shall be notified of the meeting location and available for support as requested. If the physical presence of the M-CeRTs Coordinator is not deemed necessary to appropriately respond to the presenting situation, the M-CeRTs Coordinator shall be notified at the conclusion of the contact to ensure the staff member has safely returned to his/her location. If the secured location is a Community Counseling Services office in which other staff members are not present, the person attempting to arrange face-to-face contact should ensure at least two members of the M-CeRTs is present to ensure additional support and safety

needs are taken into consideration. It will be the responsibility of the responding M-CeRTs team member to assess the given situation. If determined to be a crisis situation, the staff member responding to the call will utilize the tool required by the Department of Mental Health in order to determine the individual's risk. Areas assessed will include, but not be limited to suicide/homicidal ideation, substance abuse history/current use mental status, current/past mental health diagnoses and treatment, coping skills, medical conditions, and available resources/support systems.

Service Provision: M-CeRT team members shall utilize acceptable practices for responding to emergencies/crisis situations, including solution-focused and recovery-orientated interventions designed to avoid unnecessary hospitalization, incarceration, or placement in a more segregated setting. Members of the M-CeRTs will follow-up daily and provide any necessary services to the individual between the initial stabilization of the crisis and the initiation of typical therapy and psychiatric care. When the crisis situation has subsided and in collaboration with members of the M-CeRTs, individuals will be transitioned to traditional therapy services with a mental health provider of the individual's choice (if the individual is able to remain in the community). This will include a member of the M-CeRTs directly linking the individual with the provider using face-to-face or phone transfer.

Documentation Requirements: Every emergency contact, whether telephone or face-to-face, shall be documented by the clinical service provider handling the emergency. Documentation is provided by completing the Initial Assessment and Crisis Contact Summary. Submission of the report will follow the procedure outlined in ES 01: Emergency/Crisis Contact Summaries.

Outreach Plan for Informing the Public: In an effort to make the community aware of the availability of Emergency/Crisis Services, the Crisis Hotline number is maintained on the CCS website, is listed on agency answering machines, and referenced in local phone books. The Emergency/Crisis Hotline number will be included in all CCS publications/brochures. Information regarding Crisis/Emergency Services will be included in any CCS public release about the broad range of mental health services offered. Consultation and Education will be offered to the community and local agencies. Included topics will consist of mental health crisis response/intervention, suicide prevention/intervention, as well as, information about Crisis/Emergency Services. Mental Health First Aid (MHFA) training is available, with emphasis placed on trainings for first responders, health care professionals, emergency room personnel, and law enforcement personnel. Outreach materials shall include designated, strategic, publicized locations where the person can meet with a mental health professional. In Region VII those locations are hospital emergency rooms, county sheriff offices, police stations, and all Community Counseling Services locations.

Collaboration with Community Agencies: The M-CeRT Coordinator will be a member of the Making A Plan (MAP) teams (both child and adults) and regularly attend meetings. Participation will be encouraged by law enforcement, first responders, emergency room personnel, and chancery court personnel in order to develop strong working relationships. The M-CeRT Coordinator will also conduct outreach efforts with local law enforcement agencies, as well as, other community agencies to provide education them about Crisis Response Services. Documentation

will be maintained of contacts with these agencies. Crisis assessment and support will be provided when requested by a certified mental health holding facility, local jails that have an individual with a mental health emergency, and local emergency rooms. Mental Health First Aid will be offered regularly to law enforcement agencies, local detention centers/jails, and emergency room personnel. Documentation will be maintained of the request, response, and if training was provided.

Collaboration with Office of Consumer Support (OCS): When contacted by the OCS, the M-CeRT Coordinator will work with the person calling to respond to any crisis call referrals, that are in reference to an individual who resides in Region VII catchment area, that were generated from the DMH Help Line or any agency DMH contracts with to provide after-hours Help Line coverage.

Program Evaluation: Monthly data will be submitted to Department of Mental Health as requested/required. Information provided will include number of emergency calls received that required face to face response by the M-CeRT teams, number of crisis situations which resulted in diversion from hospitalization, incarceration, or a segregated setting, number of individuals referred for hospitalization, and number of individuals in which the commitment process was pursued. The M-CeRT Coordinator will be responsible for submitting data each month in compliance with defined timelines. Data will be collected from services submitted on the service log as crisis services, as well as, data collected from the completion of the Initial Assessment and Crisis Contact Summaries.

Transportation: If through the assessment conducted, it is determined an individual needs a higher level care because he/she is an imminent danger to self or others, the M-CeRT Team is responsible for arranging transportation to the most appropriate treatment setting. This includes arranging an assessment/transportation to Crisis Residential Unit designated for the provider catchment area for individuals in need of crisis residential services.