CREDENTIALED MENTAL HEALTH SCREENERS

Refresher Training
Spring 2015

Division of Substance Abuse and Mental Health

RECREDENTIALING REQUIREMENTS

- Every two years each credentialed screener must complete a refresher training:
  - 4 hour refresher training provided by DSAMH (all licensed and unlicensed mental health screeners).
  - 4 hours additional “crisis oriented” training (unlicensed screeners). Certificate of completion to be submitted to DSAMH by the screener.

House Bill 346
Overview of Changes

*ALL THOUGH THERE ARE A NUMBER OF CHANGES AS A RESULT OF **HB 346** *THESE ARE ONES MOST PERTINENT TO MENTAL HEALTH SCREENERS:*

- Modified Definition of **Dangerous to Self**
- New Definition of **Serious Bodily Harm**
- All Commitments now require a prerequisite emergency 24 Hour Detention *(this is mandatory)*

*PLEASE REVIEW THE ATTACHED POWER POINT TRAINING PROVIDED BY THE DELAWARE DEPARTMENT OF JUSTICE

Dangerous to Self

- "imminently sustain serious bodily harm"
  - *Imminently* is added to mean that serious bodily harm will occur in the VERY NEAR FUTURE (as opposed to previous definition that states "is likely to cause injury to oneself" which does not address immediacy)
- "shall take into account a person's history, recent behavior, and any recent act or threat"
  - This allows screeners to consider past history...did the client previously injure himself or others when similarly decompensating?
  - It also allows screeners to consider behaviors and threats leading up to the current incident.

Serious Bodily Harm

- " physical injury which creates a ***substantial risk of death, significant and prolonged disfigurement , significant impairment of health, or significant impairment of the function of any bodily organ.***

THIS DEFINITION PROVIDES SCREENERS SIGNIFICANTLY MORE INFORMATION ON WHICH TO BASE THEIR DECISION TO DETAIN…

Commitments Now Require a Pre-requisite Detention Period

- All Involuntary admissions to the hospital must be proceeded by a 24 Hour Detention period (MANDATORY).

- Psychiatrists can no longer start the Commitment process without first completing a 24 Hour Detention form (even if the person is already voluntarily hospitalized, wishes to leave and cannot safely do so).

EACH STEP IN THE INVOLUNTARY COMMITMENT PROCESS…INCLUDING THE 24 HOUR DETENTION…PROVIDES AN OPPORTUNITY FOR EVALUATION AND CONFIRMATION THAT INVOLUNTARY TREATMENT IS ***TRULY NECESSARY***

LEAST RESTRICTIVE ENVIRONMENT IS THE LAW…

Community Based Mental Health services must be offered …but cannot be forced on the individual

DETAINMENT VS. COMMITMENT

- As mental health screeners we are only involved in the ***Detainment*** process.
- It is important that we begin to change our language and use only the words that best describe where we are in the process.
- The commitment does not take place until after the probable cause hearing which happens before a judge during the hospital admission*.
- A ***Detainment*** does not result in the loss of a person's right to possess firearms…a commitment does (following the probable cause hearing).

*PLEASE REVIEW THE ATTACHED POWER POINT TRAINING PROVIDED BY THE DELAWARE DEPARTMENT OF JUSTICE

Steps of the 24 Hour Detention Process (1)

*Anyone can request a screening; **only a Peace Officer or Mental Health Screener** can begin and/or complete the 24 Hour Detention Form*

- **In the absence of a screener, the Peace Officer will complete ONLY Section I of the form. They will then ensure the person is transported to where the assessment and the form will be completed by a Mental Health Screener.**
- **The Mental Health Screener completes Sections I-IV.**

(if Section I has not been previously completed by the Peace Officer)

Steps of the 24 Hour Detention Process (2)

- Person is evaluated using an approved Behavioral Health Assessment form.

- DSAMH form is available on website:

http://www.dhss.delaware.gov/dsamh/cpfrms.html

- Any other assessment form must previously approved by the EEU.

Steps of the 24 Hour Detention Process (3)

Does the person meet *ALL THREE* criteria?

- Is the person ***dangerous*** to self or others?
- Does the person have ***symptoms of a mental illness*** ?
- Is the person ***Involuntary*** ?
  - Not ***willing*** to go voluntarily, after being offered less restrictive alternatives. (Don't forget to ask!)

    OR
  - Not ***able*** ...says they are willing to go voluntarily but too impaired to safely make and keep that decision.

