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POLICY:
All individuals are screened for eligibility and appropriateness in accordance with federal, state and agency regulations/standards.

GUIDELINES:
Individuals can be referred to the BH Link from various sources within the community including: community mental health centers, substance use providers, physicians and other private providers, law enforcement and EMS personnel, or individual self-referrals. All individuals seen at the BH Link will receive a comprehensive crisis assessment, and an individualized care plan in a safe, confidential, person centered, and community based environment that is available 24/7, 365 days a year.

I- Admission Criteria and Available Services:
All individuals presenting to the BH Link will be pre-screened by either the RN or the Masters level clinician to determine if the BH Link is the appropriate level of care. The decision for individuals to stay at the BH Link, or be referred to other treatment providers will be determined by the severity, intensity and acuity of psychiatric and/or substance use symptoms. The following are general guidelines to determine if individuals are appropriate to receive services at the BH Link:

- Individuals must be 18 years of age or older. If individuals present younger than 18 years of age, they will be briefly seen by clinical staff assess safety, prior to being referred to a child/adolescent service provider.
- Individuals must have the capacity to safely stay in the BH Link, not requiring restraint.
- Individuals must agree to be assessed by BH Link clinicians. If individuals are taken to the BH Link facility by EMS personnel, and either refuse to be evaluated, or are in need of hospitalization, BH Link staff will assist in determining the appropriate disposition.
- Individuals must be medically stable. If it is determined that higher level medical services are required, BH Link staff will assist in making appropriate referrals. (See medical clearance protocols in section III)
- All Referrals (via community referral agencies, first responders, or self-referral) will receive an initial pre-screen evaluation (defined below) within 30 minutes of arrival at the BH Link. This pre-screening assessment is a safety evaluation which is preformed to determine if the BH Link is the appropriate level of care. The Pre-Screen is defined as: a face to face check in by the RN or Masters level clinician to rule out violent behavior, severely altered mental status, or an active medical condition which would prohibit the client from being managed safely at the BH Link.
- Individuals calling the 24/7 hotline will be assisted with their reason for calling by being given resource information. Should the client need assessment or intervention, the phone screener will direct the caller to come in to The BH Link. Should the client be able to remain safe in their community environment, they will be given a same day walk-in appointment, or will be referred to an appropriate level of care.

- Most individuals should be triaged within a few hours, however if clinically necessary, some individuals may stay in the BH Link under observational care for a maximum of 23 hours. During 23-hour observation individuals will receive: 5, 10-minute safety checks, short term emergency medication if appropriate, and basic needs (snacks, shower, laundry and/or donated clothing and rest) short-term crisis therapy, peer support and relaxation interventions. Security personnel will also assist with performing safety checks as assigned.

- Individuals in need of a psychiatric evaluation will be seen by a member of the psychiatric team. When BH Link’s telemedicine service becomes available, individuals may be evaluated by off-site psychiatry. Psychiatric team consists of both psychiatrist and psychiatric clinical nurse prescribers. Short term psychopharmacology will be practiced, utilizing approaches designed to resolve acute psychiatric issues only. Detoxification services will consist of rapid assessment, short term pharmacology, monitoring and appropriate referral when indicated.

- BH Link staff will coordinate all mobile outreach services with local law enforcement, CMHO emergency service staff, and/or fire department personnel to insure staff safety. Outreach may occur without EMS assistance only with the approval of the BH Link program manager/designee.

- Peer specialist/Case managers will be assigned individuals referred for next day CMHO services. Part of the BH Link peer/case manager’s responsibilities will be to arrange for transfer of services from the BH Link to peer specialist/case manager at the designated CMHO’s (or any other agency that provides case management and peer services). Peers will also provide outreach calls, co-visit, and coordination with other local peer to peer services.

II-Exclusion Criteria for on-site BH Link Mental Health evaluation:

Individuals presenting with psychiatric symptoms who are not a danger to others can be transported to the BH Link rather than an emergency department. However, if an individual presents with extremely serious mental health symptoms and behaviors, such as the following, they should be taken to the ED:

A. Acute psychosis with evidence of impaired judgment or lack of impulse control as evidenced by acting on psychiatric symptoms of command hallucinations or delusional thinking; inability to engage in risk assessment including inability to clearly answer or state if they have active SI, HI; OR displaying signs of catatonia.

B. Acute manic behavior evidenced by impaired judgment and lack of impulse control;

C. Assaultive, violent or homicidal ideation with intent and current behavior, that is evidenced by verbal threats with a likelihood to act on ideation that could result in serious harm to others (in the BH Link triage center or in the community);

D. Assaultive or violent behavior as evidenced by physically assaultive behavior to any other person or serious destruction of property that may result in the injury of a person.

E. Active self-injurious behavior such as head banging, lacerating wrists (requiring immediate medical attention) and threatening to elope from the unit;

F. Report of a serious suicide attempt previous to arrival to the BH Link that may lead to medical instability over time, ie: overdose, ingestion of poison, hanging or choking attempt with apparent markings on neck

G. The individual is not medically stable enough (determined during the pre-screen evaluation) to remain safe while at the BH Link (as described at length in the Medical Clearance section III of this document).
III- Medical Clearance and Treatment Protocols at BH Link as performed by the BH Link RN staff:

People under the influence of alcohol or other drugs can be brought to BH Link. The following protocol should be followed for these individuals transported to the BH Link (*EXCLUSIONARY CRITERIA - If individuals are violent, assaultive or requiring restraint, they should be transported to an emergency department, not the BH Link. Also, individuals with a blood alcohol level of 300 or greater will be transported to an emergency department by EMS personnel.*):

This protocol applies to medical clearance at BH Link as performed by the BH Link RN staff. If a client does not “pass” the medical clearance protocol described below it is appropriate that the client is transferred to a hospital for further, more comprehensive medical clearance.

These steps for medical clearance provide a guideline. It is impossible to account for every possible scenario in these steps and common sense should be used when applying them.

Step 1: Evaluate a client’s complaints

Client complaints are by their nature subjective. It is impossible to account for all of the possible complaints that a person might have. When a person is intoxicated it can make evaluating complaints more difficult. A few guidelines when medically clearing based upon client’s complaints can be helpful. However, professional judgment should take precedence over these guidelines:

- **Chest Pain:** Chest pain almost always needs to be evaluated in the ED and if a client complains of this it would be inappropriate to clear this person for evaluation at the BH Link.
- **Shortness of breath and/or cough:** COPD can be very common in this population. If a client complains of shortness of breath, and there are concerning other findings, (abnormal vital signs, low oxygen levels, generally “sick” appearance) they should be transferred to the ED.
- **Abdominal Pain:** Many clients with alcoholism have chronic abdominal pain. New or severe abdominal pain needs to be evaluated in the ED, or if there is associated active (witnessed) vomiting. Chronic abdominal pain, if not severe and associated with a soft abdomen, normal vital signs can be managed as an outpatient (after detoxification).
- **Seizure:** Many of these clients have a history of seizures. Recent or frequent seizures would need ED evaluation. Witnessed seizures should have ED evaluation. However, just a seizure history alone does not warrant a further acute evaluation.
- **Fall:** Falls are common in this population. A witnessed fall from a bystander or an EMT where there is head/face/neck or other injury needs ED evaluation. A report of fall by the client when there is no noted injury on exam and the client otherwise clears the triage criteria could be medically cleared at the BH Link.
- **Ingestion of other substances:** Other substances (drug) use must be evaluated in context of the entire client. If the client otherwise passes the triage criteria this would cleared at the BH Link.
- **Other:** Other complaints are common in this population (foot pain, arthritis, cough etc). They need to be evaluated individually. If the EMT or nurses are concerned about the complaint this should be evaluated in the ED.

Step 2: Perform a Physical Exam

Unlike the complaints section, much of the physical exam components are objective. However, there is still much subjectivity, particularly in a client’s general appearance (is this person generally sick appearing or not). Many of the findings on physical exam should be correlated with the client’s complaints. For instance, if a client complains of foot pain and there is evidence frostbite they need to be evaluated in the ED.

