

Clermont County Mental Health and Recovery Board
Mental Health and Criminal Justice Integrated Response Collaborative Project Expansion
Grant

1. Clermont County Mental Health and Recovery Board: Crisis Hotline Protocols

Services to be provided:

- a. Maintain a phone answering hotline service of licensed clinicians to respond to mental health and substance use disorder crisis calls 24 hours/day and 365 days/year.
- b. Provide a phone answering hotline service of licensed clinicians to provide support and referral service for connection to substance abuse and mental health treatment services 24 hours/day and 365 days/year.
- c. Provide the services of a Coordinator to schedule staff coverage, promote positive community relations, and obtain and maintain appropriate certifications such as the American Association of Suicidology.
- d. Provide training for Clinical Responders to insure compliance with certification.
- e. Provide training and training updates for Clinical Responders on requirements of Health Officers.
- f. Provide training and training updates for Clinical Responders related to community resources.
- g. Provide training and training updates for Clinical Responders related to substance abuse disorders
- h. Coordinate Clinical Responders' schedules to complete a minimum of 4 hours every two years of "ride-alongs" with a Clermont County law enforcement agency.
- i. Engage in ongoing efforts to publicize the crisis line and increase awareness of the crisis line in the community.
- j. Provide an activity report of services by the 15th of each month for services provided in the preceding month, including call activity and community awareness efforts.
- k. Provide an Incident Report to the Board within 24 hours of any OMHAS reportable incidents.
- l. Attend Clermont County Suicide Prevention meetings as scheduled.

2. Clermont County Mental Health and Recovery Board: Mobile Crisis Responder Protocols

Mobile Crisis Team staff shall utilize the police radio system to notify Dispatch of the location prior to arriving at the scene, regularly respond to "check-ups" with Dispatch, and notify Dispatch when leaving the scene. Mobile Crisis Team staff will follow guidelines and requirements associated with use of police radio system.

Mobile Crisis: Public referral

- a. Provider or member of the public calls 528-SAVE

- b. Crisis Hotline Staff triage the call and determine disposition (see criteria)
- c. If Mobile Crisis Team response required, Crisis Hotline Staff refers the call to Mobile Crisis Team
- d. Mobile Crisis determines safety of responding to call without police
- e. If police are needed, call is made to Dispatch to request officer co-response to the scene.
- f. Mobile Crisis assesses situation
- g. **Disposition determined to be one of the following:**
 - 1. Stabilize at scene/connect with available resources
 - 2. Transport to Mercy Clermont
 - 3. Refer to crisis appointment

Mobile Crisis: Law Enforcement referral

- a. Mental Health 911 call dispatched to CIT officer on shift
- b. Police respond to scene
- c. Police assess situation and determine need for Mobile Crisis intervention
- d. Mobile Crisis activated through call from Police Jurisdiction (ideally by CIT officer on shift)
- e. Mobile Crisis assesses situation with Officer
- f. **Disposition determined to be one of the following:**
 - 1. Stabilize at scene/connect with available resources
 - 2. Transport to Mercy Clermont
 - 3. Refer to crisis appointment

Law Enforcement Referral for additional follow-up

- a. Law Enforcement will complete "Request for Additional Follow up Referral Form"
- b. Law Enforcement will fax or email form to Mobile Crisis Team
- c. Mobile Crisis Team will check fax and email at least 4 times daily
- d. Mobile Crisis Team will contact the referral source to notify of receipt of referral.
- e. Mobile Crisis Team will respond, whenever feasible, to referral within 24 hours
- f. Mobile Crisis Team will notify referral source of disposition of response within the confines of the requirements for confidentiality

Transport to Hospital

- a. Mobile crisis determines if individual is active client in the system. Obtain history if available.
- b. Mobile crisis completes diagnostic assessment including risk factors, and evidence of risk of harm to self or others.
- c. Mobile crisis staff completes Statement of Belief with input from Officer and other collateral contact, if appropriate.

