## Crisis Stabilization Unit

## TDO REFERRAL, ADMISSION, PARTICIPATION, AND DISCHARGE

## Protocol and Procedures

### Policy

Effective October 15, 2018 the Crisis Stabilization Unit will provide intensive mental health services for clients referred from the Region IV Community Service Boards through the court system on a Temporary Detention Order (TDO). Up to (2) beds will be used for this purpose, based on availability, and will provide psychiatric evaluation and monitoring, as well as the facilitation of a hearing to determine further treatment for those persons. The target population is individuals in crisis meeting criteria for involuntary treatment and are referred through the Emergency Service Departments of Region IV. TDO’s are issued through Magistrates or Special Justices, and the individuals will be transported to the facility by law enforcement officers or a designated alternative, where comprehensive psychiatric evaluations and initial stabilization will be completed.

### Pre-Screening Procedures

All individuals referred under a TDO in the CSU will be screened prior to admission for appropriateness of referral, according to the following procedure:

* A qualified pre-screener from the Region IV Emergency Service departments will call the Admissions telephone number at the CSU to make the referral.
* A member of the CSU Admission Team (Clinician or Nurse) will complete the CSU’s TDO Referral / Screening Form (see attached) to determine if the client meets CSU Admission Criteria.
* The Designated Program Staff will then be contacted for determination of the appropriateness of the referral and subsequent TDO to the CSU, according to the following criteria:
* Acceptance Criteria
* At least 18 years of age
* Experiencing an acute psychiatric crisis that may include the following symptomatology:

1. Suicidal or homicidal ideations (unable to execute plan at CSU)
2. Under the influence of alcohol and/or other drugs
3. Mild to moderate levels of hallucinations
4. Paranoid ideations
5. Delusional thought content
6. Loose thought associations
7. Disorientation causing difficulty in maintaining activities of daily living
8. Depression or mania
9. Inappropriate behavior related to mental illness that has caused interventions by local mental health agencies

### Exclusionary Criteria

* Acutely psychotic and/or behaviorally dysregulated to the point that forced medications would be needed
* Refusing medications or treatment that are needed to provide a safe intervention such as acute psychosis or substance withdrawal from alcohol or benzodiazepines
* Violent behavior towards self, others, or property within the last 72 hours
* Requiring 1:1 monitoring for safety
* Non-ambulatory
* High elopement risk
* Violent Sexual Offender
* Unable to maintain own ADL’s
* Requiring skilled nursing care - i.e. oxygen, IVs, wound care
* Requiring assistive devices which could be utilized as weapons
* Medical problems that are not stable or could not be safely managed in the CSU
* Primary Substance Use Disorder
* No stable discharge plan

**If accepted as an appropriate referral, the Region IV Emergency Services Clinician should fax all necessary paperwork to CSU, including a Uniform Pre-Screening Form. The client should arrive with the Sherriff and the Petition for Involuntary Admission for Treatment (DC-4001) and the TDO Order (Warrant) signed by the magistrate and law enforcement.**

### Admissions Procedure

1. Pre-screeners from local community service boards (CSBs) shall contact the CSU when a pre-screening determines that a client could benefit from the services of sub-acute residential services and meet criteria for involuntary admission to the program. CSU affirms that the client meets criteria for involuntary admission to the CSU. Acceptance, Denial, or a Temporary Hold of the admission will preferably take place pending receipt of the pre-screen assessment and tentative approval of CSU TDO Clinician or designee.

2. The pre-screening shall document clinical necessity and should be thoroughly completed. If a TDO client is expected to receive detoxification services, the signs, symptoms and nature of the substance use must be specified in the pre-screening. CSU staff will request Medical Clearance (e.g. receipt of labs, vitals, MARs, available progress notes, EKG) and a Nurse to Nurse consult prior to arrival at CSU of all clients requiring medically assisted withdrawal services. Medical Clearance paper work must be reviewed prior to acceptance.

3. The TDO Client and law enforcement officers will be directed to arrive at CSU garage entrance and press the buzzer for admittance. CSU staff will ask the officer to search the individual and belongings for contraband prior to removing handcuffs. The CSU Staff on Duty will greet the client after verifying the client’s name and acceptance status. After verification, the officer removes the handcuffs and the client is escorted to the intake for admission processing.