- **Vital signs:** Below are an acceptable range of vital signs. If a client has vital signs that are just out of range and otherwise appears well, repeat vital signs in 10-20 minutes should be performed. If these
are still abnormal this patient should be transported to the ED.
  o Heart Rate: 50-110 beats per minute
  o Systolic Blood Pressure: 100-180 mmHg
  o Diastolic Blood Pressure 61-89
  o RR: 13-25 breaths per minute
  o Oxygen Saturation: 92-100 % Oxygen
  o Temperature 96.5-100.9 degrees Fahrenheit

• **General Appearance:** This can be a very subjective finding, but if a patient appears generally unwell, they should be evaluated in the ED. This includes abnormal skin (ashen, jaundiced, mottled), any amount of distress or other concerns.

• **HEENT Exam:** New trauma to the head or face needs to be evaluated in the ED. Old or healing trauma can be cleared at the BH Link unless there are other concerns.

• **Respiratory Exam:** Any respiratory distress needs to be evaluated in the ED. Mild wheezing with a history of asthma and/or COPD can be managed at the BH Link in most cases.

• **Cardiac Exam:** Other than the vital signs, an irregular heart beat without a history of atrial fibrillation needs to be evaluated in the ED.

• **Abdominal Exam:** Severe tenderness or abdominal distention needs ED evaluation. Active vomiting needs ED evaluation.

• **Extremity Exam:** New trauma to the extremities needs evaluation in the ED with the exception of superficial abrasions, small bruises or other minor findings. If a client is unable to bear weight on an extremity, this also needs ED evaluation. Other, non-traumatic findings to the extremities if acute, will also need ED evaluation. This includes frostbite, cellulitis, wounds etc. However, chronic wounds that do not appear infected could be managed and cleared at the BH Link by the decision of the nurse.

• **Neurological Exam:** Any new focal weakness needs ED evaluation.

• **Level of intoxication:** If the client is not responding to verbal stimuli, not able to walk on their own, or unable to engage in risk assessment or pre-screen process, they should be seen in an ED.

• **Alcohol and Benzodiazepine Withdrawal:** a CIWA scoring system (completed and maintained by RN staff) will be used for alcohol and benzodiazepine withdrawal. Scores of >10 require ED evaluation

**Step 3: Lab Evaluation**
Glucose levels from a portable glucometer and breath alcohol levels will be recorded routinely on clients.

• **Glucose level:**
  o Below 60 mg/dL needs ED evaluation.
  o Between 60 and 75 mg/dL the patient should be given juice and rechecked. If the patient cannot drink juice he/she will need ED evaluation.
  o Above 200 mg/dL and NO history of diabetes needs ED evaluation.
  o Above 300 mg/dL even with a history of diabetes needs ED evaluation.

• **Breath Alcohol Level:** If breath alcohol level below 100mg/dL and appears intoxicated they should not be evaluated at the BH Link. If there are other medical concerns this person needs ED evaluation (for instance, if the person is acting intoxicated, somnolent or confused and the alcohol level is not elevated, this needs ED evaluation.)

**Step 4-Documentation:**
• BH Link RN staff will document all information in the EMR utilizing the RN Assessment and any other supporting documentation required such as CIWA, CINA scores.

**IV- Admission and Evaluation Procedures:**
Individuals can access the BH Link by either calling the 24/7 phone line at 401-414-LINK (5465), walking in, or being transported via police/EMS to the 975 Waterman Avenue location in East Providence. (However, Please Note: Should a client decide they would like to leave the triage center during any phase of the evaluation process, they will be allowed to do so if they are not actively suicidal, homicidal/violent, or otherwise meeting criteria for an Emergency Certification as assessed and determined by a QMHP and/or the Program Manager)

On-site evaluation (optimal duration being 1-3 hours with 23 hours being the limit and only when absolutely necessary):

- **PRE-SCREEN** After checking in with the BH Link receptionist, clients will receive a brief pre-screen by either the RN or the masters level clinician to determine if the BH Link is the appropriate level of care.
- **SECURE CHECK-IN** Once it is determined that the individual can be safely managed and assessed within the BH Link triage center, they will be asked by BH Link Security/Treatment Assistant staff to empty pockets and lock up any belongings including cell phones, computers, and other tech devices in an assigned locker. The Individual may have access to cellular devices to obtain contact information but may not have it within the treatment area. This is for the express purpose of maintaining strict confidentiality and safety within the BH Link at all times.
- **REGISTRATION** Once completing the secure check-in with security staff, BH Link reception or other available staff will meet with the individual to complete registration process including confirming identity, obtaining health insurance information, completing consent to treat, and receiving Privacy Practice/HIPPA information.
- **SAFETY CONSIDERATIONS FOR DRESS/HYGIENE**
  * Individuals may wear their own clothing. However, they may be asked by BH Link Security/Treatment Assistant Staff to remove belts/laces or any other article of clothing that may prove to be a danger to personal safety.
  * Should an individual’s clothing be wet or soiled, BH Link staff may offer to take the items to wash and dry them. In this case, the individual will be offered donated clothing to wear in the treatment area.
  * Should the individual require a shower (as determined by the BH Link RN and provided in a safe shower area that has been proofed for ligature risk), they will be offered this as well. However, if the RN determines the individual is not able to safely shower independently, this service may be postponed to a time when the RN determines the individual is safe to do so. Also, if the individual is actively suicidal, BH Link staff decline the individual the option to shower.
- **ASSESSMENT**
  * A BH Link master’s level clinician will complete a comprehensive crisis assessment that includes history of present illness, biopsychosocial assessment, substance abuse screen, risk assessment, provisional diagnoses, and treatment recommendations.
  * A BH Link RN will complete an RN assessment to include medical history, current medications including both medical and psychiatric, obtaining vitals, a breathalyzer and/or urine drug screen if needed and/or an substance withdrawal assessment (to include assessment to determine the state of intoxication, risk for increased intoxication, and risk for withdrawal using the Clinical Institute Withdrawal Scale or CIWA and the Clinical Opiate Withdrawal Scale or COWS, Breath Alcohol Level, and collecting vitals).
  * These assessments will take place in individual treatment bay areas within the BH Link.
  * Once the assessments have been completed and it is determined that the individual must wait a
timeframe before being transitioned to the recommended and agreed upon level of care and they are not safe to wait outside the BH Link, they may be moved to the lounge area to wait (note that the entire wait time must not exceed 23 hours and this should be an exception rather than the rule).

- **TREATMENT PLAN** Once the assessment is completed, the individual will receive a personalized crisis and recovery plan, to include the next steps in the treatment process. The crisis plan will be developed utilizing strength based philosophy, and developed in partnership with the individual in crisis. BH Link staff may also engage natural supports to ensure safety. Peer support specialist, or BH Link case managers will be assigned as needed.

- **LEVEL OF CARE CONSIDERATION**
  *All least restrictive treatment outpatient options will be considered prior to facilitating a psychiatric hospitalization or inpatient detoxification services. Least restrictive options such as: acute residential services (ASU/CSU), outpatient substance use disorder treatment including medication assisted treatment, medication administration with next day community mental health services, or other support service as needed.
  *If the above least restrictive options are not deemed appropriate, due to level of risk, an inpatient admission would be facilitated. This may include involuntary certification by a QMHP. BH Link staff will notify 911 or local EMS to provide transport as needed.

- **DOCUMENTATION** Staff will document in the EMR risk assessment, interventions, and follow-up plan at the completion of each assessment.

**Phone Screening Procedure:**

- **RISK ASSESSMENT** Individuals who call in to the center will receive a comprehensive risk assessment (including assessing for suicide, violence, and homicidal thoughts) by trained BH Link phone screeners. Phone screeners, with the assistance of BH Link clinical staff if needed, will determine next steps prior to terminating the call.

- **SUBSTANCE USE ASSESSMENT** Substance use and mental health screening questions will also be completed.

