	General Policy		
	Chapter:	Board Service and Program Administration	Policy # 2-7-1
	Section:	CMH Emergency Services	Revision # 3

- I. **PURPOSE:** To establish policy and procedures for the development and implementation of an emergency services program.
- II. **APPLICATION:** All mental health programs and services operated by the West Michigan Community Mental Health Governing Body.
- III. **REQUIRED BY:** Public Act 258 of 1974, as amended, the Michigan Department of Health and Human Services (MDHHS) Administrative Rule 330.2006 and Accrediting Bodies.
- IV. **DEFINITIONS:**

Individual: A person requesting or currently receiving CMH services, or a third party, such as law enforcement, guardian, custodian parent of a minor, or a representative from a foster care home, hospital or nursing facility requesting CMH emergency services for a person in its care.

Confidentiality: All information received and maintained by CMH regarding an individual shall not be disclosed to any other entity without specific written authorization of the individual or their court appointed guardian, except under provisions of Public Act 258, of 1974, as amended.


Emergency Services: 24/7/365 Crisis/Emergency Services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, co-occurring disorders, and emotional distress. Emergency services may be provided on site or through mobile response at an approved secure location such as the county jail, law enforcement office or Emergency room and may be face to face or by telephone.

Emergency Services Manual: A manual, which is updated at least annually by the Director of Conflict Free Case Management and Access and CSS Coordinator, on emergency service protocols for use by mental health professionals during the delivery of emergency mental health services.

Emergency Services Program Supervisor: The Director of Conflict Free Case Management and Access and CSS Coordinator designated to directly supervise the emergency services program and its assigned mental health professional staff in the delivery of emergency services.

Emergency Services Program Team Meetings: Access team meetings which are held on an annual basis and are attended by all Emergency Services Program staff and at times by other pertinent clinical or administrative staff. The purposes for team meetings are to review problematic emergency on call incidents, discuss and examine specific clinical issues, discuss, and review contractual and legal procedures, to review program monitoring and evaluation activities, and for routine group supervision by the program supervisor. The Access and CSS Coordinator is responsible for ensuring that accurate minutes of the meetings are recorded and distributed.

CSS Check-In: The CSS worker will complete the daily staffing sheet for the Service Support Representative to gather and distribute to the proper staff to follow-up. The purpose is to ensure quality of services, documentation and adequate referral and follow-up as necessary.


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V. **POLICY:** It is the policy of West Michigan Community Mental Health to implement and maintain a catchment area twenty-four (24) hour emergency services program in accordance with the written Access Program Plan.

VI. **PROCEDURES:**


A. The Access and CSS Coordinator, or an appointed designee, shall be responsible for:

1. The implementation and maintenance of emergency services in accordance with the Access Program Plan.
2. Periodically publishing a schedule of mental health professionals responsible for the provision of after-hours crisis stabilization services (CSS).
3. Developing and annually reviewing the Crisis Stabilization Services Training, as well as informing each mental health professional responsible for the provision of CSS the location of resources on Infohub.
4. Scheduling, chairing, and recording CSS team meetings.
5. Providing routine group supervision.
6. Ensuring that the provision of Crisis Stabilization Services is held confidential in accordance with CMH policy.
7. Ensuring the implementation and maintenance of a CSS documentation system.
8. Monitoring the need for continuing staff education as it pertains to the delivery of emergency mental health services and seeking out administrative authorization to address such training needs as they are identified.
9. Reviewing consultation and referral agreements with other service providers that typically interface with the Crisis Stabilization Services Program; Hospitals, Law Enforcement, etc.
10. Reviewing the Access Program plan with the Access and CSS staff members on an annual basis.
11. Coordinating the crisis stabilization systems for Primary CSS/DBT and ACT. In the rare event that multiple emergency responses are requested of one of the two CSS teams (Primary CSS or ACT) simultaneously, the on-call staff member of that team shall contact the on-call staff member of the other team to request back up assistance.
12. Coordinating the crisis stabilization system in the event of a community-wide disaster. In the event of a community-wide disaster, more staff may be required to respond. The policy and procedure that guide CSS back up assistance for this type of CSS event is covered in the Community Disaster Policy and is coordinated by the Director of Conflict Free Case Management and Access and CSS Coordinator.

