

# Partners in Recovery

## Crisis Management/Response Desktop Procedure

<b>CMC or Department Name:</b> Partners in Recovery Direct Care Clinics								
<b>CMC or Department Procedure Name and Number:</b> Crisis Management/Response								
<b>Date of Inception:</b>								
<b>Previous Approval Date:</b>	N/A							
<b>Current Approval Date:</b>								
<b>Operational Scope:</b>	<input checked="" type="checkbox"/> Clinical	<input type="checkbox"/> QI	<input type="checkbox"/> Network	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Claims	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other

**PROCEDURE PURPOSE:**

The crisis management/response procedure serves to support the requirements set forth in Section 3.8 of the Magellan Provider Manual entitled Outreach, Engagement, Re-Engagement and Closure. The procedure also supports the requirements set forth in Partners in Recovery Direct Care Clinic (DCC) Policy number 290.01, Referral to UPC or PRC-West; Policy number 285.01, Inpatient Discharge Planning; Policy number 203.01, On Site Emergencies and Duty to Warn; Policy number 212.01, Title 36 Court Ordered Services; and Policy number 287.01, Case Closure and Re-engagement Activities Required Prior to Disenrollment. In addition the procedure serves to address coordination/interface between Adult PNO and Magellan managed DCCs, and coordination/interface between Adult PNO, DCCs and the Maricopa County Crisis System.

The first objective of the PNOs/DCCs is to provide interventions and planning that prevents crises from occurring. Second, it is the objective of PNOs/DCCs to have processes in place that identify and address crises in their earliest development and result in the least restrictive actions and solutions. The third objective of the PNOs/DCCs is to be fully prepared to handle all levels of crisis situations.

**Procedure:**

- I. The most effective response to a crisis is to prevent it from occurring. PNOs/DCCs will take the following actions to support the prevention of crisis situations;
  - A. Support the active engagement and re-engagement of BHRs through training and supervision.
  - B. Reinforce the specific requirements set forth in Section 3.8 and Policy 287.01 that outline the steps for effective engagement and re-engagement.
  - C. Emphasize through training and supervision the critical importance of establishing supportive, respectful, hopeful relationships with BHRs.
  - D. Support the use of client directed/outcome informed processes that support BHR driven care and foster improved engagement.
  - E. Work with the clinical directors and clinical coordinators to establish regular refreshers on the early warning signs outlined in 285.01 that a BHR may be approaching a crisis situation.

- F. Support the involvement of family members/natural supports, peer mentors and recovery based resources as key components of care.

## II. Crisis Management/Response

Effective crisis management is critical to quality care for BHRs and performed properly can be an opportunity to identify strengths that BHRs may not have recognized previously. PNOs/DCCs will take the following actions to promote effective crisis response;

- A. Utilize Part C, Additional Addenda, Special Suicide Risk Assessment, of the Core Assessment to help determine the level of risk for harm to self.
- B. Continue to support existing relationships between Magellan DCC leadership, DCC's, MCRN and Crisis Providers, including attendance at the bi-weekly meeting to address high utilizers of crisis services and development of crisis plans.
- C. PNO/DCC Behavioral Health Medical Practitioners to participate in the on call rotation established by Magellan for all clinic sites.
- D. PNOs/DCCs to require clinical coordinators at each DCC to rotate on call within the site and be backed up by clinical directors. ACT Teams to maintain separate on call. PNOs to utilize Magellan Regional Director for transitioning DCC's as back-up to clinical directors unless the PNO provides a separate arrangement.
- E. Clinical Coordinators and Clinical Directors to review daily report sent by Magellan on crisis contacts with enrolled behavioral health recipients. Case managers to follow-up within 24 business hours of any crisis contact with behavioral health recipients.
- F. DCCs to follow the policy for on site emergencies and managing threats of harm. The Title 36 Court Ordered Treatment policy is to be utilized for addressing danger to others and danger to self.
- G. DCCs to utilize UPC or PRC-West as needed.