- **TREATMENT PLAN** All individuals who call the BH Link HotLine will receive next steps to include
  *Instruction to come to the BH Link Triage Center by asking the caller to access their natural supports and resources or arranging for BH Link staff pick up/transport into the center.
  *Should the individual decline to come in to the center, a referral to an appropriate level of care will be given.
  *Should the individual indicate at any time during the phone call that they are an imminent risk to themselves or others, 911 will be called to intervene in the community wherever the caller may be (in this case every effort will be made to identify the location of the individual).

- **COMMUNITY RESOURCES** Phone screeners will also assist callers in accessing other community resources as needed

- **DOCUMENTATION** All calls will be documented either by hand or in an EMR as determined by the content of the call

**V-Discharge Procedure and Protocol:**

- **DEFINITION OF DISCHARGE** After completing the assessment and a personalized recovery plan, clients will be considered ready for discharge. (every client that leaves the BH Link is considered discharged as the BH Link is not a residential program).
• **DURATION OF STAY** Every client that is admitted to the BH Link will be discharged within 23 hours of the onset of the Comprehensive Crisis Assessment. (reason-if someone is intoxicated upon arrival and needs 4-5 hours to become sober enough to be evaluated. Those 4-5 hours of waiting to sober up should not negatively impact the client’s treatment progress by decreasing the amount of time BH Link staff can spend assessing and finding appropriate level of care).

• **DISCHARGE PLANNING** Every client will have a concrete next step as part of their crisis recovery plan that includes date and time of referral appointment or admission to ASU/CSU/ Detox. If a client is being discharged to outpatient level of care, BH Link staff will make every effort to obtain a “next day” appointment. Should a “next day” appointment be unavailable, Peer Specialists and Case Managers will conduct follow up phone outreach until the client connects with referral. (However, Peers and Case managers will not be required to keep a caseload). If a client is being discharged during off business hours of a referral agency, does not meet criteria for an Emergency Certification, and is asking to leave they will be given the established “walk-in hours” of the CMHO closest to the individual.

• **WARM HAND-OFF** Peer Specialists to connect with peers and case managers with case managers at referring agency to connect client to designated referral agency peer.

• **SUPPORT CONSIDERATIONS AND PLAN** When appropriate, the client’s natural supports should be accessed to ensure safety and provide support. Upon discharge, the individuals and their family/support members will be given both the local 24/7 CMHO emergency service number, the contact information to the referring agency, as well as Triage Center contact information.

• **NARCAN EDUCATION CONSIDERATION** If an individual reports opioid use, education regarding harm reduction and the use of Naloxone (as well as a Narcan kit) may be given to the individual, as well as any available supports system.

• **FOLLOW UP AND LINK TO TREATMENT VERIFICATION** BH Link case managers and/or Peer Specialists will make every effort to identify whether a client made it to their appointment by calling the client or their supports (via signed ROI permission) and, when appropriate, the referral agency.

• **BH LINK SPONSORED TRANSPORTATION CONSIDERATION** Transportation to post discharge services will be provided when necessary via: non-emergent wheelchair van/ambulance transport (to inpatient level of care); BH Link van with BH Link Driver/Program Assistant (to ASU/CSU, partial day hospital, intensive outpatient programs, or any other outpatient level of care); cab to get safely home or to another safe destination that is not a treatment facility or agency.

• **DISCHARGE PLAN CONSIDERATIONS**
  A) Discharge to community with a next available outpatient appointment for mental health/substance abuse.
  B) Discharge to ASU/CSU Residential Substance use treatment/inpatient Detox/inpatient psychiatry should the client require a higher level of service than can be offered by the BH Link.
  C) Discharge to community without referral if the client declines it.
  D) Against Medical Advice or AMA Discharge. Should a client decide they would like to leave the BH Link during any phase of the evaluation process, they will be allowed to do so. BH Link staff will make every effort using psychoeducation and de-escalation measures to avoid an AMA discharge. Also, if the individual is determined to be actively suicidal, homicidal/violent, or otherwise meeting criteria for an Emergency Certification as assessed and determined by a QMHP and/or the Program Manager, 911 will be called to alert that the individual should be transported to the ED.

VI- Additional services of BH Link include:
• Resources for housing and basic needs referrals (food, rent, shelter, financial, etc) will be available.
• Mobile crisis capacity and Assertive Community Treatment intervention in partnership with community MH organizations.
• Use of volunteers, trained peers and certified peer specialist.
• Work with local and state law enforcement CRT officers in providing community and on-site interventions
• Provide community education and awareness.
• Trauma informed care.
• BH Link staff will utilize the principles of Psychological First Aid
• Motivational Interviewing

R. Crino, April, 2018)
BEHAVIORAL HEALTH LINK – Triage Center
Community Care Alliance

POLICY & PROCEDURE MANUAL

TITLE: Referral Process for Community Referral Agencies Policy
AREA: Behavioral Health Link – Triage Center
REVIEW FREQUENCY: Annually
REVIEWED BY: Department Vice President
REFERENCE DOCUMENT(S): Referral to Outpatient Services
Discharge/Aftercare Form
APPROVED BY BOARD: PENDING
REVISED: N/A

POLICY:
All individuals are screened for eligibility and appropriateness in accordance with federal, state and agency regulations/standards.

GUIDELINES:
Community referral agencies are defined as any agency or referral source that are requesting any service offered by or at the Behavioral Health Link (BH Link).

Examples of community agencies: Community Mental Health Organizations (CMHO); community action agencies; private or public medical, psychiatric, or substance use providers; probation, court or other legal service agencies; Universities or other institutes of education serving adults 18 and older.

Services Provided by the BH Link: Crisis assessment; psychiatric assessment and emergency medication evaluation by an MD or PCNS/APRN; diagnosis; treatment planning and referral to all levels of care; administration of medications by an RN for acute anxiety, agitation, psychosis, mania, and signs and symptoms of alcohol, benzodiazepine, and opiate withdrawal; nursing assessment including brief medical clearance; peer and case management intervention; crisis hotline access, community referral information.

PROCEDURE:
Any community agency requesting BH Link services should:

1. Call the BH Link hotline to give referral information, including pertinent demographic information, reason for referral, any active pertinent behavioral health or medical diagnoses and any medications the individual is prescribed.
2. Physically bring or direct the individual they are referring to bring themselves to the BH Link; or arrange for transport via the community agency’s own transportation method; or request BH Link transportation services.
3. Provide instruction or information on whether the referred individual will be a part of the individual’s discharge/referral plan. For example, should a CMHO request BH Link services for an active CMHO client, the referring CMHO should continue to provide services to the referred individual upon discharge from the BH Link.

The BH Link staff (Phone Screener, Clinician, RN, Case Manager, and/or Program Manager/Designee) within guidelines of job description will:

1. Document the referring information described above and provide direction and/or assistance with scheduling arrival time and transportation method if necessary.
2. Communicate with the referring agency in adherence with federal and state HIPPA guidelines, as they pertain to Continuity of Care regarding: status of triage process, medications administered, risk assessment outcomes, and discharge plan and/or status utilizing the Referral to Outpatient Services document.
3. Establish a follow-up appointment with referring agency upon discharge from the BH Link and or document efforts to do so.
4. Provide the referred individual with a written discharge plan that includes a follow-up appointment, if pertinent, utilizing the Discharge/Aftercare Form.

