

## **Persons Experiencing Psychiatric Crises: Information for Emergency Department Staff and Others Regarding Available Resources, Protocols, and Requirements**

While the DHHS Office of Adult Mental Health Services (OAMHS) encourages crisis providers to provide crisis services in settings other than Emergency Departments, in fact consumers often choose to go to the Emergency Department, and that setting is often seen by members of the community as where to go in a crisis.

The Office of Adult Mental Health Services provides the following information on available resources, protocols, contacts, and requirements:

### **How Do I Contact Crisis Service Providers, and Who Qualifies for Their Services?**

The DHHS Office of Adult Mental Health Services contracts with crisis service providers across the state to ensure that crisis services are available 24 hours a day, 7 days a week statewide. Crisis service providers can be contacted at all times via a statewide toll free number (1-888-568-1112).

Crisis services are provided to all persons in crisis requesting help. These services are mobile and are provided in a variety of settings, including an individual's home, mental health agency, social service agency, public locations and emergency departments of hospitals.

The primary purpose of crisis services is to assess the individual in crisis and determine and assist him/her in receiving the least restrictive, most effective treatment. Crisis services focus on intervention, de-escalation, stabilization, and referral to needed follow-up services.

### **How Could A Crisis Worker Be Helpful to Emergency Department Staff When An Individual Comes to an ED in Psychiatric Crisis?**

#### **1.) Treatment Recommendations and Referrals**

The crisis provider can assess the individual and make recommendations regarding the need for hospitalization and the appropriateness and availability of less restrictive alternatives to hospitalization; locate and arrange for needed services; and review crisis plans and advance directives.

The determination regarding hospitalization is the responsibility of the physician, licensed clinical psychologist, physician's assistant, nurse practitioner or certified psychiatric clinical nurse specialist who has examined the patient in the emergency department. If the qualified professional determines that hospitalization is required, the crisis worker is responsible for assisting the Emergency Department in locating a bed.

If it is determined that the individual would be better served in a less restrictive environment the crisis worker can assist in identifying community based alternatives to hospitalization, including crisis stabilization units.

## 2.) Coordination and Access to Records

Crisis service staff can serve a coordinating role as well as assist in gathering pertinent information.

At any time of day or night a crisis worker can arrange for access to an individual's mental health records, including the person's Individualized Support Plan (ISP), crisis plan, health care advance directives, and name and contact information for the prescriber of psychiatric medications if the individual is receiving community support services.

If the individual in psychiatric crisis is unable to provide information about his/her mental health provider, the crisis worker may know the individual and be able to provide that information.

The crisis worker is also responsible for coordinating with community mental health providers to ensure continuity of care.

## How Could Community Mental Health Providers Be Helpful to Emergency Department and other Hospital Staff?

The crisis worker is responsible for contacting community mental health providers who are currently providing services to the individual, so that they are aware of the psychiatric crisis and can work in partnership with ED and other hospital staff. If the individual is admitted to the hospital the community mental health providers, in most cases the individual's Community Support Worker, can work with the individual and the individual's treatment team on treatment and discharge planning. If the individual is instead referred to a hospitalization alternative, the Community Support Worker would work in partnership with the staff in that setting.

## **How Could A Peer Support Worker Be Helpful to Emergency Department Staff When An Individual Comes to an ED in Psychiatric Crisis?**

The Office of Adult Mental Health Services currently funds Peer Support Services in Emergency Departments at Maine Medical Center, Parkview Medical Center and Mid Coast Hospital, with plans to expand peer services in EDs to all community hospitals with and without psychiatric inpatient beds.

The Peer Support Specialist's role in the ED is to support the individual experiencing a mental health crisis in their efforts to resolve the crisis situation; to assist the individual to view the crisis as an opportunity for growth and change; and to consider ways for the individual to manage future crises ideally within the community rather than in a hospital or other crisis setting.

The Peer Support Specialist's role is not to perform crisis assessments or to serve as an advocate for a particular clinical disposition, though he or she may be called upon by ED or crisis staff to provide input on disposition options.

The long-term goal of Peer Support Services in EDs is to help people learn how to live with increased distress; and to potentially decrease the number of psychiatric hospitalizations by educating people about natural supports within their own communities.

## **If an Individual Needs Hospitalization, How is it Determined Where the Individual Should Be Hospitalized?**

The Department of Health and Human Services has established a three-tiered system of hospitalization intended to hospitalize individuals reasonably near their home communities, avoid multiple admissions and discharges from multiple hospitals within the same hospitalization period, and create single gateways to the state psychiatric centers.

### **1.) Community Hospitals with Psychiatric Units**

Community hospitals with psychiatric units are the first level of hospitalization response. The community hospitals are for short-term admissions, generally 30 days or less. These hospitals have committed to a no-reject policy for providing coverage to individuals in their Community Service Network area. While that may not always be possible, particularly for specialized services, the intent of the policy is to provide services as close to an individual's home as possible.

