

SUBJECT: CRISIS SCREENING AND CRISIS INTERVENTION

EFFECTIVE
DATE: 11-15-11 (replaces 04-05-11)

APPROVED BY:

Reviewed (no changes): _____

Medical Director
Executive Director

POLICY

It is the policy of McIntosh Trail CSB to provide screening and/or crisis intervention services based on an assessment of the individual's need.

DISCUSSION

Definition: Screening is an evaluation of an individual's need for service in the least restrictive alternative. Screening services will ensure that:

(1) evaluations are provided to those being considered for admission to hospital services; (2) regional hospital by-passes are identified; (3) appropriate hospital/community procedures are jointly developed; and (4) prior approval of all hospital admissions is obtained. Services are provided as a rapid response to psychiatric, behavioral, situational or addictive crisis and to individuals of all disabilities and ages.

If appropriate, after screening, individuals admitted would receive crisis intervention services. Crisis intervention provides a short-term service to those experiencing severe reduction in psychiatric, adaptive, or behavioral functioning. Crisis intervention will include telephone response, and when indicated, face-to-face evaluation by a credentialed, certified professional. Information about accessing the crisis intervention service is readily available throughout the service area. Crisis phone numbers are easily located in the telephone directory and are publicized to the community.

MH & AD CRISIS RESPONSE PROCEDURE

1. Any individual who presents for screening and is experiencing a behavioral or psychiatric crisis which poses a danger to the individual or another person or who is experiencing unexplained or out of control hallucinations, delusions, disorientation, generalized confusion, or bizarre behaviors is deemed to be in need of immediate face-to-face contact.
2. If the face-to-face assessment indicates the need for hospitalization or referral to sub-acute detoxification or crisis stabilization, a referral is made. If referral for stabilization is not indicated, Outpatient Services are scheduled.
3. When it is not possible to provide a face-to-face intervention, legal procedures are followed and a referral for stabilization is initiated; immediate referral is made to a hospital, sub-acute detoxification facility, or psychiatric crisis stabilization unit, as appropriate.

SUBJECT: CRISIS SCREENING AND CRISIS INTERVENTION

EFFECTIVE
DATE: 11-15-11 (replaces 04-05-11)

APPROVED BY:

Reviewed (no changes): _____

Medical Director
Executive Director

MH & AD CRISIS RESPONSE PROCEDURE (CONTINUED)

4. Adequate documentation will be kept regarding crisis screening and crisis intervention activities. A progress note stating the presenting problem, current suicidal/homicidal risk, present mental status, a clinical summary and the interventions utilized is placed in medical record. For persons not admitted to services, the rationale for non-admission is documented, as well as any referrals made, as indicated.
5. Crisis intervention services include immediate telephone response and, when indicated, face-to-face intervention. Services are available 24 hours per day, 7 days per week. During normal business hours, call 770-358-5252; after hours call the Georgia Crisis and Access Line at 1-800-715-4225.
6. Staff who perform screening or crisis intervention services will receive training that is appropriate to the functions performed including appropriate assessment and evaluation principles and procedures, and telephone counseling techniques.
As a result, staff will have knowledge and have information at hand about involuntary commitment procedures, both inpatient and outpatient, and the admission criteria for Regional Hospitals and crisis stabilization programs. Staff are knowledgeable about other services of the agency and other community services available. This knowledge is to include other medical and emergency services.

DD CRISIS RESPONSE PROCEDURE

1. Any individual who presents for screening and is experiencing a behavioral or psychiatric crisis which poses a danger to the individual or another person or who is experiencing unexplained or out of control hallucinations, delusions, disorientation, generalized confusion, or bizarre behaviors is deemed to be in need of immediate face-to-face contact.
2. Adequate documentation will be kept regarding crisis screening and crisis intervention activities. A progress note stating the presenting problem, current suicidal/homicidal risk, present mental status, a clinical summary and the interventions utilized is placed in medical record. For persons not admitted to services, the rationale for non-admission is documented, as well as any referrals made, as indicated.

SUBJECT: CRISIS SCREENING AND CRISIS INTERVENTION

EFFECTIVE
DATE: 11-15-11 (replaces 04-05-11)

APPROVED BY:

Reviewed (no changes): _____

Medical Director
Executive Director

DD CRISIS RESPONSE PROCEDURE (CONTINUED)

3. Staff who perform screening or crisis intervention services will receive training that is appropriate to the functions performed including appropriate assessment and evaluation principles and procedures, and telephone counseling techniques.

As a result, staff will have knowledge and have information at hand about involuntary commitment procedures, both inpatient and outpatient, and the admission criteria for Regional Hospitals and crisis stabilization programs. Staff are knowledgeable about other services of the agency and other community services available. This knowledge isto include other medical and emergency services.

The Georgia Crisis Response System for Individuals with Developmental Disabilities (GCRS-DD) is a system of care that is accessed through a single point of entry, which is the Georgia Crisis Access Line (GCAL). The GCRS-DD provides community-based crisis supports as an alternative to institutional placement, emergency room care, or involvement of law enforcement (including incarceration). GCRS-DD serves individuals with developmental disabilities aged 5 years and older in *acute crisis situations* who

1. Have documented evidence of an intellectual/developmental disability prior to age 18 or a closely related disability prior to age 22 or
2. Have had a screening suggesting a developmental disability.

What Caregivers Should Do in a Crisis Situation

1. First attempt to resolve and/or return the individual to a pre-crisis state.
2. If the individual has a behavior plan, use the strategies in the plan to resolve the crisis.
3. If unable to resolve the situation and the individual or others are at risk of harm, call GCAL (1-800-715-4225).
4. If there is a medical emergency or a crime is being committed, call 9-1-1-.

GCAL intake personnel will assess the situation and resolve the crisis by telephone or dispatch a Mobile Crisis Team if a face-to-face intervention is needed.