(R. Crino, October 2018)
**Behavioral Health Link – Triage Center**

**Referral To Outpatient Services Summary**

Date: __________________ Referring Agency and contact info: ____________________________________________________________

Client Name: ___________________________ Last First DOB: __________________

Insurance: ___________________________ Authorization (if required): ___________________________

**Brief Summary of Triage Center Visit:** (Was the referring problem resolved? Why or why not?)

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

**Risk Assessment Upon Discharge From BH Link:**

- Current Suicidal Thoughts: □ None □ Ideation □ Threats □ Plan □ Intent □ Attempt Describe:
- Current Homicidal Thoughts: □ None □ Ideation □ Threats □ Plan □ Intent □ Attempt Describe:
- Delusions: □ Paranoia □ Grandiose □ Other Describe:
- Hallucinations: □ Auditory □ Commanding □ Visual Describe:

**Mental Status Exam Upon Discharge From BH Link:**

- Withdrawn □ Poor Eye Contact □ Tearful □ Disheveled □ Guarded □Hostile □ Hopeless
- Worthless □ Sad □ Flat □ Labile □ Expansive □ Irritable □ Angry
- Linear □ Circumstantial □ Blocked □ Slowed □ Tangential □ Disorganized □ Loose

**Active Substance Use Findings:**

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

**Medications Administered at the BH Link:**

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**Discharge Information and Outcome:**

- BH Link Diagnoses: ____________________________________________________________
- Name/Number of referring agency representative with whom discharge plan was discussed with: ____________________________
- Follow-up appointment with referring agency (date/time/with whom): ____________________________
- Change in Level of Care (was the client discharged to an increased Level of Care then the referring agency? Where was the client discharged?): ____________________________

Name and Title of BH Link Designee completing form ____________________________ Date & Time ____________________________

Signature of BH Link Designee ____________________________
Community Care Alliance
Behavioral Health Link Triage Center
Discharge/Aftercare Plan

Discharge Time: ________________

Discharge to: _______________________________________________________

Psychiatric:

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Nurse/Clinician/ or Case Manager

Signature: _______________________________________________________

Client Signature: _______________________________________________ Date: _________
BEHAVIORAL HEALTH LINK – Triage Center
Community Care Alliance

POLICY & PROCEDURE MANUAL

TITLE: Referral Process for First Responders Policy
AREA: Behavioral Health Link – Triage Center
REVIEW FREQUENCY: Annually
REVIEWED BY: Department Vice President
REFERENCE DOCUMENT(S): CEMS Alternative Transportation Algorithm for EMS
APPROVED BY BOARD: PENDING
REVISED: N/A

POLICY:
All individuals are screened for eligibility and appropriateness in accordance with federal, state and agency regulations/standards.

GUIDELINES:
First responders are defined as any police officer or public EMS personnel that request any service offered by or at the Behavioral Health Link (BH Link).

Examples of First Responders: Police officers, EMT, Fire, and/or paramedics

Services Provided by the BH Link: Crisis assessment; psychiatric assessment and emergency medication evaluation by an MD or PCNS/APRN; diagnosis; treatment planning and referral to all levels of care; administration of medications by an RN for acute anxiety, agitation, psychosis, mania, and signs and symptoms of alcohol, benzodiazepine, and opiate withdrawal; nursing assessment including brief medical clearance; peer and case management intervention, crisis hotline access, community referral information.

PROCEDURE:
First Responders can access BH Link services by:
1. Calling the BH Link hotline to advise of referral information including pertinent demographic information, reason for referral, etc;
2. Give instruction as to whether they are transporting the individual to the BH Link and by what means (police or EMS); OR
3. Request the BH Link mobile van assessment in the community within East Providence, Providence, Central Falls and Pawtucket and only when there are two BH Link staff available, one of them being a Qualified Mental Health Professional, give address/location details, and advise of any safety concerns that may be present within the requested community environment.

Upon arrival to the BH Link, First Responders should:
1. Inform Reception and/or Security/Treatment Assistant staff that they need to speak with a clinician, RN, or Program Manager;
2. Give pertinent referral information to BH Link Clinician, RN, or Program Manager as outlined in existing EMS/Police protocol and procedures;
3. If needed, access the First Responder Documentation Area at 971 Waterman Ave by asking Security/Treatment Assistant staff for key and return key to Security staff when leaving BH Link.

The BH Link RN, Clinician, or Program Manager/ Designee will:
1. Respond to waiting area with Security/Treatment Assistant staff immediately to obtain pertinent referral information from First Responder staff;
2. Complete a Pre-screen (outlined in the Admission and Discharge Protocol) to determine if the referred individual is appropriate for the BH Link (i.e., must not be violent or requiring any type of restraint, must be able to communicate and ambulate on their own or with their own assistive device and must be agreeable to speak with BH Link Staff;
3. Inform First Responder whether the referred individual can stay at the BH Link. If the individual cannot be safely maintained within the BH Link, the First Responder will be informed as to the reason and then be asked to transport the individual to a higher level of care (i.e. the ED).

(R. Crino: October, 2018)
POLICY:
All individuals are screened for eligibility and appropriateness in accordance with federal, state and agency regulations/standards.

GUIDELINES:
Self-Referrals are defined as any person who is requesting any service offered by or at the BH Link.

Examples of Self-Referral: Any person 18 or older

Services Provided by the BH Link: Crisis assessment; Psychiatric assessment and emergency medication evaluation by an MD or PCNS/ APRN; Diagnosis; Treatment planning and referral to all levels of care; Administration of medications by RN for acute anxiety, agitation, psychosis, mania, and signs and symptoms of alcohol, benzodiazepine, and opiate withdrawal; Nursing assessment including brief medical clearance; Peer and case management intervention, Crisis hotline access, Community referral information;

Referral Process:
Any person requesting BH Link services can:
1) Call the BH Link Crisis hotline (all calls will be answered and documented by Phone Screeners or other designated BH Link staff-See attached Phone Screening training form and documentation form)
2) Physically bring themselves to the BH Link via private transportation, public transportation, or BH Link arranged transportation should the individual have a barrier to transportation.

Upon Arrival to the BH Link, a self-referred person should:
1) Give a brief explanation of why they are requesting services at the BH Link
2) Complete necessary registration, consent to treat, and HIPPA, Privacy Practice forms to include demographic information.
3) Present a picture ID and Health Insurance information if insured (not having health insurance will not be a barrier to receiving services at the BH Link).
4) Be able to maintain personal safety (be free from violent or self-injurious behavior or threats). If a person cannot maintain safety, they may be asked to leave or be referred to a higher level of care with or without assistance from police/EMS.

5) Should the individual decide to leave the BH Link at any point they should sign the AMA form (see attached).

6) Should an individual wish to file a complaint with BHDDH they will be provided a BH Link complaint form (see attached).

Designated BH Link staff (to include Reception, Phone Screener, Treatment Assistant/Security, Program Assistant/Driver, Peer Specialists, Case Management, Clinician, RN, MD, APRN/PCNS, and or Program Manager) will:

1) Complete RN Assessment (see attached).
2) Complete Crisis Assessment (see attached).
3) Complete Crisis Phone Screening (see attached).
4) Provide medication if needed, based on existing protocols (see attached).
5) Create and execute an individualized treatment plan and referral. Provide the referred individual a written discharge plan that includes a follow-up appointment (if pertinent) utilizing the “Discharge/Aftercare Form” attached.
6) Offer support via Peer services, case management, and therapeutic interventions based on person centered, trauma informed care standards.
7) Provide psychoeducation regarding mental health, addiction, harm reduction, and safety to include the use of Narcan and a Narcan kit (if appropriate).
8) Link the individual back to existing services and supports and/or to new or increased level of care based on need and least restrictive level of care.
9) Provide transportation if needed.
Phone Triage Screening Form (for documentation) – BH Link

Date_________ Time of call____________ End Time_______________________________________

Name___________________________ Age___ Phone # calling from____________________________

Address_________________________________________________ Contact Phone #_____________

Why are you calling today_____________________________________________________________

______________________________________________________________________________

It’s ok to feel as you do.... Most people in your situation would feel upset, frustrated, etc.

Have you experienced this situation in the past? What has worked to resolve the issue?

_____________________________________________________________________________________

_____________________________________________________________________________________

Do you have family or friends that can help you with your situation__________________________?

________________________________ Served in the military? ____________________Insurance___________

Any thoughts of killing yourself? ______ If yes, notify supervisor/co-worker. Why? ________________

________________________________ Are you planning to act on those thoughts? ________________

Do you have a weapon? __________________________ Can you put the weapon in a secure place while we talk? ____________________________ Are you currently drinking or using drugs? ________________? Can you stop using - alcohol/drug use can make your situation worse.