## III. Crisis Workflow

PNOs and DCCs will work closely with the Magellan Crisis Department and Maricopa County crisis providers to address challenges and identify opportunities for improvements to existing interfaces. Crisis Providers, PNOs and DCCs have identified the following opportunities to collaborate on crisis response:

1. PNOs and DCCs will continue the existing interfaces and use of the MCRN Crisis Call Center that are currently in place for all DCCs. MCRN Crisis Call Center handles initial crisis calls from enrolled behavioral health recipients after hours. Except for ACT Teams, DCC on call staff advise crisis staff upon request. ACT Teams engage directly with consumers including mobile response if contacted by the Crisis Call Center. During regular business hours the Crisis Call Center notifies the DCC of crisis calls and acts as back-up to the DCC if the DCC is unable to respond in a timely manner due to other crisis situations.

2. The following procedural flows will occur:

A. Recipient presents in Crisis in the community during or after hours.

1. MCRN Crisis Call Center is contacted. The recipient is in crisis. If the Crisis Specialist is able to de-escalate and resolve the situation via the phone, MCRN will contact the DCC where the recipient is enrolled for notification and follow-up. If it is after hours and an emergency, the On-call for the DCC will be notified as necessary/if appropriate.
2. If the MCRN Crisis Specialist determines a Mobile Team (MT) needs to be dispatched, dispatch will take place and the following will occur:

**a. During Business Hours;** - MCRN will contact and expect the DCC to assist and collaborate telephonically in planning care. The Mobile Team will follow current ARCP and Advance Directives on file. They will conduct an on-site assessment and address immediate safety needs.

1. If the recipient **can** be stabilized in the community, the MT, in collaboration with the DCC, will plan appropriate follow-up and resolution, which may include; DCC staff traveling to the location of the MT intervention, or having the MT assist with transportation of the recipient to the DCC for continued services. If it is after hours and stabilization occurs in the community, the MT will ensure a Safety Plan is in place, and the assessment and disposition will be faxed to the DCC.

2. If the recipient **cannot** be stabilized in the community, the MT, in collaboration with the DCC will initiate referral to UPC or PRC-W as agreed upon by the care team.

**b. After Business Hours;** - The MT will follow current ARCP and Advance Directives on file. They will conduct an on-site assessment and address immediate safety needs.

1. If the recipient **is able** to be stabilized in the community, the MT will ensure a Safety Plan is in place and the disposition and assessment faxed to the DCC site with coordination from MCRN.

2. If the recipient **cannot** be stabilized in the community, the MT will facilitate Urgent Care Services. A disposition and assessment will be faxed to the DCC site with coordination from MCRN.

B. Recipient presents in Crisis at the clinic during business hours

1. When a recipient presents at the clinic and is in crisis, the staff will address the immediate safety needs of the situation and assess the risk level of the recipient.
2. If the individual **can** be stabilized within the clinic utilizing the DCC resources, these resources will be initiated with the clinically appropriate services. \*\*\*\*
3. Should the clinic staff identify the need for the recipient to have after hours services related to the crisis situation, Crisis Services may be utilized for; Well Checks, 72 hour watch or assistance with In-Home Stabilization. Please contact MCRN Supervisory staff to coordinate this.

4. If the individual is **unable** to be stabilized utilizing DCC resources, the DCC staff will begin coordinating for a 'Higher Level of Care' utilizing available Benefit Information of TPL or Medicare.
  5. DCC team in conjunction with Psychiatric BHP can coordinate an evaluation at the UPC or PRC-W telephonically. \*\*\*\* If the DCC Clinical Coordinator or Clinical Director identifies the need for Crisis Transportation or Mobile Team assistance, please contact the MCRN Supervisor to coordinate.
- C. PNO/DCC clinical coordinators and clinical directors can be scheduled to tour the Crisis Call Center and participate in 'ride alongs' with Mobile Teams as deemed necessary.
- D. As Requested by the DCC clinical team, MCRN will provide staff/technical assistance for improvement of crisis plans.

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