### **2.) Specialty Hospitals**

Maine's two specialty psychiatric hospitals, Acadia Hospital in Bangor and Spring Harbor Hospital in South Portland, are the next line of treatment and will take admissions from the community hospitals. Individuals will transfer to the specialty hospital closest to their home community. These psychiatric hospitals are designed to treat individuals with greater acuity and clinical complexity than community hospitals are able to effectively and safely serve.

Additionally, Acadia and Spring Harbor serve as community hospitals for their local areas.

### 3.) Public Hospitals

Riverview Psychiatric Center in Augusta and Dorothea Dix Psychiatric Center in Bangor are the tertiary hospitals and will take referrals from Spring Harbor and Acadia, forensic admissions, and other admissions based on unique clinical needs.

### Unusual Circumstances

Consumers in community hospitals may bypass hospitalization in a specialty hospital when:

- A consumer's history and current presentation indicate that a longer term of stay is likely;
- A consumer's documented clinical history makes a particular hospital inappropriate;
- A consumer has serious objections based on a documented serious incident or experience that would make a particular facility inappropriate.

If the community hospital finds that unusual circumstances, as described above, apply, then it must confer with the closest specialty hospital. The specialty hospital retains authority to decide whether to refer the patient directly to one of the state facilities, provided, however, that if there is a disagreement between the specialty and community hospital about a proposed referral, that disagreement will be resolved by the DHHS Office of Adult Mental Health Services.

### **What happens when someone is "stuck" in the ED because a bed is not available, or for some other reason?**

The crisis provider may convene a meeting of a "Rapid Response" team in situations where an individual has been assessed to need psychiatric hospitalization and one of the following occurs:

- There is not a psychiatric bed available for the individual; nor expected to be available within 8 hours.

- Eight hours has passed since the individual was assessed by the crisis provider or hospital mental health staff, regardless of status of referral calls
- An individual arrives after 8 p.m. and there has not been a positive disposition by the following morning at 8 a.m.

When it is determined that the Rapid Response procedure is needed the ED triage nurse contact's the hospital's Rapid Response Team members and the crisis worker contacts team participants external to the hospital to arrange for a meeting of the team as soon as possible to develop a plan for disposition of the individual.

The rapid response procedure describes the process in more detail. The procedure was designed as a template which may be modified- by joint agreement of the hospital, crisis provider and the Office of Adult Mental Health Services' regional mental health team leader- to meet the respective needs of the parties.

### **What Alternatives to Hospitalization Are Available?**

#### **Outpatient Observation Beds**

Outpatient observation is a brief but intensive hospital-based service designed to reduce the need for inpatient admission, when appropriate.

Observation beds offer medical psychiatric evaluation and treatment, therapeutic interventions as needed, discharge planning, and a diagnosis and level-of-care recommendation from a psychiatrist or independently licensed psychiatric practitioner within a period of up to 48 hours.

Because observation beds are considered as outpatient services, a stay in an observation bed does not constitute a hospital admission. Observation beds currently exist at Acadia Hospital and Spring Harbor Hospital.

#### **Crisis Stabilization Units**

Crisis Stabilization Units (CSUs) are short-term, highly supportive and supervised community residences. They provide an alternative to hospitalization for a person in crisis who needs a more intensive level of care than outpatient services can safely provide. Components of service include monitoring of behaviors, therapeutic interventions, supportive counseling and skills teaching, supervision to assure personal safety, coordination with other community-based services, and discharge planning. These residences are staffed 24/7 and provide a safe environment in which an individual can stabilize and prepare for return to a home environment.

**Contact Information for Crisis Service Providers:**

CRISIS SERVICES PROVIDERS (1/2007)

<u>Name of Agency</u>	<u>Address</u>	<u>Phone #</u>
Aroostook County Mental Health Center	43 Hatch Drive P. O. Box 1018 Caribou, ME 04736	498-6431
Community Health & Counseling Services	42 Cedar St., Box 425 Bangor, ME 04401	947-0366
Counseling Services, Inc.	265 North St. P. O. Box 1010 Saco, ME 04072-1010	286-1104
Crisis & Counseling Services	38-A Bangor Street Augusta, ME 04330	626-3448
Evergreen Behavioral Services	131 Franklin Health Commons, Suite A Farmington, ME 04938	778-0035
Ingraham	50 Monument Square P. O. Box 1868 Portland, ME 04104	874-1055
Mid-Coast Mental Health Center	12 Union St. P. O. Box 526 Rockland, ME 04841	701-4401
Oxford County Mental Health Services	150 Congress St. P. O. Box 355 Rumford, ME 04276	364-3549
Sweetser	50 Moody St. Saco, ME 04072	373-3002
Tri-County Mental Health Services	1155 Lisbon St. P. O. Box 2008 Lewiston, ME 04241	787-1155
Washington County Psychological Associates	294 East Kennebec Rd. P. O. Box 29 Machias, ME 04654	255-4990

**For More Information: Contact Information for the Office of Adult Mental Health Services' Adult Mental Health Team Leaders**

Region I (Cumberland and York Counties): Carleton Lewis - 822-0126

Region II (Androscoggin, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset, and Waldo Counties): Sharon Arsenault - 287-9170

Region III (Aroostook, Hancock, Penobscot, Piscataquis and Washington Counties): Susan Lauritano – 941-4209