

# **SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER**

## **POLICY AND PROCEDURE MANUAL**

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### **Policy 138 – Crisis Response Unit**

#### **I. POLICY**

It is the policy of Southern Highlands Community Mental Health Center to complete an admission screening prior to final admission to the Crisis Response Unit. The Crisis Response Unit will serve residents of the State of West Virginia who have a primary diagnosis of intellectual and/or developmental disability and/or a secondary diagnosis of mental illness or substance abuse. The Crisis Response Unit is unable to provide services to individuals who have been convicted of a sexual assault or are currently being prosecuted for sexual assault of any kind.

#### **II. DISCUSSION**

The purpose of the Crisis Response Unit is to provide short term intermediate level of care to individuals with intellectual and/or developmental disabilities. Southern Highlands operates a six bed facility that approved individuals can stay for a maximum of thirty (30) days unless extenuating circumstances arise.

If the individual has met admission criteria as determined by the West Virginia Bureau for Behavioral Health and Southern Highlands, an admissions meeting with appropriate members invited will be held at the Crisis Response Unit. Southern Highlands CMHC has the authority and responsibility to refuse admission of any consumer who cannot be appropriately served at the facility. Transportation to and from the Crisis Response Unit is the responsibility of the referring agency and not that of Southern Highlands CMHC.

#### **III. PROCEDURE**

The Crisis Response Unit will adhere to the following procedures of admission and discharge.

- A. When the Crisis Response Unit Resource Coordinator or staff on site is contacted by another party wanting placement at the CRU, form SH-719 will be transmitted to the requesting party via fax or email. It is then the requesting party's responsibility to complete the SH-719 entirely and submit it to the Crisis Response Unit Resource Coordinator for review. Referring agencies will be informed in writing that failure to complete all sections of the referral packet may result in delays or denial of placement.
- B. Failure to have a reasonable discharge plan in place will result in a denial for CRU admission.

- C. Once the Crisis Response Unit referral packet (SH-719) has been completed and submitted along with all additional documentation identified on the SH-719 then the Crisis Response Resource Coordinator will then open a pre-admit episode in Avatar for the consumer. Crisis Response Resource Coordinator will then review the documentation and send the information to the admission team members. Once the admission team members have reviewed the information, a decision as to accepting or declining the referral will be made. The Crisis Response Unit Resource Coordinator will inform the requesting agency of the decision within 24 hours of receiving all information as identified on the SH-719. If referral is accepted, the consumer will have an intake and a CRU episode will be opened. If the consumer is denied, the pre-admit episode will be closed.
- D. Once a referral has been accepted the Crisis Response Unit Resource Coordinator will then contact the referring agency and set up a date for admission. If the person is a Title XIX I/DD Waiver consumer then the referring agency will follow all current guidelines to request the necessary services from the Utilization Management Contract (UMC) as identified in the current Title XIX I/DD Waiver manual. Once the service has been approved by the UMC and accepted by Southern Highlands CMHC then an admission date will be set.
- E. When the admission date has been set, the Crisis Response Unit Resource Coordinator will then send all required admission papers to be completed and signed by the consumer's guardian. The admission papers will need to be returned to the Crisis Response Unit Resource Coordinator before or on the date of admission.
- F. Before the consumer admission date, the Crisis Response Unit Resource Coordinator will develop a plan of care for the consumer based on the needs identified in the documentation provided. During this time the CRU RN will also develop a health and safety plan. All CRU Staff will be trained on the plan of care (including behavioral interventions) and health and safety plan before the consumer is admitted to the CRU.
- G. At the time of admission, the individual will be brought to the Crisis Response Unit by the referring agency. An intake will occur when the person arrives at the Crisis Response Unit with the referring agency. At the intake, the following information will also be gathered for admission.
  - 1. Current medication – no less than one month supply will be provided.
  - 2. Spending money will be provided in the form of a pre-paid card (no cash) and documented.
  - 3. Enough clothing for one week.
- H. Failure to provide current medications will result in a denial for CRU admission.

- I. While the consumer is at the CRU, the Resource Coordinator will remain in contact with the service provider and guardian and inform them as to how the consumer is doing and about any incidents that occur while the consumer is at the CRU. CRU Resource Coordinator will provide weekly updates to the providing agency.
- J. Medication administration will be the responsibility of the LPN's at the CRU.
- K. When a consumer is admitted to the CRU, staff will complete an inventory of all of the consumer's personal items that they brought with them. All clothing will then be placed in the "Bug Zapper" and heat treated. Once the Bug Zapper has ran its cycle, staff may return all of the clothing items to the consumer. SHCMHC will not be responsible for lost, stolen, or damaged items.
- L. A psychiatric emergency exists at the Crisis Response Unit when a consumer loses control and acts in a manner that poses a threat of physical harm to self or others. On those occasions when less restrictive measures, such as talking the consumer down, are not effective and when the consumer is actively dangerous to self or others, the CRU may utilize medication administration. When medication is necessary the following procedure will be followed.
  - 1. Staff shall immediately notify the appropriate supervisor of any psychiatric emergency and clear other consumers from the immediate area.
  - 2. Unless the consumer is immediately dangerous to self or others, as, for example, the consumer is actually attempting suicide or attacking others, staff shall try less restrictive methods of crisis management, as outlined in Center Policy 140 Handling of Inappropriate Behavior, such as efforts to establish one-to-one verbal communications and stress reduction..
  - 3. Treatment used in psychiatric emergencies is intended for use only in immediate emergency situations and cannot be construed as an authorization for ongoing treatment without consent. Use of emergency medication to manage dangerous behavior will be outlined in the consent packet upon admission to the CRU where administration of such medication may be necessary. A physician or other licensed professional may order by telephone these interventions after professional staff has discussed the situation with the attending medical provider. These discussions and actions must be documented in the consumer's clinical record.
  - 4. An adverse incident report must be completed and forwarded to the Chief Executive Officer or designee.
- M. When the consumer is scheduled to be discharged, a discharge summary will be completed by both the Crisis Response Unit Resource Coordinator and the CRU Director/RN. The discharge summary will be provided to service providing agency. The discharge summary will have the following information.

1. Identifying information.
  2. Progress and goals achieved.
  3. Any incidents while in the CRU.
  4. Recommendations for treatment upon return to their home area.
  5. Medication changes and recommendations for treatment upon returning home.
- N. Remaining medications will be returned to consumer upon discharge along with any prescriptions that are requested.
- O. Records of consumer expenditures will be provided to the guardian, service provider, or identified persons upon discharge.
- P. CRU staff will complete an exit inventory to ensure that all items that the consumer brought with them are accounted for and returned to the consumer.
- Q. Discharge for behavior problems: The referring agency and BMS will be notified to allow appropriate discharge planning and for seeking alternative treatments.
- R. Medical emergencies: If the consumer is discharged because of a medical emergency, it will be reflected in the discharge summary.
1. Staff from the referring agency will be notified of the medical emergency within twenty-four (24) hours.
  2. When the consumer becomes medically stable, he/she will be returned to the Crisis Response Unit.
- S. Crisis Response Resource Coordinator will continue to monitor the consumer for one month after discharge and provide additional assistance as needed.
- T. One week after discharge, Resource Coordinator will prepare and submit a satisfaction survey to the consumer / primary care provider complete with a stamped / self-addressed envelope. All completed surveys will be mailed directly to the Executive Assistant for processing.