

Vermont Agency of Human Services
Department of Mental Health

**EMERGENCY SERVICES
STANDARDS**

First Edition
2017

**Department of Mental Health
Emergency Services Standards**

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1. Introduction

2. Definition

Mental Health Emergency Services is a 24-hours-a-day, 7-days-a-week program that provides emergency supportive counseling for telephone or face-to-face interventions in addition to screening for involuntary hospital admissions and referrals to other appropriate levels of care.

Emergency Services (ES) 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.

3. Population Served

Emergency services shall be provided to any persons living in or presenting in the DA'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 program is to:

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

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 the DA;
- 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:

- d. Provide on-site services by a qualified screener, within an average of 30 minutes from the identified need or request for emergency examination screening;

- e. Be closely and routinely coordinated with all necessary community emergency resources, including medical and law enforcement support;
- f. Have 24/7 access to psychiatrist or an advanced practice registered nurse (APRN) for consultation or face-to-face psychiatric assessment. In the rare instance when a psychiatrist is not available, a warrant can be used;
- g. 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;
- h. Mobile outreach shall participate actively with law enforcement as necessary. Mobile outreach staff shall follow the Vermont State Police/Mental Health Mobile Crisis Team Joint Protocol;
- i. Travel time to services shall not exceed what is usual and customary in the geographic region; and
- j. 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. DA's shall have the capacity to provide services in accordance with the DA's contract 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 the DA'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 with individual community mental health providers or facilities serving the community.

- c. Staffing and Supervision
 - DA shall have policies and procedures indicating qualifications necessary for staff to provide crisis services.
 - DA crisis staff shall be qualified to assess and provide intervention to individuals presenting with mental health and substance abuse symptoms.
 - The clinical supervisor of DA crisis programs shall be a Commissioner designated QMHP.

- DA staffing shall be sufficient to meet the response times required in Section 4. Exceptions to the standards for staffing and response time shall be reviewed by the clinical supervisor of the DA crisis program.
- Emergency services may be provided by DA crisis staff. Application for involuntary services, however, shall only be initiated by QMHP staff.
- 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.
- All DA staff providing emergency services shall have the opportunity to receive clinical training at least annually.
- DA clinical staff with specific expertise in developmental disabilities and child/adolescent services shall be available to DA crisis staff.
- All emergency contacts will be reviewed by a supervising clinician within 24 hours or the first working day following the contact.
- DA's shall have guidelines approved by the DA Medical Director indicating when to contact the DA's supporting psychiatrist.
- DA's shall have a system approved by the DA Medical Director to screen for physical health problems in people receiving emergency services.
- The DA 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. Description of Strategies or Services in Scope of Work

- Crisis Response:* The DA shall provide mental health crisis screening and assessment services to residents of any age in the DA's 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.
- Inpatient Screening:* The DA 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.

- 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.

- d. *Community Emergencies:* The DA 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.

7. Reassessment

Individuals under the care and 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.

8. 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>

9. Performance Measures and Methodology

The following table identifies how performance measures and other data will be reported, monitored, and improved. This section meets State of Vermont Bulletin 5.0 requirements for grant monitoring.

Table 1: Performance Measures

	Measure	Target	Time Period	Monitoring Method	Type
1	% of crisis services occurring within the community	Maintain or increase	Quarterly/ End of month following the close of the quarter	DMH calculation	Quality
2	% of clients receiving non-emergency services within 7 days of emergency services	Maintain or increase	Quarterly/ End of month following the close of the quarter	DMH calculation.	Quality
3	Existing performance measure provided by DA using DMH PM template.doc	Determined by DA	Quarterly	DA calculation	Determined by DA

Table 2: Performance Measure Methodology

	Measure	Methodology
1	% of crisis services occurring within the community	# emergency/crisis assessment support and referral services (G01) with location code of “community” (2) / # emergency/crisis assessment support and referral services (G01)
2	% of clients receiving non-emergency services within 7 days of emergency services	For those with G01 services (defined in 1): # people with services other G01 within 7 days of last G01 service/ # people with G01 service
3	Existing performance measure provided by DA using DMH PM template.doc	Determined by DA

10. Program-Specific Monitoring and Reporting

The following table identifies how performance measures and other data will be reported, monitored, and improved.

Table 3: Monitoring Procedures

Monitoring Activities	Format	Frequency/ Due Date	Recipient/ Attendees	Purpose / Information Required
Performance measure reporting	DMH PM template.doc, send via email	Quarterly/ End of month following the close of the quarter	DMH Mental Health Services Director	Performance monitoring
Act 79 Quarterly Report	Word Document, using Act 79 Reporting Form 2015-10	Quarterly/ 30 days from close of quarter	DMH Quality Management Director	2012 Act 79 Enhanced Funding Oversight

11. References

11.1 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

11.2 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>