4. Staff shall verify that the client is accompanied by the Pre-Admission Screening Form, the Petition (with the Petitioner’s signature), and the TDO Order (signed by law enforcement), in addition to any pertinent information from the emergency department.

5. Staff will verify that the law enforcement officer transporting the client to CSU has completed a full pat-down search of the individual and his or her belongings. If this search has not occurred, staff will request that the search be completed prior to accepting any paperwork or allowing the client to enter CSU.

6. At the intake room, the Mental Health Technician (in conjunction with the Nurse as appropriate) will inventory and re-check the TDO client’s belongings for contraband or clothing and personal items (that may put the clients or staff at risk).This includes items such as all electronics, belts, shoe laces, glass bottles, etc. A metal detecting Safety Wand will be used in this process. All personal items will be inventoried and documented on the admission inventory sheet in the electronic health record. Contraband, high-risk personal items, medications, and large sums of money will be locked in the nurse’s station and returned to the client at discharge. The Program Manager or designee will determine high-risk personal items that pose safety concerns and deemed contraband for lock-up or disposal.

7. The Clinician or Nurse on Duty will greet the client and review the admission documents, to include a form on the TDO process – *Information Regarding Your Stay at RBHA-CSU*. Depending on the presenting admission criteria, the Clinician may or may not complete the diagnostic assessment, which must be completed within 72 hours of admission. Clients will be asked to sign all regular CSU admission paper work; however, this is not a condition of admission. If the client lacks capacity to sign or refuses to sign admission paperwork, this should be noted on the admission forms. Clinicians should attempt to get the individual to sign all paperwork if possible.

8. The Nurse shall complete a nursing assessment and admission paper work. TDO admissions must be informed of their right to refuse medications. Medications are reviewed and the admitting Physician or designee is contacted for admission orders. All completed forms remain in the TDO client record. Admission labs and a TB test will be administered, per physician orders if not done in an Emergency Room. TDO clients who present with alcohol and drug histories will be assessed for detoxification needs. Medical screening will be conducted at admission. At a minimum, medical screening will consist of temperature, pulse, respiration, blood pressure, weight, complete blood count, urine drug screening, and blood glucose.

9. The TDO client will then be taken to his/her room by the Mental Health Technician and oriented to the unit rules, regulations, and the daily schedule. The TDO client will then be integrated into the milieu.

10. Within 24 hours of admission, the TDO client will be examined by a Psychiatrist/Psychiatric Nurse Practitioner to determine whether the individual is subject to involuntary admission/commitment. This assessment will address appropriateness of admission, authorize treatment and specify an estimated length of stay. Specifically, the Comprehensive Needs Assessment will review: the reason for referral/current crisis; current living situation; employment/education; resources/strengths; previous mental health treatment & response to past treatment interventions; family background and history of mental health and substance abuse treatment; developmental history; substance abuse assessment; medical history; legal history; mental status exam; risk assessment; needs assessment; diagnosis; authorization for crisis stabilization services; clinical formation; and recommended care and treatment goals. The TDO client will be seen on a daily basis thereafter or when medically necessary.

11. The medical doctor or nurse practitioner will complete a History and Physical on TDO clients requiring medically assisted detoxification within 24 hours, unless the client has come directly from the hospital and a History and Physical completed within the past 30 days accompanies the client to the Unit, and is available for review by the admitting Psychiatrist/Nurse Practitioner. Medically assisted withdrawal services provides for close monitoring and the provision of medication in order to increase safety and ease withdrawal symptoms. Clients will be seen when medically necessary. (See Medically Assisted Withdrawal Protocol).

