

Community Crisis Response & Intervention Standard Operating Procedures Manual

Berkeley Community Mental Health Center

Version Date: 28 October 2019

The procedures in this manual do not replace or supersede any Federal or State laws or DMH directives regarding proper medical care and service delivery, including all laws related to practice, HIPAA privacy and Corporate Compliance responsibilities. Reference BCMHC Policy & Procedures, BCMHC Resource webpage or appropriate personnel for additional information or questions.

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Administrative

Roles: ACCESS/Mobile Program Manager and CCRI Team Lead

- The ACCESS/Mobile Program Director oversees all aspects of crisis whether within Berkeley Mental Health facilities or in the communities of Berkeley County.
- The CCRI Team Lead will oversee all aspects of on call/after-hours mobile crisis team scheduling, time keeping and travel reimbursement processes while serving as a liaison between team members and the South Carolina Department of Mental Health CCRI Program office. The Team Lead does not serve in a supervisory role for the team.
- The CCRI Team Lead will maintain all training aids and program documentation pertaining to the Dual Employment/On-Call CCRI Program.
- Berkeley Mental Health Executive Director and Clinic Director exercise oversight of Berkeley mobile crisis program as necessary. The ACCESS/Mobile Program Manager will provide direct supervision for the CCRI program in Berkeley County.

CCRI Dual Employment/On Call Clinician Position Description

- The purpose of the Dual Employment Clinician position is to assure timely access to outpatient mental health services for consumers and to divert future hospitalizations by participating in after hours and weekend response and provide on-call triage and back up.
- Under general supervision, Dual Employment clinicians provide assessments for patients as requested during times of crisis interventions, consultations with community agencies, and short term case management.
- Provide emergency assessments of clients experiencing crisis. Conducts face to face consultation as needed, arriving on site no later than 60 minutes after the receiving of call.
- Formulate level of care and disposition. Educate clients on community resources and make arrangements for immediate disposition regarding transfers and referrals. Serve as a provider of crisis intervention, by administering brief individual and/or family therapy to address crisis and identify triggers for crisis behavior to include development of crisis safety plan or initiating the process of involuntary commitment.
- Serve as liaison to local CMHC to provide updates on SCDMH clients during times of crisis.
- Complies with all applicable Quality Assurance, Corporate Compliance, and Cultural Competence and Confidentiality policies, procedures, and regulations, and all Federal and State laws, as well as attend all training classified as mandatory by Federal and State regulations. Engage in additional training to maintain professional development.
- Participates in on-call rotation positions as scheduled. At a minimum, clinicians will be assigned one (1) weekday assignment and four (4) weekend shifts, two (2) of which must be in the Triage position. Additional shifts may be required to facilitate the 24/7 coverage of after hours on call.
- During periods of non-scheduled clinic closures such as weather events or natural disasters, clinicians are required to participate by providing services as scheduled and deemed necessary by the Executive Director.

Employee Conduct

- As employees of the South Carolina Department of Mental Health, all clinicians are expected to conduct themselves in accordance with administrative, ethical and procedural guidelines as outlined and published in BCMHC Policy G087 IAW SCDMH Policy 786-94 and 875-06.

- Employees failing to uphold the principles of these policies are subject to disciplinary actions. Reports of violations will be forwarded to the ACCESS/Mobile Crisis Program Manager and Center Executive Director.
- At the discretion of the ACCESS/Mobile Crisis Program Manager, confirmed violations may result in the removal from the after-hours program for an indefinite period of time. Further disciplinary action may also result as determined by supervision.
- During periods of on-call, clinicians will refrain from use of alcoholic beverages or other substances which could impair the abilities of the clinician to appropriately fulfill on-call duties to include, but not limited to:
 - Conducting crisis telephone calls/interventions
 - Operating a motor vehicle
 - Conducting face to face crisis assessments/care coordination