Alcohol/Drug History __________________________ withdrawal symptoms? ________________

Summarize - So what I hear you saying so far is ...

_____________________________________________________________________________________

(Remember to normalize, offer hope, and thank them for sharing their thoughts/concerns)

Next steps: If you agree, I think the best plan for you today is too:

  o  BH Link walk in appointment
  o  Home/community visit by BH Link staff
  o  Referral to community/outpatient provider. List agency______________________________
  o  Home based assessment by EMS/Police
  o  Other___________________________

Phone screener signature ______________________________________________________________
COMMUNITY CARE ALLIANCE
Behavioral Health Link
Crisis Assessment
(Rev. 10/18)

Date: ____________________
Client Name: ________________________ Preferred Pronoun(s): _____________________

Last First MI

Chief Complaint: “___________________________

CLINICAL SUMMARY:
_____________________________________________________________________________________
_____________________________________________________________________________________
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PSYCHIATRIC TREATMENT:
Current Treatment: ____________________________________________

- Psychiatrist (Name/Number): ________________________________
- Therapist (Name/Number): __________________________________
- Case Manager (Name/Number): ______________________________

History of Inpatient: Total Times: ________ Locations: ___________ Dates: ____________________________
- Details: ____________________________________________

History of ASU/CSU: Total Times: __________ Locations: ______________ Dates: __________________________
- Details: ____________________________________________

History of Outpatient: Total Times: __________ Locations: ______________ Dates: __________________________
- Details: (COOP) ________________________________

RISK ASSESSMENT:
Current Suicidal Thoughts: □ None □ Ideation □ Threats □ Plan □ Intent □ Attempt
- Describe Details: ____________________________________________

Current Homicidal Thoughts: □ None □ Ideation □ Threats □ Plan □ Intent □ Attempt
- Describe Details: ____________________________________________

History of Suicide Attempts: Total Times: __________ Dates: ____________________________
- Method and Describe Details/Consequence: ____________________________

History of Self Injurious Behaviors: Dates: ____________________________
- Method and Describe Details/Consequence: ____________________________

History of Homicidal Attempts: □ None □ Ideation □ Threats □ Plan □ Intent □ Attempt
- Describe Details: ____________________________________________

SUBSTANCE ABUSE:
History of Detox: Total Times: __________ Locations: ______________ Dates: ____________________________
SUBSTANCE ABUSE – Each box must be filled out. If use is denied then document denies.

<table>
<thead>
<tr>
<th>Substance</th>
<th>Amount</th>
<th>Frequency</th>
<th>Duration</th>
<th>Last Use</th>
<th>First Use</th>
<th>Previous Withdrawal</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
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<td>Cannabis</td>
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<td>Cocaine/Crack</td>
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<td>Opiates (Percocet, Vicodin, Oxycodeone, OxyContin)</td>
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<td>Heroin</td>
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<td>Suboxone/Methadone</td>
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<td>Benzodiazepines (Ativan, Valium, Xanax, Klonopin)</td>
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<td>Hallucinogens (PCP, LSD, Mushrooms, Special K, Ecstasy, MDMA)</td>
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<td>Amphetamines (Speed, Adderall, Strattera, Ice Meth)</td>
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<tr>
<td>Barbiturates (seconal, Phenobarb, Nembutal, “reds”)</td>
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<tr>
<td>Inhalants (gas, glue, Nitrous, nail polish)</td>
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<td>Over the Counter (Sudafed, antihistamines, Robitussin “triple Cs”)</td>
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<tr>
<td>Synthetics (Sexy Monkey, Funky Monkey, K2, Spice. OR Bath Salts)</td>
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<td>Nicotine</td>
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<td>Caffeine</td>
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</tbody>
</table>

American Society of Addiction Medicine Patient Placement Criteria:
Dimension I – Acute Intoxication/Withdrawal: What is client’s risk for withdrawal?  □ High  □ Moderate  □ Low  □ None
Dimension II – Biomedical Conditions: What level of risk does client present with that would require any immediate medical treatment?  □ High  □ Moderate  □ Low  □ None
Dimension III – Emotional/Behavioral: What level of risk does the client present with that would interfere with treatment?  □ High  □ Moderate  □ Low  □ None
Dimension IV – Acceptance/Resistance: What is the level of risk associated with client’s willingness to take part in treatment?  □ High  □ Moderate  □ Low  □ None
Dimension V – Relapse Potential: What is the level of risk associated with client’s ability to maintain abstinence and recovery goal with minimal support?  □ High  □ Moderate  □ Low  □ None
Dimension VI – Recovery Environment: What is the level risk associated with client’s recovery environment and client’s coping skills?  □ High  □ Moderate  □ Low  □ None

Client **appears** to be eligible and appropriate at this time for the following ASAM Level of Care:
□ Level I – Outpatient  □ Level II – IOP  □ Level III - Residential  □ Level IV – Detox

Currently the client is in the following Stage of Change regarding substance use:
Section II, Part c - Supporting Document 2

Considering the client’s readiness to change and level of risk, substance use will be addressed in the following way: ________________________________

<table>
<thead>
<tr>
<th>Cultural/Ethnic expectations/values/traditions/beliefs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spirituall/Religious</td>
</tr>
<tr>
<td>Occupation</td>
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<tr>
<td>Education</td>
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<tr>
<td>Children:</td>
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<td>Marital Status:</td>
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<td>Energy:</td>
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<td>Focus:</td>
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<td>Cogniti</td>
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<td>Perception:</td>
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<td>Details:</td>
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<td>Cognitive:</td>
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<td>Insight:</td>
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<td>Judgment:</td>
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<td>Impulse Control:</td>
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<td>Self Esteem:</td>
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<tr>
<td>Frustration Tolerance:</td>
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<tr>
<td>Coping Abilities:</td>
</tr>
<tr>
<td>Details:</td>
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<tr>
<td>Somatic Functioning:</td>
</tr>
<tr>
<td>Sleep: † ↓ N/A Describe: (insomnia, night terrors, etc)</td>
</tr>
<tr>
<td>Appetite: † ↓ N/A Describe: (disorders)</td>
</tr>
<tr>
<td>Weight: † ↓ N/A Describe: (timeline)</td>
</tr>
<tr>
<td>Energy: † ↓ N/A Describe:</td>
</tr>
<tr>
<td>Focus: † ↓ N/A Describe:</td>
</tr>
<tr>
<td>Social History:</td>
</tr>
<tr>
<td>Marital Status: □ Single □ Relationship □ Married □ Divorce □ Separated □ Widow</td>
</tr>
<tr>
<td>Children: □ None □ Total: ______ □ Ages: _________________________________</td>
</tr>
<tr>
<td>Current Location:____________________________________ □ DCYF: ____________________</td>
</tr>
<tr>
<td>Living Situation:____________________________________</td>
</tr>
<tr>
<td>Education: □ Highest Grade: _____ □ HS Graduate □ GED □ Some College □ Associates □ BS/BA □ MS/MA</td>
</tr>
<tr>
<td>□ Other Vocational/Training:__________________________ □ Hx Special Education:__________________________</td>
</tr>
<tr>
<td>Occupation: □ Unemployed □ SSI/SSDI □ Retired □ Employed: ____________________</td>
</tr>
<tr>
<td>Spiritual/Religious activities/values/traditions/beliefs: ________________________________________________</td>
</tr>
<tr>
<td>Cultural/Ethnic expectations/values/traditions/beliefs: ________________________________________________</td>
</tr>
</tbody>
</table>