**Participation Protocols**

* Psychiatric / Medical Evaluations:
* A Staff Psychiatrist will conduct a Comprehensive Needs Assessment of the TDO client within 24 hours of his/her admission.
* A Staff Physician will conduct a Physical Examination within 24 hours of admission if not done prior to admission.
* Ongoing psychiatric and medical monitoring and evaluation will be provided daily by the CSU staff throughout the client’s stay on the Unit.
* The CSU Clinician will meet with the client at least daily to assess client needs and address his/her concerns.
* Client Monitoring: TDO clients will be intensely monitored every 15 minutes while in the CSU under TDO:
* Client movement will also be monitored by the staff via strategically placed cameras on the unit.
* In situations where a TDO client must leave the unit (i.e. acute medical issue or fire alarms) TDO clients will immediately be placed on 1:1 for close monitoring.
* Unit Participation: A TDO client will be integrated into the CSU milieu and encouraged to participate in all appropriate Unit activities, except activities outside the Unit.
  + The next working day after admission, a Treatment Team will be held to review the reason for admission and to develop a Treatment Plan. The TDO client, CSU Clinician, Nursing Supervisor, Program Manager, and Peer Support Specialist should attend.
  + If the TDO client believes that the Treatment Plan is missing all of the required information, they can file a request asking a Special Justice to review the Treatment Plan. Time limits apply.

**Hearing Procedures**

The discharge of a TDO client is governed by a Court Hearing held on the unit, usually within 48-72 hours and up to 96 hours on holiday weekends from the time of admission. Depending on the Judge’s availability, the hearing may be scheduled less than 48 hours from admission or more, up to 72 hours. Discharges may not occur prior to the Hearing unless approved by the RBHA-CSU Psychiatrist or at the order of the RBHA Facility Director (CEO) with consultation from the CSU Clinical Team.

* Within 24 hours of admission, the CSU Clinical Staff shall contact the RBHA Hearings Officer (to schedule the Court Hearing). The Court hearing schedule can be obtained from RBHA Emergency Services.
* The Special Justice’s Officewill appoint an Independent Evaluator to evaluate the client’s mental status prior to the Hearing and an Attorney to represent the client at the Hearing.
* Prior to the Hearing:
* The Independent Evaluator will meet with the client to evaluate his/her current mental status.
* The Attorney will meet with the client to ascertain his/her wishes and/or concerns.
* The Hearing attendees include the Judge, the Attorney, the RBHA Psychiatrist or NP (optional), the CSB Representative (RBHA Hearings Officer in coverage for other CSBs), the CSU Clinician, CSU Program Manager, and the TDO client.
* Three possible recommendations may be made at the hearing:

1. The client is assessed as no longer in need of involuntary treatment and is returned home or to the previous situation s/he was involved in prior to the temporary detention.

* The referring CSB and the CSU Clinicians shall assist the client with the discharge, though CSU will not locate housing.

1. The client is assessed as no longer meeting criteria for involuntary treatment but is in need of further treatment, with a recommendation for further treatment.

* If the client agrees to participate in further treatment, the CSB Case Manager or Hospital Liaison and the CSU Clinician arrange for the client to be admitted voluntarily into the CSU.
* The client is assisted with making arrangements for alternative treatment admission to another hospital by the CSB Case Manager or Hospital Liaison if the client does not want to remain in the CSU.

1. The client is assessed as still in need of involuntary treatment and is committed to treatment at the CSU or to a locked facility / hospital.

* The CSB Case Manager or Hospital Liaison makes arrangements with a local facility for hospitalization with the RBHA CSU Clinician’s assistance in facilitating a successful transition.

**Please see “*Hearing Information and Processes”* for Details**

Unauthorized Discharge: RBHA-CSU is not a locked facility; the client has the ability to walk out at any time. As staff cannot physically detain an individual if they insist on leaving the program while under a TDO, elopement procedures will be initiated. Clinical staff shall:

1. Contact 911 and provide the name and description of the client and inform that the client is under TDO.
2. Contact Emergency Services at ext. 4100 and provide the name and description of the client and inform that the client is under TDO.
3. Contact the client’s emergency contact.
4. Contact the referring CSB. If located, the referring CSB will complete a bed search and transfer.
5. Contact RBHA-CSU Psychiatrist, Program Manager, and On-Call Clinician (if after hours).
6. Complete an electronic Incident Report, as per RBHA policy and email to Program Manager within 8 hrs.

Mandated Discharge: The exclusionary criteria for TDO referrals includes acutely psychotic / behaviorally dysregulated / violent behavior, which may warrant the need for forced medications and order seclusion/restraint to ensure the safety of the client and staff. Should a client develop any symptoms or behaviors that cannot be safely managed in the CSU, Emergency Services of the referring CSB will be contacted to make arrangement for a transfer of TDO to another facility which can safely manage the client’s current level of need. The client’s Emergency Contact will be made aware of the client’s transfer.