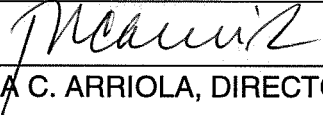


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Crisis Intervention Management Program	POLICY NO: CL-AP-16	Page 1 of 2
RESPONSIBILITY: Clinical Division		
APPROVED BY:  THERESA C. ARRIOLA, DIRECTOR	DATE OF ORIGINAL APPROVAL: 7/28/21	
	DATE REVIEWED/REVISED:	

PURPOSE:

To provide an overview of the Crisis Intervention description and scope of services, that will guide staff in the delivery of such services at the Guam Behavioral Health and Wellness Center (GBHWC). This policy is in compliance with the Commission on Accreditation of Rehabilitation Facilities (CARF) standards in section 3.E and Certified Community Behavioral Health Clinic (CCBHC) standard 4.C.

POLICY:

- A. GBHWC shall directly provide a robust and timely crisis behavioral health intervention service aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress.
- B. GBHWC crisis intervention program consist of three crisis services that are available 24 hours a day 7 days a week;
 1. 24/7 Crisis Hotline provides telephone intervention services.
 2. Mobile Crisis Response Team (MCRT) responds to the site where the consumer in crisis is located in the community.
 3. Crisis Stabilization Unit provides a structured crisis stabilization service in a locked unit that is safe (*Reference CL-CSU -01 Crisis Stabilization Unit Program Description and Scope of Services*).
- C. The crisis assessment of new and active consumers shall be documented in the electronic medical record and includes at a minimum the following data:
 1. Presenting concerns,
 2. Suicide Risk
 3. Issues since last stabilization when applicable
 4. Current living situation
 5. Availability of supports
 6. Risk of harm to self or others and/or from others
 7. Current medications and compliance
 8. Use of alcohol or drugs
 9. Medical Conditions
 10. When applicable, history or previous crisis including response and results.
- D. An initial crisis intervention plan (initial treatment plan) shall be created for each crisis assessment only addressing the immediate services needed to respond to the current crisis of the consumer and the transition to other services or for intake. The initial treatment plan will include the following elements;
 1. Identified immediate response needs
 2. Identified follow-up when referral is made
 3. A statement of crisis resolution

- E. Mobile response team will be trained or certified in first aid and CPR as well as have the appropriate training education or experience to make appropriate clinical decisions to determine an appropriate course of actions and or stabilize the situation as quickly as possible.

DEFINITIONS:

Crisis: an overwhelming event, which can include divorce, violence, the passing of a loved one, or the discovery of a serious illness.

Crisis Intervention: short-term management technique designed to reduce potential permanent damage to an individual affected by a crisis.

Mental Health Crisis: is an emergency that poses a direct and immediate threat to your physical or emotional wellbeing.

Crisis Hotline: a phone number people can call to get immediate emergency telephone counseling, by trained staff.

Mobile Crisis Response Team (MCRT): includes a minimum of two people comprised of a licensed and/or credentialed clinician, a peer support specialist, and the assigned lead provider, if available. The MCRT provides professional, same-day intervention for adults who are experiencing mental health crises. The team visits clients and their families to prevent acute psychiatric crises from becoming emergencies that require law enforcement involvement or involuntary hospitalization. MCRT is dispatched through the Crisis Hotline

PROCEDURE:

- A. Responding to Crisis
 1. Crisis Hotline will receive the call and determine the risk level of the caller.
 2. If caller is deemed imminent or high risk based on the C-SSRS, the Crisis Hotline will determine the appropriate party to respond (GPD, GFD, MCRT).
 - a. If the caller is experiencing the following, 911 should be activated:
 - i. Overdose
 - ii. Other Medical Emergencies
 - iii. Suicide Attempt/ Serious Self-Harm in Progress
 - iv. Violence/Threats of Violence/Possession of Weapon
 - b. If the caller is experiencing a mental health crisis that does not include any of the above situations, MCRT should be activated through contact with the MCRT counselor on shift.
 - c. If the MCRT is already deployed, Crisis Hotline staff will activate 911 for a wellness check.
 3. The MCRT will complete the following:
 - a. Assessment
 - b. De-escalation/resolution
 - c. Coordination with medical and behavioral services
 - d. Crisis planning and follow-up
 - e. Referral to other community resources, if needed

4. If the MCRT believes that crisis stabilization is needed, the counselor will call the GBHWC charge nurse and on-call psychiatrist for consultation. If the psychiatrist deems that an admittance to the crisis stabilization unit is necessary, MCRT will transport the individual to GMH for medical clearance prior to admission
 5. Once medical clearance is completed, GMH will transport the individual to GBHWC for admission.
 6. MCRT shall endorse all consumers provided with crisis intervention in the clinical team meeting the following day.
- B. EBHR Documentation for new consumers
1. The MCRT counselor will complete the Screening Referral for Services form (*F-CL-AP 01.1*), Initial Crisis Intervention Plan, and Safety Plan.
 2. Once the MCRT returns to the facility, the MCRT counselor will provide the Screening Referral for Services form to consumer registration personnel on duty.
 3. Registration personnel shall initiate a referral process in EBHR under the Intake and Registration Program, and complete the demographics section.
 4. The MCRT counselor shall process the referral in EBHR and document in the referral disposition note the mobile response intervention and disposition that was provided to the individual.
 5. The MCRT will then complete a mobile response progress note and the Initial Crisis Intervention Plan/Safety Plan in EBHR.
 6. If admission is necessary, the MCRT counselor will complete a full intake assessment and follow the Intake process (Reference CL-AP -03 Intake Policy)
- C. EBHR Documentation for existing consumers
1. The MCRT counselor shall document the mobile response in the consumer's electronic record.
 2. The MCRT counselor will complete a mobile response progress note in the consumer's respective program to include the initial crisis intervention plan, safety plan and the statement of resolution or disposition.
 3. If admission to crisis stabilization is necessary, the service referral form will be completed in EBHR.

REFERENCE(S):

CARF International. (2020). *Behavioral health standards manual 2020*. Tucson: Commission on Accreditation of Rehabilitation Facilities.

Substance Abuse and Mental Health Services Administration. (n.d.). *National guidelines for behavioral health crisis care best practice toolkit executive summary*. Retrieved from Substance Abuse and Mental Health Services Administration:
https://search.usa.gov/search?utf8=%E2%9C%93&affiliate=samhsa_main&query=crisis+intervention&commit=Search

Substance Abuse and Mental Services Administration. (n.d.). *Criteria for the demonstration program to improve community mental health centers and to establish certified community behavioral health clinics*. Retrieved from Substance Abuse and Mental Services Administration: <https://www.samhsa.gov/section-223>

RELATED POLICY (IES):

CL-AP-16 Crisis Intervention Management Program
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CL-AP-13 Guam Crisis Hotline for Suicide Intervention
CL-CSU-01 Crisis Stabilization Program Scope and Description of Services

ATTACHMENT(S):