Electronic Health Record Documentation

- 3Q Crisis Intervention Note
 - Clinicians will accurately complete, save and sign the Crisis Intervention Note under the Crisis Tab in EMR when logged into the 3Q Facility within the assigned shift. Notes will include pertinent historical information, presenting issue with pertinent factual circumstances, supporting information, determination of outcome and disposition of crisis assessment (safety plan, referrals, hospitalizations, etc).
- Assigned Facility (3W – Berkeley or 3B – Charleston/Dorchester)
 - The 3Q Crisis Intervention Note is the only acceptable documentation for crisis assessment by CCRI clinicians.
 - The 3Q Crisis Intervention Note will generate an appointment for the clinician which requires the completion of the Clinical Service Note (CSN). Clinicians will successfully save and sign the CSN prior to end of shift.
- End of Shift Reporting
 - End of shift reporting is accomplished by Triage clinicians at the end of each assigned shift. Triage clinicians will generate an email detailing all calls for service including telephone calls and mobile calls.
 - End of shift reports will include:
 - Date/Time of each call (beginning and conclusion)
 - Call Center call reference number
 - Patients name and Date of Birth
 - Patients CID (if assigned)
 - Indicate patient status if opened or closed to DMH
 - Diagnosis, if assigned
 - Brief description of events
 - End of shift emails will be sent to Berkeley ACCESS/Mobile Crisis team, assigned therapists, appropriate medical staff or other pertinent clinic personnel as deemed necessary by the clinician.

Onboarding to the CCRI Dual Employment/On-Call Team

- Employees accepted as dual employment for after-hours on call must complete all onboarding documentation as provided by the CCRI Team Lead in accordance with BCMHC Policy HR019, After Hours Emergency Screening Staff (see attachment for Dual Employment Agreement).
- Newly assigned dual employees must have access to the “3Q” documentation area of EMR prior to being assigned to after-hours shifts.
- Newly assigned clinicians will have or make application for South Carolina Notary rights.
- Newly assigned dual employees must complete a brief training session with the CCRI Team Lead that will cover, but is not limited to:
 - CCRI Position Responsibilities
 - Triage & Backup positions
 - LE Interaction/Safety
 - Community Resources
 - Orders of Detention
 - EMR Documentation
 - Shift Reporting/Follow Up
 - Time Sheet submission/F12 Travel Reimbursement

Roles & Responsibilities

Triage Position Responsibilities

- Dual Employment CCRI Clinicians assigned to the Triage position are required to answer all calls for service in a timely manner. These calls for service are normally facilitated via call center but may be generated from local law enforcement, hospitals and other community agencies.
- Triage Clinicians are the lead clinicians for all calls for mobile response as determined by call specifics or as directed by the on call Administrator, Executive Director or Clinic Director.
- Triage Clinicians will arrive on scene to all mobile calls for service within 60 minutes from the time the mobile response was determined.
- Triage Clinicians will notify on call Backup Clinicians for mobile calls providing a brief review of call specifics, location of call and law enforcement agency either on scene or responding to the call for service.
- Triage Clinicians will notify appropriate law enforcement agency of all pending mobile calls for service and make requests for law enforcement presence for safety.
 - NOTE: This will be done at least 15 minutes PRIOR to arrival on scene of a mobile crisis call.
 - Clinicians will not make contact with patients, family members, or members of the community prior to law enforcement arrival on scene to ensure safety of all parties.
- Triage Clinicians will notify on call Administrators when mobile calls for service are initiated.
- Triage Clinicians will staff all mobile calls for service with on call Administrators to determine appropriate plan of care
- Triage Clinicians will complete all documentation for each call for service, mobile calls, and will be responsible for staffing with assigned Administrators.

Backup Position Responsibilities

- The Backup clinician is responsible to answer all calls for service from the call center or community in the event the Triage Clinician cannot be reached.
- The Backup clinician will respond as needed to all mobile calls for service as notified by the Triage Clinician or directed by the on duty Administrator, Executive Director or Clinic Director.
- Backup Clinicians will arrive on scene to all mobile calls for service within 60 minutes from the time the mobile response was determined.
- Backup Clinicians will verify the appropriate law enforcement agency was notified all pending mobile calls for service and make requests for law enforcement presence for safety.
 - NOTE: This will be done at least 15 minutes PRIOR to arrival on scene of a mobile crisis call.
 - Clinicians will not make contact with patients, family members, or members of the community prior to law enforcement arrival on scene to ensure safety of all parties.
- Backup Clinicians will ensure on call Administrators was notified of all mobile calls for service.
- Backup Clinicians will actively participate in the staffing all mobile calls for service with on call Administrators to determine appropriate plan of care.

