

## Crisis Intervention

SECTION:	Clinical
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SUBJECT:	Crisis Intervention
EFFECTIVE DATE:	7/2010
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### POLICY

Davis Behavioral Health will provide crisis assessment and crisis intervention services for all persons who phone in or walk in to any DBH facility and who is in an emergent, psychiatrically unstable condition. This service will be provided 24 hours a day, seven days a week. Emergency services are available without preauthorization.

### PURPOSE

Professional ethics require licensed mental health professionals to provide services to persons who are in an emergent situation irrespective of funding considerations if that professional is the first contact.

### DEFINITION

DBH defines Crisis (Emergency) Services as inpatient or outpatient covered services furnished by a master's level (or higher) clinician who is qualified to furnish services required to evaluate and/or stabilize an emergency medical condition.

### PROCEDURE

1. At least one DBH mental health professional will be identified as the crisis contact at all times of day, every day of the year.
  - a. These mental health professionals will be licensed to conduct psychotherapy, and will have knowledge of:
    - i. Appropriate use of community services.
    - ii. Crisis intervention techniques.
    - iii. Risk assessment.
    - iv. Procedures for involuntary hospitalization.
  - b. During the daytime office hours, a crisis back-up will be identified from the available professionals on staff to provide crisis services when the primary responder is unavailable or responding to other crises.
2. A DBH physician will be designated to be available to the crisis workers at all times for psychiatric consultation or hospital inpatient admission decisions.
3. The crisis service will provide, based on need, either telephone intervention services or face-to-face assessments. Face-to-face evaluations can occur at any DBH facility or can occur in the community depending on circumstances, including the needs of the client, the needs of the community, and various safety considerations. The determination

will prioritize the best interest of the client. If a face-to-face assessment is indicated, the assessment will include:

- a. An assessment of risk of harm to self or others.
  - b. Crisis intervention.
  - c. A crisis stabilization plan.
  - d. Appropriate referral for
    - i. Medical screening (if necessary)
    - ii. Follow-up services
    - iii. Inpatient services
4. During non-office hours, a crisis line will be operated by the adult residential unit to make certain that live answering capability is maintained around the clock.
- a. The phone number of this crisis line will be given to all clients at the time of orientation to services.
  - b. The residential unit personnel answering the crisis line will refer any emergency to the on-call crisis worker.
  - c. The on-call crisis worker will contact the client within thirty minutes of the referral.
5. When the crisis evaluation indicates that hospitalization may be necessary, the crisis therapist is authorized to authorize up to the first 72 hours in the hospital. Any hospital that is desired by or most convenient for the consumer will be considered as a service provider.