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B. The Access/CSS Staff are charged with:

1. Stabilizing the situation as quickly as possible. Responding to crisis requests immediately and determining a course of action within 3 hours of the request. Disposition will be made within 2 hours if law enforcement is involved.
2. Completing a written crisis note or pre-admission screening document that includes the presenting complaint or concern, issues since last stabilization if applicable, current living situation, availability of supports, suicide risk/potential for harm to self or others, current medications and compliance, use of alcohol or drugs, applicable medical conditions, evidence of trauma, abuse or domestic violence, legal involvement, and history of previous psychiatric hospitalizations or crisis contacts with results. The documentation will conclude with a plan for crisis stabilization; including immediate needs, identified follow-up, and the statement of crisis resolution or hospitalization.
 - 2.1 Coordinate discharge planning with facility, starting at time of admission.
 - 2.2 WMCMH staff initiate discharge planning by phone contact with the facility discharge planning unit.
 - 2.3 WMCMH monitors progress in the facility via phone contact or face to face depending on the type of emergency and location of facility.
 - 2.4 At time of discharge, WMCMH requires a copy of the safety plan (for those at risk of suicide) and discharge plan from the facility. WMCMH requires documentation that the safety plan is reviewed with the consumer. The consumer and trusted allies have a copy of the plan evidenced by consumer signature on the document.
 - 2.5 WMCMH contacts the consumer directly within 24 hours of discharge to assist with any barriers to treatment, assess suicide risk, provide care coordination, confirm next appointment, and provider information about 24-hour emergency service availability.
 - 2.6 If the consumer does not answer the phone, WMCMH will leave a message, encouraging the individual to call back. If no return phone is received, WMCMH peer or care manager will attempt to reach the individual again.
 - 2.7 Documentation of all contacts are recorded in the EMR.
3. The crisis assessment results in an initial crisis intervention plan that includes identified immediate response needs, identified, follow up when a referral is made, and a statement of crisis resolution.
4. Trauma informed assessing and use of available trauma-screening tools for both adults and children (trauma checklists and LEC-5) and ensuring that the engagement and assessment procedures are trauma - informed and trauma-sensitive are highly recommended.

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5. A Second Opinion is offered to all individuals when he/she disagrees with the recommendation/disposition of the assessment.
6. Completing a standardized agency approved risk assessment tool when indicated for inclusion in the crisis documentation.
7. No waiting list is maintained for emergency services.
8. Determining a course of action. Making timely referrals to emergency medical services and local law enforcement or human service agencies when indicated.
9. Identifying, obtaining consent, and communicating appropriately with the primary care physician of the individual providing necessary documentation for appropriate coordination of care.
10. Providing assistance to the community with involuntary psychiatric hospitalization requests. Following all applicable laws and rules relating to the courts and necessary legal processes.
11. Including family members, identified legal representatives, other collateral sources with the consent of the persons served.
12. Being familiar with and demonstrating knowledge of community resources, crisis intervention techniques, and procedures for involuntary hospitalization.
13. Consulting with other team members as needed.


VII. **SUPPORTING DOCUMENTS:** N/A

VIII. **POLICY/PROCEDURE REVIEW:**

REV#	APPROVED BY	Policy/Procedure	DATE
NC	Unknown		12/2011
NC	Unknown		05/2014
	Unknown		02/2016
			02/2017
2	COC	Procedure	05/2021
2	COC	Annual Review	05/2022
2	COC	Annual Review	06/2023
3	COC	Procedure Language	06/2024
Board Approval Date: 02/20/1996			

IX. **CHIEF EXECUTIVE OFFICER ENDORSEMENT:**

I have reviewed and approved of policy # 2-3-1 Revision# 3.

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CEO: Lisa A. Williams

Approval Signature: _____