- d. Mobile Crisis calls On-Call Behavioral Health Psychiatrist to discuss admission. Mobile Crisis provides the Psychiatrist with:
 1. Assessment information
 2. Statement of Belief information
 3. Individual history including recent hospitalizations, mobile crisis calls, and treatment involvement
 4. Information regarding substance abuse and current intoxication
 5. Information regarding known medical conditions needing medical clearance
- e. On-Call Behavioral Health Psychiatrist determines if individual can be directly admitted to unit.
- f. Police transport individual to hospital with mobile crisis following.

Direct Admission

- a. On-Call Behavioral Health Psychiatrist determines that individual can be directly admitted. Direct admission can be obtained for individuals that:
- b. Meet criteria for 24 hour observation
 1. Are known to the hospital
 2. Do not need medical clearance—no medical disorders are present
 3. Are not currently intoxicated
- c. If direct admission is approved, Mobile Crisis calls the Behavioral Health Unit to inform them of direct admission. Mobile Crisis provides the Unit with information on the individual.
- d. The Police and Mobile Crisis escort the individual to the unit through the old outpatient elevator.
- e. Mobile Crisis provides Charge Nurse with Statement of Belief, Assessment and other needed information.
- f. Police and Mobile Crisis leave.

Medical Clearance Needed

- a. On-Call Behavioral Health Psychiatrist determines that individual does meet criteria for hospitalization, but does not meet criteria for direct admission. Admission to the Unit is approved pending medical clearance in the ED. All individuals must obtain medical clearance in the ED.
- b. Mobile Crisis calls the Behavioral Health Unit intake pager to inform the Unit that admission is pending medical clearance.
- c. Police transport to ED, with Mobile Crisis following.
- d. Mobile Crisis provides ED with Statement of Belief and Assessment information. This information is given to the Behavioral Health Unit staff upon admission.
- e. ED triages situation and provides medical clearance so as to release officer and mobile crisis worker.
- f. Police and Mobile Crisis leave unless further information is needed from Mobile Crisis staff.

- g. Mobile crisis determines if individual needs connection with services upon discharge.
- h. Direct Admissions are not possible on Fridays.

3. Clermont County Mental Health and Recovery Board: Jail/Court Liaison Position (protocols/ Duties/ Responsibilities)

- a. Jail booking staff complete mental health questions and 'flag' those with a possible mental health concern
- b. Inmates with suspected mental health concerns are referred to Jail Medical for evaluation
- c. Jail Medical completes evaluation
- d. Jail Medical staff promptly notifies Mobile Crisis Jail/Court Liaison Position of inmate with a suspected mental health concern
- e. Mobile Crisis Jail/Court Liaison Position will also notify jail medical staff daily to determine admission of possible mentally ill inmates
- f. Mobile Crisis Jail/Court Liaison Position will set up a time to perform an assessment on the inmate. The assessment will be completed within one (1) business day.
- g. Mobile Crisis Jail/Court Liaison Position will perform mental health evaluation which can include mental health status, diagnosis, risk factors and recommendations for treatment (this does not include competency or NGRI determination which will still be done by Court Clinic)
- h. Mobile Crisis Jail/Court Liaison Position will determine inmate's court date
- i. After assessment of inmate's need, Mobile Crisis Jail/Court Liaison Position will notify inmate's attorney and also attend court hearing
- j. Mobile Crisis Jail/Court Liaison Position will coordinate with inmate's care manager, if applicable
- k. Advocate in court for inmate based on assessment. Possible dispositions include
 - l. Hospitalization for stabilization
 - m. Diversion to treatment
 - n. Competency Evaluation
- o. Connect individual determined to be SMD to appropriate services upon release and follow the individual until they are fully engaged in those services
- p. Coordinate with Forensic Monitor and CCMHRB if individual needs competency restoration or is found to be NGRI
- q. Collaborate with Probation Officers and others regarding needs of the individuals
- r. Identify active LPS or GCB clients that enter the legal system
- s. Connect with LPS or GCB to assure they are aware of client's involvement in legal system
- t. Coordinate connection with treatment provider upon release from jail