Mental Status Exam:

| Appearance/Behavior: Describe Appearance (make note of distinguishing features like scars, tattoos, odor): ____________________________________________ |
| Manner: □ Calm □ Cooperative □ Guarded □ Suspicious □ Hostile □ Overly Friendly |
| Motor: □ Psychomotor Agitation □ Psychomotor Retardation □ Restless □ Fidgeting □ Unremarkable |
| Posture: □ Tense/Rigid □ Slouched □ Comfortable/Unremarkable |
| Speech: □ Clear □ Normal □ Mumbled □ Slurred □ Loud □ Soft □ Slow |
| □ Rapid □ Pressure □ Hesitant □ Monotone □ Limited/Poor Vocabulary |
| Mood: “__________” □ Hopeless □ Worthless |
| Affect: □ Euthymic □ Appropriate □ Congruent □ Constricted □ Dysphoric □ Sad □ Blunted □ Flat |
| □ Labile □ Expansive □ Irritable □ Angry □ Other: _____________________ |
| Process: □ Linear □ Logical □ Organized □ Goal Directed □ Slowed □ Blocked □ Circumstantial |
| □ Ilogical □ Tangential □ Disorganized □ Loose □ Flight of Ideas □ Other: __________________ |
| Content: □ Delusions □ Persecutory □ Grandiose □ Paranoia □ Somatic □ Ideas of Reference |
| □ Obsessions □ Preoccupation □ Ritualistic |
| Details: ____________________________________________ |

Perception: □ Hallucinations: □ Auditory □ Visual □ Olfactory □ Tactile |
| Details: ____________________________________________ |

Oriented to: □ Person □ Place □ Time □ Current Event □ WORLD □ DLROW

Somatic Functioning:

| Sleep: ↑ ↓ N/A Describe: |
| Appetite: ↑ ↓ N/A Describe: |
| Weight: ↑ ↓ N/A Describe: |
| Energy: ↑ ↓ N/A Describe: |
| Focus: ↑ ↓ N/A Describe: |

18
Social Supports: _____________________________________________

Military Service History: □ Yes □ No (If yes, what branch of the military: ____________________________)

Deployments: □ Yes □ No (If yes, when and where: ________________________________________________)

Discharge Status: _____________________________________________

**TRAUMA/ABUSE HISTORY:** □ None □ Physical □ Sexual □ Emotional/Mental □ Verbal □ Other

Duration and/or Time Frame: _______________________________________________________________

Other details: (i.e. domestic violence, grief, loss, work place, traumatic event) __________________________

Result/Symptoms: □ None □ Hypervigilance □ Nightmares □ Hypersensitive to Cues □ Flashbacks
□ Intrusive Thoughts □ Avoidance □ Exaggerated Startle Response

Details: ___________________________________________________________________________________

**FAMILY HISTORY:** (If none then document denies)

<table>
<thead>
<tr>
<th>Relationship (Mother/Father, Siblings, Aunt/Uncles, Grandparents)</th>
<th>Mental Illness (Diagnosis)</th>
<th>Substance Abuse (Type and Sobriety)</th>
<th>Suicides (Method and Date)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

History of Peer Suicides: □ Yes □ No Details: _________________________________

**LEGAL HISTORY:**

Charges: (confirm with RI Court Connect, if possible) _____________________________________________________

Charges including weapon/gun: □ Yes, Details: ____________________________________________ □ No

Currently has access to weapon/gun: □ Yes, Details: ____________________________________________ □ No

Currently wants to obtain weapon/gun: □ Yes, Details: ____________________________________________ □ No

Incarceration Dates: ________________________________________________________________

Experienced Solitary Confinement: □ Yes, Details: ____________________________________________ □ No

Current Warrant: □ Yes, Details: ________________________________________________________ □ No

Probation/Parole: □ Yes, Details: ________________________________________________________ □ No

**DSM-5 DIAGNOSIS:**

<table>
<thead>
<tr>
<th>DSM-5 F Code</th>
<th>Identifier</th>
<th>DSM-5 Written Name – Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
DSM-5 Z Code  Identifier  DSM-5 Written Name – Stressors

FORMULATION OF CARE:

Risk Factors:  □ No community services  □ Lack of social supports  □ Noncompliance with medications  □ Active SI  □ Homeless  
□ Impulsivity  □ Family history of suicide  □ History suicide attempts  □ Noncompliance with medications  
□ Access to gun/weapons  □ Discharged from hospital in last 3 months  □ Started antidepressants in past month  
  • Describe Details: ________________________________________________________________

Protective Factors:  □ Engaged in services  □ Social supports  □ Resilience  □ Income  □ Housing  □ Future oriented  
□ Medication compliance  □ Wants to get better  □ Identified reasons/persons for living  □ Family supports  
□ Cultural principles that discourages suicide  □ Religious identity  □ Positive response to prior treatment  
  • Describe Details: ________________________________________________________________

DISCHARGE PLAN:

□ Home/Current Provider: ___________________________  ___________________________  ___________________________

□ Home/New Provider: ___________________________  ___________________________  ___________________________

□ Residential Services: ___________________________  ___________________________  ___________________________

□ Outpatient Detox Services: ___________________________  ___________________________  ___________________________

□ Inpatient Detox: ______________________________________________  ___________________________

□ Inpatient Psychiatry: ______________________________________________  ___________________________

□ ASU/CSU: ______________________________________________  ___________________________

□ Refused/Declined Referrals: ______________________________________________  ___________________________

FOLLOW UP INFORMATION:

1. ______________________________________________  ___________________________

2. ______________________________________________  ___________________________

3. ______________________________________________  ___________________________

Assessment Worker’s Signature/Credentials  Date

Assessment Worker's Printed Name/Credentials

Supervisor/RN’s Signature/Credentials  Date

Supervisor/RN’s Printed Name/Credentials
**Community Care Alliance**  
The Behavioral Health Link Triage Center

**POLICY & PROCEDURE**

**TITLE:** Clinical Care Standards for Physical Assessment of Substance Use Disorders.  
**AREA:** BH Link/Triage Center  
**REVIEW DATE:** On A Yearly Basis 
**REVIEWED BY:** Quality Improvement  
**REFERENCE DOCUMENT (S):** Rules and Regulations for the Licensing of Behavioral Healthcare Organizations;  
**APPROVED BY BOARD:** N/A  
**REVISED:** 9/26/2018, R Crino, RN, VP of Acute Services.

**POLICY:**  
The BH Link team, in addition to providing clinical consultation and crisis intervention services, also provides physical and substance use assessment conducted by team RN’s. See RN physical assessment form attached.

**DEFINITIONS:**  
Physical assessment services are performed by team RN’s on all individuals presenting with evidence of acute symptoms of substance use withdrawal, and or other substance related/medical issue.

**PROCEDURE:**

1. Individuals presenting with evidence of substance use withdrawal, and or other substance/medical associated issue will be evaluated by team RN’s utilizing the nursing physical assessment form for substance use (see attached form). Clients are informed at time of assessment about the purpose of the assessment and what treatment services are available to meet their needs. If a client is in need of emergency medical services, nursing personnel will rapidly assess and determine next steps, contacting EMS when appropriate.

2. The comprehensive physical/substance use assessment which will be scanned into the client’s electronic health record includes investigation and interventions within the following domains:
   a. BP, pulse, heart rate, temperature and respirations
   b. Urine toxicology testing
   c. Oxygen saturation levels
   d. History of and current use of substances including type, frequency, duration, etc.
   e. Blood glucose levels
   f. Blood alcohol levels
   g. Physical assessment and documentation
   h. Current Medications prescribed
   i. Medical conditions and information on treating physicians
   j. Administration of CIWA or COW scales
   k. Diagnostic Formulation
      Medication administration when prescribed by prescribing team.
   l. Treatment Recommendations including additional medical services if client is in need of a higher level of care.

3. BH Link Team RN’ (if client is not immediately hospitalized), will facilitate treatment and follow-up services appropriate to the individual needs of each client.
4. If during the initial visit it is determined that there is no medical necessity for BH Link services, team RN’s will assist the client in accessing other BH Link services/staff to assist in setting up appropriate discharge planning. If the client is being referred to a community mental health organization, BH Link staff will refer the client to the appropriate CMHO intake/emergency service.

