

POLICY MANUAL

State Mental Health, Mental Retardation, and Substance Abuse Services Board
 Department of Mental Health, Mental Retardation and Substance Abuse Services

POLICY 1031(SYS)90-4 Emergency Services

Authority	Board Minutes Dated <u>December 12, 1990</u> Effective Date <u>January 23, 1991</u> Approved by Board Chairman <u>s/Greer D. Wilson</u>
References	§§ 37.1-65, 37.1-65.2, 37.1-67.1, 37.1-67.2, 37.1-67.3, 37.1-99, 37.1-194, 37.1-197(12), 37.1-197.1, 16.1-338 through 16.1-345, 19.2-169.6, 19.2-176, 19.2-177.1 and related statutes, <i>Code of Virginia</i> (1950) as amended State Board Policy 1021 (545) 87-9, Core Services State Board Policy 4029 (CSB) 88-4, CSB Responsibility for Client Service Management Report, DHMRSAS Study of Emergency Services, 1990 DMHMRSAS Client Service Management Guidelines, 1988 DMHMRSAS Mental Retardation Case Management Guidelines, 1988 Core Services Taxonomy V, DMHMRSAS, February 5, 1993
Supersedes	State Board Policy 4022 (CSB) 86-21, Temporary Detention in the Community State Board Policy 4012 (CSB) 83-10, Pre-admission Screening for Hospitalization in State Psychiatric Facilities
Background	Under the provisions of § 37.1-194 of the Code of Virginia, emergency services, one of the core services, is required to be provided by all community services boards.

Continued on next page

POLICY 1031(SYS)90-4, Continued

Background (Continued)

Emergency services, for purposes of this policy and based on referenced Core Services Taxonomy, are:

- unscheduled mental health, mental retardation or substance abuse services,
- available 24 hours a day and seven days a week,
- provide crisis intervention, stabilization and referral assistance over the telephone or face-to-face, and
- include pre-admission screening and other activities for the prevention of institutionalization or associated with the judicial commitment process.

The referenced Study of Emergency Services, completed in 1990, confirmed that emergency services, such as mobil crisis teams or street teams, crisis residential services, intensive in-home crisis intervention, and other crisis response services can significantly and positively influence the lives of individual consumers and the overall utilization patterns of hospitals and other community services. The Department has continued to emphasize the development of effective emergency services throughout the Commonwealth and has supported these developments through legislative amendments to the Code of Virginia, allocations of funds for emergency and crisis response services, and through training and technical assistance to localities. There are currently separate statutory procedures for admissions of minors, adults, and forensic clients to state hospitals and training centers. The need for policy guidance in this area has emerged from these considerations.

Purpose

To establish basic policy relative to the provision of emergency mental health, mental retardation and substance abuse services in the Commonwealth.

Continued on next page

POLICY 1031(SYS)90-4, Continued

Policy

It is the policy of the State Mental Health, Mental Retardation and Substance Abuse Services Board that:

- community services boards shall emphasize non-hospital based crisis intervention services and shall provide emergency services which shall include, at a minimum, telephone counseling and referral and face-to-face assessment and intervention with individuals in crisis.
- community services boards shall use emergency custody, pre-admission screening and other statutory procedures to support delivery of the most appropriate and effective treatment services for persons in crisis,
- emergency services shall be available 24 hours a day, seven days a week throughout each CSB's catchment area, and
- emergency services shall be integrated and coordinated, through written agreements with psychiatric units of general hospitals, state hospitals, local law enforcement agencies, courts and other local service providers (e.g., hospital emergency rooms, psychiatric hospitals, and hot lines), in accordance with the referenced statutory requirements and the Client Services Management and Case Management Guidelines. These written agreements shall specify, where appropriate, how pre-admission screening, emergency custody, temporary detention, involuntary civil commitment, emergency services to jails and other procedures and services set forth in the referenced sections of the *Code of Virginia*, shall be implemented in the community services board's area.

It is further the policy of the Board that pre-admission screening, a function of emergency services, shall:

- be available 24 hours a day, 7 days a week, and
- be provided by professional staff qualified by education and experience to thoroughly identify and evaluate an individual's specific needs and to determine the most appropriate course of treatment or intervention.

Continued on next page

POLICY 1031(SYS)90-4, Continued

Policy (Continued)

Elements to be considered in pre-admission screening include:

- the individual's psychiatric and clinical condition, including substance use and abuse and the individual's capacity to consent to voluntary treatment,
- the need for interdisciplinary consultation in cases presenting dual diagnosis (mental illness with co-occurring substance abuse or mental retardation),
- the need for immediate medical attention,
- the individual's need for treatment or intervention, including hospitalization,
- service delivery in the least restrictive environment,
- liberty interests and preferences of the client,
- the need for involuntary treatment or intervention, and
- referral and follow-up to appropriate services for clients for whom hospitalization is not appropriate.

Pre-admission screening of patients referred from private psychiatric hospitals shall be accomplished by CSBs prior to transfer to State facilities, in accordance with Departmental procedures governing the transfer of such patients.

Finally, in the overall framework of emergency services, it is the policy of the Board that persons detained pursuant to § 37.1-67.1 of the Code be detained, whenever possible, in a suitable willing facility within their respective communities prior to the commitment hearing. CSBs shall develop agreements with community hospitals and other providers to accommodate psychiatric and substance abuse emergencies and provide appropriate facilities and programs for persons held under temporary detention order, including jail inmates.

Monitoring of This Policy

The Commissioner shall assign a staff coordinator who will develop a plan for implementation, monitoring and evaluation of this policy.