Steps of the 24 Hour Detention Process (4)

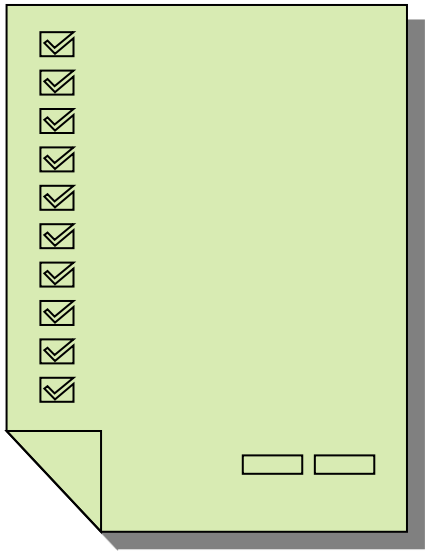
- Contact the current treatment provider before you make your final decision .
  - The treatment provider **knows** the person and must be involved in the decision to detain.
  - The treatment provider should be available to offer an alternative plan to the detention, if safely feasible.
  - If you are unable to reach the treatment provider leave a message with them and document in Section II your attempts to reach them.

Steps of the 24 Hour Detention Process (5)

- Make sure you have the most up to date version of the form:

http://www.dhss.delaware.gov/dsamh/cpfrms.html

- Complete Sections I-IV. (II-IV if initiated by the police)



Steps of the 24 Hour Detention Process (6)

Give *DETAILED* Information in Sections I and II

- "Sent text to his wife at 11pm saying he was going to drive to the beach and overdose on a bottle of Tylenol."
- "Mother states the client has been acting bizarrely for 3 weeks: covering her windows in foil. The client is disheveled and is paranoid and believes that mother is poisoning her food. Client has filled jars with gasoline and plans to burn the home."

THIS

- "Threatened Suicide"
- "Paranoid and delusional; danger to others"

NOT THIS

Steps of the 24 Hour Detention Process (7)

SECTION IV

Conflict of Interest Statement (required)
Must disclose if you :

- are employed by a privately operated psychiatric facility.
- have a personal relationship with the person being detained, or their family members.
- are the victim of a crime committed by the person being detained.

THESE EXAMPLES ARE NOT ALL INCLUSIVE

Steps of the 24 Hour Detention Process (8)

NOW YOU ARE READY TO CONTACT THE EEU…

- FAX all 7 pages of the form … including blank pages not completed by screener.

  FAX M-F 7am-3pm 302-255-4416 All Other Hours 302-255-9952
- FAX approved Behavioral Health Assessment form.
- CALL to ensure that the fax has been received by the EEU. *M-F 7am-3pm 302-255-9458 All Other Hours 800-652-2929*
- EEU may follow up with additional questions.

  (the law requires you to make yourself available so you must include contact information)
- EEU reviews documentation and contacts IMDs (Inpatient Hospitals) for bed availability.

Steps of the 24 Hour Detention Process (8 con't)

- EEU will contact the Mental Health Screener with the IMD (Hospital) referral information.
- The Screener coordinates with the receiving IMD (Hospital) and provides any additional needed referral information.
- The Screener obtains and coordinates transportation to the hospital.
- The original Detention form MUST accompany the detained person to the receiving IMD (Hospital).

Voluntary Hospitalizations

- For a Voluntary hospitalization of those that are insured, the MHS contacts the hospital directly for a bed.
- Voluntary Hospitalizations *for the uninsured* also go through the EEU (they most meet the dangerousness and mental illness detention criteria).

Involuntary Detentions ***must*** go through the EEU.

Always Consider the Least Restrictive Setting

- Recovery Response Center 302-424-5660
- Harrington House Crisis Beds 302-566-6236
- Princeton Crisis Beds (Upstate) 302-798-1964
- Telepsychiatry (available at MCIS downstate) 800-345-6785
- ACT teams (treatment providers)
- Kirkwood 800-359-1367
  and other ambulatory detox centers
  (coming soon in Southern Delaware)
- Link to state website of mental health and addiction resources

http://www.helpisherede.com/

Frequently Asked Questions

- What happens if I submit the wrong version of the 24 Hour Emergency Detention form?

You will be asked by the EEU to resubmit on the correct form found at: http://www.dhss.delaware.gov/dsamh/cpfrms.html

- Who can complete the Initial Behavioral Health Assessment form?

Generally it should be completed by a Mental Health Screener; at the very least it must be co-signed by a MHS who has reviewed it.

- What if limited hospital beds are available?

Priority will be given to those in the greatest need considering the safety of the individual, the ER staff and other patients in the ER.