5. RN assessment services are interventions provided during BH Link visits which are intended to prevent the need for emergency room or other higher levels of care. RN assessment services are also intended to provide BH Link clients with specialized services to both identify and prevent further complications from substance use issues.
**Behavioral Health Link**

**Nursing Physical/Substance Abuse Assessment Form**

**Vital Signs**

<table>
<thead>
<tr>
<th>BP</th>
<th>P</th>
<th>Res</th>
<th>Temp</th>
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</thead>
</table>

**Oxygen Saturation** (92 – 100%)

**Glucose level**
- Below 60 mg/dL needs ED evaluation.
- Between 60 & 75 mg/dL patient should be given juice, or 15mg of Transcend glucose, & rechecked. If patient cannot drink juice he/she will need ED evaluation.
- Above 200 mg/dL & NO history of diabetes, consult with prescriber.
- Above 300 mg/dL even with a history of diabetes, consult with prescriber.

**Blood Alcohol Level**
- Breath Alcohol Level: If blood alcohol level below 100mg/dL & appears intoxicated they may need medical clearance. If there are other medical concerns with this presentation, this person needs ED evaluation (for instance, if the person is acting intoxicated, somnolent or confused and the alcohol level is not elevated, this needs ED evaluation.)

**Toxicology results**

<table>
<thead>
<tr>
<th>Substance</th>
<th>Amount</th>
<th>Frequency</th>
<th>Duration</th>
<th>Last Use</th>
<th>First Use</th>
<th>Previous Withdrawal</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
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<tr>
<td>Cannabis</td>
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<tr>
<td>Cocaine/Crack</td>
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<td>***Opiates</td>
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<td>Suboxone/Methadone</td>
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<td>Methamphetamines</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

History of withdrawal seizures ________________________________

History of DT’s ____________________________

CIWA Score ____________________________

COW Scale ____________________________
• General Appearance: This can be a very subjective finding, but if a patient appears generally unwell, they should be evaluated in the ED. This includes abnormal skin (ashen, jaundiced, mottled), any amount of distress or other concerns.
• HEENT Exam: New trauma to the head or face needs to be evaluated in the ED. Old or healing trauma can be cleared at the RNP unless there are other concerns.
• Respiratory Exam: Any respiratory distress needs to be evaluated in the ED. Mild wheezing with a history of asthma and/or COPD can be managed at the BH Link in most cases.
• Cardiac Exam: Other than the vital signs, an irregular heart beat without a history of atrial fibrillation needs to be evaluated in the ED.
• Abdominal Exam: Severe tenderness or abdominal distention needs ED evaluation. Active vomiting needs ED evaluation.
• Extremity Exam: New trauma to the extremities needs evaluation in the ED with the exception of superficial abrasions, small bruises or other minor findings. If patient is unable to bear weight on an extremity, this also needs ED evaluation. Other, non-traumatic findings to the extremities if acute, will also need ED evaluation. This includes frostbite, cellulitis, wounds etc. However, chronic wounds that do not appear infected could be managed & cleared in the BH Link by the decision of the nurse.
• Neurological Exam: Any new focal weakness needs ED evaluation. Level of intoxication: If a patient has a CIWA-AR Score 15 or greater, individual should be given Ativan 2mg po stat and evaluated for transport to local emergency department or inpatient detoxification for further treatment. BH Link on call prescriber should be consulted on scores of 15 or greater.
• Psychiatric/Behavioral Exam: Combative, aggressive patients will need ED evaluation. Any patient who is actively suicidal or homicidal will need an ED.

Identified Issue: ______________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Assessment/Plan: ______________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

RN Signature____________________________________________________________
Physician/NP/PCNS (when applicable) _________________________________________________
Community Care Alliance
The Behavioral Health Link Triage Center

POLICY & PROCEDURE

TITLE: Clinical Care Standards for Screening/Assessment and Crisis Intervention

AREA: BH Link/Crisis Center

REVIEW DATE: On A Yearly Basis

REVIEWED BY: Quality Improvement

REFERENCE DOCUMENT (S): Rules and Regulations for the Licensing of Behavioral Healthcare Organizations; February 2014; Section 29.0 Emergency, Crisis Intervention, and Crisis Stabilization Services

APPROVED BY BOARD: N/A


POLICY:
The BH Link team, in addition to providing clinical consultation and critical incident services, also provides crisis stabilization to all clients who present at the center

DEFINITIONS:
Crisis Intervention (CI) Services are operationally defined as both scheduled and unscheduled initial contacts with applicants, not currently active with the BH Link, whose referral was immediately preceded by an acute behavioral problem, including but not limited to an acute intervention by a hospital emergency room, a public safety officer, a federally qualified health center, a substance abuse detoxification program, a psychiatric inpatient unit or a crisis residential program.

GUIDELINES:

- BH Link/Horizon Crisis Center staff will be available 24/7, 7 days a week, to provide comprehensive assessment, crisis intervention and referral services. Individuals will be offered an array of crisis services to include:
  a. Comprehensive assessment by master’s level clinicians
  b. Comprehensive psychiatric and physical assessment services provided by staff RN’s
  c. Rapid toxicology screening.
  d. Telephone triage services.
  e. Substance use assessment and referral.
  f. Facilitation to higher levels of care when appropriate.
  g. Facilitation of detoxification services.
  h. Psychotropic medication assessment and treatment.
  i. Casemanagement and referral services
  j. Mobile community outreach and assessment services.
  k. Peer to peer support services.
  l. 23 hour hold for individuals in need of longer term CI services.
  m. Linkages to other phone or on-site support services.
  n. Facilitate acute stabilization admissions when appropriate.

Walk-in clients (NOTE: BH Link/Horizon Crisis Center is known as an acute care behavioral health facility. Non-emergent applicants can contact the center first by phone or walk in through our OPEN ACCESS intake services)
BH Link staff who are qualified a Qualified Mental Health Professionals (QMHP), can in acute situations, involuntary certify individuals to higher level of care. Clinicians during the assessment process will:

a. determine if the applicant/client presents a continuing danger to self or others;
b. determine if the applicant/client is able to collaborate on a safety plan;
c. stabilize the client;
d. Determine if the applicant/client can be served by one of the levels of care offered by the BH Link or one of its affiliate or collaborating agencies.
e. Arrange for EMS transport when appropriate.
f. Document within the electronic health record

PROCEDURE:

1. Individuals can access BH Link/crisis services either by open access (walking in), or by calling its 24/7 crisis hotline. New applicants are seen on a first come-first served basis through .Individuals accessing the center by phone will either be given a walk-in appointment or referred to an appropriate out of center service. Clients are informed at time of assessment about the purpose of the assessment and what treatment services are available to meet their needs. If a client is in need of emergency intervention services, QMHP personnel will rapidly assess and determine next steps.

2. The comprehensive assessment covers all demographic criteria as identified by The Department of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH) and includes:
   a. Presenting issues
   b. Mental status
   c. Level of risk for suicidal, homicidal and other dangerous behaviors
   d. History of and current use of substances including any concerns related to intoxication and need for medical intervention
   e. Psychiatric history
   f. Trauma history if relevant
   g. Relevant family history
   h. Current Medication/any adverse effects from medications
   i. Medical conditions and information on treating physicians
   j. Legal status
   k. Description of client’s strengths and coping skills
   l. Diagnostic Formulation
   m. Treatment Recommendations including additional outpatient resources if client is not going to be referred to a higher level of care.

3. BH Link Team members will develop a crisis plan, (if client is not immediately hospitalized), and facilitate treatment and follow-up services appropriate to the individual needs of each client.