Administrator Position Responsibilities

- On Call Administrators are responsible for the oversight of on call CCRI clinicians.
- Administrators coordinate the efforts of the Triage and Backup Clinicians on scene and ensure case management is thoroughly completed utilizing appropriate community resources as necessary for patient care, safety and stabilization.
- Administrators provide supervision and serve as a staffing resource to clinicians as necessary.

Adverse and Unusual Incident Reporting

- Triage clinicians are responsible for completing and submitted Adverse Incident Reports to the ACCESS/Mobile Program Manager by the end of shift in accordance with BCMHC Policy S052.
- Adverse or unusual incident include but are not limited to:
 - Incidents involving injury
 - Communicable disease
 - Violent or aggression
 - Use or possession of weapons
 - Elopement and/or wandering
 - Vehicular accidents
 - Abuse and neglect
 - Suicide or attempted suicide
 - Sexual assault
 - Other sentinel events

Affidavit for Involuntary Emergency Hospitalization for Mental Illness

Pursuant to South Carolina Code 44-17-430, an Affidavit of Emergency Admission (Part 1) may be completed for persons “believed to be mentally ill and because of this condition likely to cause serious harm if not immediately hospitalized cannot be examined by at least one licensed physician”.

Dual Employment CCRI clinicians, as petitioners, complete documentation during calls for service after completing appropriate mental health assessment and determination that a person requires immediate hospitalization.

Clinicians will staff all such instances with on call Administrators prior to completing the affidavit.

Documentation is pursuant with South Carolina Code 44-17-410 which requires a written affidavit documenting the belief a person is “mentally ill and because of this condition likely to cause serious harm if not immediately hospitalized cannot be examined by at least one licensed physician” and must detail “the specific type of serious harm thought probable if the person is not immediately hospitalized and the factual basis for this belief”.

NOTE: At no time will clinicians complete documentation without personally completing an assessment of the person believed to be in serious harm and staffing case specifics with the on call Administrator.

Affidavit and Order of Detention Procedures

- Clinicians responding to mobile calls for service will complete appropriate mental health assessment utilizing available information gathered from the person, family members, local agency personnel or first responders.
- Clinicians will staff all calls for service with the on call Administrator prior to making final determinations concerning disposition.
- If an Order of Detention is determined to required, Triage Clinician will contact on call Probate Judge and provide a brief overview of circumstances to obtain approval for issuance of Order of Detention.
- Clinicians will provide the original Affidavit and Order of Detention to on scene law enforcement.
- Clinicians will coordinate with local hospitals/emergency rooms for appropriate transfer of crisis information pertinent to patient care/stabilization.
- Clinicians will complete all appropriate documentation in EMR and forward one copy of the Affidavit and Order of Detention to the ACCESS/Mobile Program Manager.

Clinic Requests for CCRI Follow Up/Wellness Check

- When requested, active patients may require after hours follow up due to the presence of heightened factors which could result in patient crisis.
- Requests for CCRI Follow Up/Wellness Checks will be made via ACCESS/Mobile Program Manager who will notify on call clinicians of the requirement.
- On call Triage Clinicians are responsible for follow up/wellness check calls and all subsequent documentation in EMR and response to requesting clinicians/employee.

Scheduling

- Scheduling of on call clinicians is the responsibility of the CCRI Team Lead. The Team Lead will ensure 24/7 shift coverage for all after hour/clinic closure periods. Clinicians understand this includes all observed holidays and agree to participate in shift coverage during scheduled holidays.

- Clinicians will be provided access to scheduling process (software/website/mobile application) and provide necessary training for requesting shifts.
- Each Dual Employment CCRI Clinician will be assigned to a minimum of one (1) after hours weekday shift.
- Each clinician will also be required to work a minimum of four (4) weekend shifts, two (2) of which must be in the Triage position.
- Clinicians also agree that all shifts will be covered no later than two (2) weeks in advance.

Reschedules

- Clinicians requiring reschedules must notify the CCRI Team Lead as soon as possible.
- Clinicians are responsible for finding a replacement for their assigned shift and will remain responsible until the shift is accepted by another clinician.
- If no replacement can be found, the assigned clinician will contact the CCRI Team Lead.
- Repeated reschedules will be addressed case by case but could constitute removal from the CCRI Team.

