

**VERMONT DEPARTMENT OF HEALTH  
DIVISION OF MENTAL HEALTH**

**DESIGNATED AGENCY PROGRAM STANDARDS AND CRITERIA  
FOR CRISIS PROGRAMS PROVIDING EMERGENCY SERVICES**

**1) Definition**

Emergency Services typically include assessment of the client and the circumstances leading to the crisis, crisis counseling, screening for hospitalization or emergency placement, assessment of need for mental health and other services, referral and follow-up. The role of the Designated Agency (DA) crisis screener is to identify and access the least restrictive intervention that will help to resolve or stabilize the immediate crisis through supportive services to significant others or arrangement of other more appropriate resources.

**2) Population Served**

Mental health emergency services provided by Designated Agency (DA) Crisis Programs are generally available to people of any age experiencing an acute mental health crisis that may include substance abuse issues, as evidenced by:

- a) a sudden change in behavior or thinking with negative consequences for an individual's well being or adjustment, or
- b) a demonstrated inability to cope, or
- c) behavior that is a perceived danger to self or others.

**3) Methods for Response**

- a) *Telephone*: Emergency services shall include 24 hour, seven days per week (24/7) direct personal telephone response which shall:
  - i) Respond to all calls within an average of 15 minutes of the initial telephone contact with the DA.
  - ii) Screen calls and provide information, referral, or immediate access to services to assist the caller in resolving the crisis.
  - iii) Document all telephone contacts and their disposition.
- b) *Face-to-Face*: Emergency services shall include the capacity for 24/7, face-to-face evaluation and treatment:
  - i) Provide on-site services, within an average of 30 minutes from the initial contact and for as long as needed to resolve the crisis, in a setting safe and convenient for the client and staff.
  - ii) Be closely and routinely coordinated with all necessary community emergency resources, including medical and law enforcement support.
  - iii) Have 24/7 access to psychiatrist for consultation and face-to-face psychiatric back-up. In the rare instance when a psychiatrist is not available, a warrant can be used.

#### 4) Capacity

- a) DA emergency *telephone numbers* shall be prominently and currently listed in all telephone directories in the local service area, and DA emergency services shall be *advertised* through the media on a regular basis.
  
- b) DA's shall have the capacity to provide services in accordance with the DA's contract and administrative rules for agency designation, including
  - i) Consultation and coordination for mental health crisis until the immediate crisis is resolved, all available and appropriate resources have been utilized, or responsibility is accepted by another agency or appropriate person.
  - ii) Follow-up, where possible and if appropriate, to emergency contacts to ensure that linkages were appropriate and referrals were made if needed.
  - iii) Documentation of all contacts and their disposition.
  - iv) Emergency screening on a face-to-face basis in accordance with the DA's policies and procedures.
  - v) 24/7 face-to-face QMHP and psychiatric availability for involuntary inpatient admissions.
  - vi) In addition to meeting the requirements i) – v) above, nothing within these standards shall prevent an agency from seeking compensation for routine mental health screening and response capacities over and above those mandated by their DA contract (see 5b below) with individual community mental health providers or facilities serving the community.
  
- c) Staffing and Supervision
  - i) DA shall have policies and procedures indicating qualifications necessary for staff to provide crisis services.
  - ii) DA crisis staff shall be qualified to assess and provide intervention to individuals presenting with mental health and substance abuse symptoms.
  - iii) The clinical supervisor of DA crisis programs shall be a Commissioner designated qualified mental health professional (QMHP) as described in the DA Involuntary Care Manual.
  - iv) DA staffing shall be sufficient to meet the response times required in Sections 3(a)(i) and 3(b)(i). Exceptions to the standards for staffing and response time will be reviewed by the clinical supervisor of the DA crisis program.
  - v) Emergency services may be provided by DA crisis staff. Application for involuntary services, however, shall only be initiated by QMHP staff.
  - vi) Support services (e.g. phone answering, clerical services) to DA crisis programs may be delivered by non-DA staff with training and supervision by a QMHP.
  - vii) All DA staff providing emergency services shall have the opportunity to receive training at least annually.
  - viii) DA clinical staff with specific expertise in developmental disabilities and child/adolescent services shall be available to DA crisis staff.
  - ix) All emergency contacts will be reviewed by a supervising clinician within 24 hours or the first working day following the contact.
  - x) DA's shall have guidelines approved by the DA Medical Director indicating when to contact the DA's supporting psychiatrist.
  - xi) DA's shall have a system approved by the DA Medical Director to screen for physical health problems in people receiving emergency services.

## 5) **Emergency Services**

- a) *Crisis Screening:* The DA shall provide mental health crisis screening and assessment services to residents of any age in the local service area who are in acute mental or emotional distress and need crisis support or stabilization. Services may also include partial hospital programs, in-office and outreach visits, emergency placement services, and resource information and referral.
- b) *Inpatient Screening:* The DA shall have the capacity to provide 24/7 screening for all potential psychiatric hospital admissions, and is mandated to provide screening in the following cases:
  - i) all potential admissions to Vermont State Hospital,
  - ii) all clients enrolled in Community Rehabilitation and Treatment (CRT) programs,
  - iii) all youth (under 18 years) who have Medicaid as their primary pay source, in accordance with the CRT Inpatient Manual and the Youth Inpatient Manual.Inpatient screening, as completed by a screener or reported by a reliable clinician, shall consist of a statement of the presenting problem and its history, a description of the community resources considered, risk assessment and a recommendation for disposition. All required information regarding patients' admitted to hospitals for psychiatric treatment shall be communicated to the hospital at the time of admission. Screening for involuntary admissions shall be performed in accordance with the DA Involuntary Care Manual, and
- c) *Court Screening:* The DA QMHP is the 'mental health professional', referenced in *Title 13 V.S.A. § 4815*, who completes the mental health screening when requested by the court, in accordance with the DA Involuntary Care Manual.
- d) *Critical Incidents:* The DA shall coordinate with other providers or respond to critical incidents in the community including, but not limited to, suicides, multiple sudden loss events, or disasters with likelihood of acute or prolonged psychological trauma. Services may include outreach visits, public education, and resource information and referral.

## 6) **Transport**

A Designated Agency's transport protocol will be in accordance with the current statute (*Title 18 V.S.A. §7511*).