

Vermont Agency of Human Services
Department of Mental Health

**DESIGNATED AGENCY
EMERGENCY SERVICES
STANDARDS**

2017

**Department of Mental Health
Designated Agency Emergency Services Standards**

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Introduction

This document describes the responsibilities for Designated Agencies in delivering mental health emergency services. It replaces the previous *Designated Agency Program Standards and Criteria for Crisis Programs Providing Emergency Services (2006)*.

1. Definition

Mental Health Emergency Services (Emergency Services, ES) are 24-hours-a-day, 7-days-a-week services that provide emergency supportive counseling for telephone or face-to-face interventions, screening for involuntary hospital admissions, and referrals to other appropriate levels of care.

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.

2. Population Served

Emergency Services shall be provided to any persons living in or presenting in a Designated Agency's catchment area that are experiencing an acute mental health crisis. This may be evidenced by intense feelings of personal distress, obvious changes in functioning, or catastrophic life events.

The purpose of this service array is to:

- to help Vermonters through a mental health crisis with the least amount of impact on their lives;
- to provide Vermonters with crisis stabilization services to help prevent need for higher level of care; and
- to provide Vermonters with consultation and referral to other ongoing services.

3. Description of Services

- a. *Crisis Response*: A Designated Agency shall provide mental health crisis screening and assessment services to residents of any age in their catchment area who are in acute mental or emotional distress and need crisis support or stabilization. Services may also include in-office and outreach visits, emergency placement services, and resource information and referral.
- b. *Inpatient Screening*: A Designated Agency shall have the capacity to provide 24/7 screening for the following mandated populations:
 - all potential admissions to involuntary inpatient care,
 - all clients enrolled in Community Rehabilitation and Treatment (CRT) programs,
 - all voluntary youth (under 18 years) who have Medicaid as their primary pay source. All voluntary youth without Medicaid would be approved by their insurance carrier and are not required to be assessed by a DA screener.

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 QMHP Manual.

- c. *Court Screening:* A Designated Agency 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 QMHP manual.
- d. *Community Emergencies:* A Designated Agency shall coordinate with other providers or respond to emergencies in the community requiring a mental health response. Services may include outreach visits, public education, resource information, and referral.
- e. *Reassessment:* Individuals under the custody of the Commissioner of Mental Health who are on Involuntary Status awaiting an inpatient hospital bed need to be reassessed twice daily (approximately 12 hours apart) to determine ongoing level of care needs.
- f. *Mobile Outreach:* In addition to seeing people in the office, clinic and emergency departments, Emergency Services will have the capacity to be mobile and see people in the community. Mobile outreach shall participate actively with law enforcement as necessary.

4. Methods for Response

4.1 Telephone

Emergency Services shall include 24-hour, seven-days-a-week (24/7) direct personal telephone response which shall:

- a. respond to all calls within an average of five minutes of the initial telephone contact with a Designated Agency;
- b. triage calls and provide information, referral, or immediate access to services to assist the caller in resolving the crisis; and
- c. document all telephone contacts and their disposition.

4.2 Face-to-Face

Emergency services shall include the capacity for 24/7, face-to-face evaluation and treatment. Face-to-face services shall:

- a. Provide on-site services by a qualified screener, within an average of 30 minutes from the identified need or request for emergency examination screening.
- b. Be closely and routinely coordinated with all necessary community emergency resources, including medical and law enforcement support.
- c. Have 24/7 access to psychiatrist or an advanced practice registered nurse (APRN) for consultation or face-to-face psychiatric assessment. If a psychiatrist is not available, a warrant can be used.
- d. Travel time to services shall not exceed what is usual and customary in the geographic region.

- e. Coordinate urgent care appointments within 48 hours of initial crisis intervention.

5. Capacity

- a. Designated Agency emergency telephone numbers shall be prominently and currently listed in all telephone directories in the local service area.
- b. A Designated Agency shall have the capacity to provide services in accordance with their Master Grant and *Administrative Rules for Agency Designation*, including:
 - Consultation and coordination for mental health crisis until the immediate crisis is resolved, all available and appropriate resources have been utilized, or responsibility is transferred to another agency or appropriate person;
 - Follow-up, where possible and if appropriate, to emergency contacts to ensure that linkages were appropriate and referrals were made if needed;
 - Documentation of all contacts and their disposition;
 - Emergency screening on a face-to-face basis in accordance with a Designated Agency's policies and procedures; and
 - 24/7 face-to-face Qualified Mental Health Professional (QMHP) and psychiatric assessment for involuntary inpatient admissions.

In addition to meeting the requirements above, nothing within these standards shall prevent an Agency from seeking compensation for routine mental health response and support capacities over and above those mandated by their DA Master Grant Agreement (see *Inpatient screening above*) with individual community mental health providers or facilities serving the community.

- c. Staffing and Supervision
 - A Designated Agency shall have policies and procedures indicating qualifications necessary for staff to provide crisis services.
 - Designated Agency crisis staff shall be qualified to assess and provide intervention to individuals presenting with mental health and substance abuse symptoms.
 - The clinical supervisor of a Designated Agency's crisis program(s) shall be a Commissioner designated qualified mental health professional (QMHP) as described in the QMHP Manual.
 - Staffing shall be sufficient to meet the response times required in Section 3. Exceptions to the standards for staffing and response time shall be reviewed by the clinical supervisor of the Designated Agency's crisis program(s).
 - Emergency services may be provided by Designated Agency crisis staff. Application for involuntary services, however, shall only be initiated by QMHP staff.
 - Support services (e.g. phone answering, clerical services) to crisis programs may be delivered by non-DA staff with training and supervision by a QMHP.
 - All staff providing emergency services shall have the opportunity to receive clinical training at least annually.

- Clinical staff with specific expertise in developmental disabilities and child/adolescent services shall be available to crisis staff.
- All emergency contacts will be reviewed by a supervising clinician within 24 hours or the first working day following the contact.
- A Designated Agency shall have guidelines approved by their Medical Director indicating when to contact a supporting psychiatrist.
- A Designated Agency shall have a system approved by their Medical Director to screen for physical health problems in people receiving emergency services.
- A Designated Agency will maintain a Disaster response plan and will work jointly with VDH, DMH, DAIL, AHS Field Services Directors and the State of Vermont Emergency Management System to respond to disasters.

6. Transport

A Designated Agency's transport protocol will be in accordance with the current statute (*Title 18 V.S.A. §7511*). A complete description of the DMH standards surrounding transportation can be found on the DMH website at <http://mentalhealth.vermont.gov/manuals>

7. References

7.1 Acronyms

The following list contains acronyms and definitions found throughout this document.

AHS	Agency of Human Services
APRN	Advanced Practice Registered Nurse
CRT	Community Rehabilitation and Treatment
DA	Designated Agency
DAIL	Department of Aging and Independent Living
DMH	Department of Mental Health
ES	Emergency Services
QMHP	Qualified Mental Health Professional
VDH	Vermont Department of Health

7.2 Reference Materials

The following materials are referenced throughout this document.

DMH Transportation Manual and Standards - <http://mentalhealth.vermont.gov/manuals>
 18 V.S.A. § 7511 - <http://legislature.vermont.gov/statutes>

QMHP Manual - <http://mentalhealth.vermont.gov/manuals>
 13 V.S.A. § 4815 - <http://legislature.vermont.gov/statutes>

Administrative Rules for Agency Designation - <http://mentalhealth.vermont.gov/manuals>