On Call Timesheet & Travel Reimbursement

On Call Timesheet

- Timesheets are due no later than 3pm on the 2nd and 17th day of each month without exception.
 - Late timesheet submissions may be processed for the following pay period.
- Submissions will be made on SCDMH approved form as published. No other form will be accepted for on call pay requests.
- Timesheets must be correctly and completely accomplished. Corrections will delay submission and could resort in a delay until the following pay period.
- The CCRI Team Lead is responsible for the quality control of the on call timesheet submission process.

On Call / Mobile Call Pay

- On call time will be paid an hourly rate as published by SCDMH unless a mobile call for service is required.
- Mobile calls for service will paid an hourly rate as published by SCDMH and will begin when the clinician departs and will end when they arrive from the call for service. The hourly rate will revert back to the hourly on call rate.
- Mobile calls for service will only be paid for time spent driving to the incident location, time spent on scene and travel time returning.
 - Stops or other diversions not related to the crisis call for service will not be paid the mobile call rate.
- Mobile calls for service will be paid a minimum of two (2) hours.

F12 Travel Reimbursement

- The use of clinician privately owned vehicle (POV) will be reimbursed monthly at the rate published by the South Carolina Department of Mental Health.
- Travel will be reimbursed for miles driven to and from the mobile call for service.
 - Stops or other diversions not related to the crisis call for service will not be reimbursed.

- Submissions will be made on SCDMH approved form as published. No other form will be accepted for on call pay requests.
 - Late submissions may be processed for the following pay period.
- Travel reimbursement forms must be correctly and completely accomplished. Corrections will delay submission and could resort in a delayed submission until the following calendar month.

Attachments



SC Department of Mental Health

**Community Crisis Response and Intervention
On-Call Dual Employment Agreement**

Expectations to be rendered by Dual Employment Clinician:

The dual employment clinician will be engaged in rendering telephone and mobile response calls for service in the catchment area of Berkeley County in accordance with BCMHC Policy HR019, After Hours Emergency Screening Staff. Under general supervision, dual employment clinician provides assessments for patients being discharged from local hospitals, consultation, crisis intervention, and short term case management services. The overall purpose of this position is to assure timely access to mental health services after hours and to divert hospitalizations during mental health crisis. Clinicians provide on-call services in two roles: Triage and Backup.

Responsibilities:

- (A) Provides emergency assessments of clients experiencing crisis. Conducts face to face consultations, as needed, arriving on-site no later than 60 min after the receipt of call. Notify local law enforcement to request officer presence during all crisis assessments until disposition of crisis and clinician departure from scene. Participate in on-call rotation.
- (B) Formulate a level of care and disposition. Educate clients in community resources and make arrangements for immediate disposition regarding transfers and referrals. Serve as provider for crisis intervention by facilitating brief individual and/or family therapy to address crisis and identify triggers for crisis behavior to include development of crisis safety plan or initiating the process of involuntary commitment.
- (C) Accomplish proper documentation regarding calls for service. Provide updates on SCDMH clients to their providers, if assigned. Clinicians will accomplish daily reports, submitted via email, to appropriate clinic staff.

On-Call Shifts:

Clinician will be assigned one weekday shift and is expected to be on-call at least four weekend shifts per month (2 must be in the Triage position). Additional shifts may be required or can be requested voluntarily, if available.

Working Holidays:

Each CCRI clinician is expected to be available for scheduling during SCDMH published work holidays as well as periods of clinic closures due to inclement weather or other unscheduled closures.

Timesheets/Travel Reimbursement for use of POV:

CCRI timesheets are to be used only for submitting on-call hours. Time should be recorded from the 2nd-16th and from the 17th-1st of every month. Timesheets are to be submitted on the 17th and the 1st of every month by 3pm in order to be entered into the state payroll system for processing by 5pm without exception. The F-12 Travel Reimbursement is submitted for on-call travel use of POV and submitted monthly. Other forms will be denied reimbursements.

Clinician: _____

Approved by: _____

Date: _____

Date: _____

References

G032	Authority of the Executive Director
G043	Review of Center Policies and Procedures
G084	Legal Requirements
G087	Ethics
G101	HIPAA Violation Sanction Policy
HR019	After Hours Emergency Screening Staff
CS101	Admission, Intake and Assessment
S023	All Hazards Disaster Plan
S052	Reporting of Adverse and Unusual Incidents
S067	Seclusion, Restraint and Emergency Intervention