4. If during the initial visit it is determined that there is no medical necessity for BH Link services, the client will be transferred to another agency program or discharged to another provider more appropriate for his or her needs. If the client is being referred to a community mental health organization, BH Link staff will refer the client to the appropriate CMH intake/emergency service.
5. Family and community interventions, planned and arranged, during crisis intervention visits are intended to prevent a higher level of care and are not necessarily continued as part of a treatment plan once the client has been referred to a program for assessment and ongoing treatment.
Date: __________________________
Client Name: __________________________
Preferred Pronoun (s): __________________________

Chief Complaint: __________________________

CLINICAL SUMMARY:

______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________
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PSYCHIATRIC TREATMENT:
Current Treatment: __________________________

- Psychiatrist (Name/Number): __________________________
- Therapist (Name/Number): __________________________
- Case Manager (Name/Number): __________________________

History of Inpatient: Total Times: ___________ Locations: __________________________ Dates: __________________________
Details: __________________________

History of ASU/CSU: Total Times: ___________ Locations: __________________________ Dates: __________________________
Details: __________________________

History of Outpatient: Total Times: ___________ Locations: __________________________ Dates: __________________________
Details: (COOP) __________________________

RISK ASSESSMENT:
Current Suicidal Thoughts: □ None □ Ideation □ Threats □ Plan □ Intent □ Attempt
Describe Details: __________________________

Current Homicidal Thoughts: □ None □ Ideation □ Threats □ Plan □ Intent □ Attempt
Describe Details: __________________________

History of Suicide Attempts: Total Times: ___________ Dates: __________________________
Method and Describe Details/Consequence: __________________________
History of Self Injurious Behaviors: Dates: __________________________
Method and Describe Details/Consequence: __________________________

History of Homicidal Attempts: □ None □ Ideation □ Threats □ Plan □ Intent □ Attempt
Describe Details: __________________________

SUBSTANCE ABUSE:
History of Detox: Total Times: ___________ Locations: __________________________ Dates: __________________________
History of Residential: Total Times: ___________ Locations:_____________________________ Dates:__________________________

Details: ____________________________

Details: ____________________________

SUBSTANCE ABUSE – Each box must be filled out. If use is denied then document denies.

<table>
<thead>
<tr>
<th>Substance</th>
<th>Amount</th>
<th>Frequency</th>
<th>Duration</th>
<th>Last Use</th>
<th>First Use</th>
<th>Previous Withdrawal</th>
<th>Method</th>
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</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
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<tr>
<td>Cannabis</td>
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<tr>
<td>Cocaine/Crack</td>
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<td>Opiates (Percocet, Vicodin, Oxycodeone, OxyContin)</td>
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<tr>
<td>Heroin</td>
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<tr>
<td>Suboxone/Methadone</td>
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<tr>
<td>Benzodiazepines (Ativan, Valium, Xanax, Klonopin)</td>
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<tr>
<td>Hallucinogens (PCP, LSD, Mushrooms, Special K, Ecstasy, MDMA )</td>
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<tr>
<td>Amphetamines (Speed, Adderall, Strattera, Ice Meth)</td>
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<tr>
<td>Barbiturates (seconal, Phenobarb, Nembutal, “reds”)</td>
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<tr>
<td>Inhalants (gas, glue, Nitrous, nail polish)</td>
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<tr>
<td>Over the Counter (Sudafed, antihistamines, Robitussin “triple Cs”)</td>
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<tr>
<td>Synthetics (Sexy Monkey, Funky Monkey, K2, Spice. OR Bath Salts)</td>
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<tr>
<td>Nicotine</td>
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<tr>
<td>Caffeine</td>
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</tr>
</tbody>
</table>

American Society of Addiction Medicine Patient Placement Criteria:
Dimension I – Acute Intoxication/Withdrawal: What is client’s risk for withdrawal?  □ High  □ Moderate  □ Low  □ None

Dimension II – Biomedical Conditions: What level of risk does client present with that would require any immediate medical treatment?
□ High  □ Moderate  □ Low  □ None

Dimension III – Emotional/Behavioral: What level of risk does the client present with that would interfere with treatment?
□ High  □ Moderate  □ Low  □ None

Dimension IV – Acceptance/Resistance: What is the level of risk associated with client’s willingness to take part in treatment?
□ High  □ Moderate  □ Low  □ None

Dimension V – Relapse Potential: What is the level of risk associated with client’s ability to maintain abstinence and recovery goal with minimal support?
□ High  □ Moderate  □ Low  □ None

Dimension VI – Recovery Environment: What is the level risk associated with client’s recovery environment and client’s coping skills?
□ High  □ Moderate  □ Low  □ None

Client appears to be eligible and appropriate at this time for the following ASAM Level of Care:
□ Level I – Outpatient  □ Level II – IOP  □ Level III - Residential  □ Level IV – Detox

Currently the client is in the following Stage of Change regarding substance use:
### MENTAL STATUS EXAM:

<table>
<thead>
<tr>
<th>Appearance/Behavior</th>
<th>□ Calm</th>
<th>□ Cooperative</th>
<th>□ Guarded</th>
<th>□ Suspicious</th>
<th>□ Hostile</th>
<th>□ Overly Friendly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manner:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Unremarkable</td>
<td>□ Withdrawn</td>
<td>□ Poor Eye Contact</td>
<td>□ Tearful</td>
<td>□ Disheveled</td>
<td>□ Other</td>
<td></td>
</tr>
<tr>
<td>Motor:</td>
<td>□ Psychomotor Agitation</td>
<td>□ Psychomotor Retardation</td>
<td>□ Restless</td>
<td>□ Fidgeting</td>
<td>□ Unremarkable</td>
<td></td>
</tr>
<tr>
<td>□ Tense/Rigid</td>
<td>□ Slouched</td>
<td>□ Comfortable/Unremarkable</td>
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<td></td>
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<tr>
<td>□ Clear</td>
<td>□ Normal</td>
<td>□ Mumbled</td>
<td>□ Slurred</td>
<td>□ Loud</td>
<td>□ Soft</td>
<td>□ Slow</td>
</tr>
<tr>
<td>Speech:</td>
<td>□ Rapid</td>
<td>□ Pressure</td>
<td>□ Hesitant</td>
<td>□ Monotone</td>
<td>□ Limited/Poor Vocabulary</td>
<td></td>
</tr>
<tr>
<td>□ Other/Details:</td>
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<td></td>
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<tr>
<td>Posture:</td>
<td>□ Tense/Rigid</td>
<td>□ Slouched</td>
<td>□ Comfortable/Unremarkable</td>
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<td></td>
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<tr>
<td>□ Clear</td>
<td>□ Normal</td>
<td>□ Mumbled</td>
<td>□ Slurred</td>
<td>□ Loud</td>
<td>□ Soft</td>
<td>□ Slow</td>
</tr>
<tr>
<td>Speech:</td>
<td>□ Rapid</td>
<td>□ Pressure</td>
<td>□ Hesitant</td>
<td>□ Monotone</td>
<td>□ Limited/Poor Vocabulary</td>
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<tr>
<td>□ Other/Details:</td>
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</tr>
<tr>
<td>Mood:</td>
<td>□ Calm</td>
<td>□ Cooperative</td>
<td>□ Guarded</td>
<td>□ Suspicious</td>
<td>□ Hostile</td>
<td>□ Overly Friendly</td>
</tr>
<tr>
<td>□ Unremarkable</td>
<td>□ Withdrawn</td>
<td>□ Poor Eye Contact</td>
<td>□ Tearful</td>
<td>□ Disheveled</td>
<td>□ Other</td>
<td></td>
</tr>
<tr>
<td>Affect:</td>
<td>□ Euthymic</td>
<td>□ Appropriate</td>
<td>□ Congruent</td>
<td>□ Constricted</td>
<td>□ Dysphoric</td>
<td>□ Sad</td>
</tr>
<tr>
<td>□ Labile</td>
<td>□ Expansive</td>
<td>□ Irritable</td>
<td>□ Angry</td>
<td>□ Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Process:</td>
<td>□ Linear</td>
<td>□ Logical</td>
<td>□ Organized</td>
<td>□ Goal Directed</td>
<td>□ Slowed</td>
<td>□ Blocked</td>
</tr>
<tr>
<td>□ Ilogilcal</td>
<td>□ Tangential</td>
<td>□ Disorganized</td>
<td>□ Loose</td>
<td>□ Flight of Ideas</td>
<td>□ Other:</td>
<td></td>
</tr>
<tr>
<td>Content:</td>
<td>□ Delusions</td>
<td>□ Persecutory</td>
<td>□ Grandiose</td>
<td>□ Paranoia</td>
<td>□ Somatic</td>
<td>□ Ideas of Reference</td>
</tr>
<tr>
<td>□ Obsessions</td>
<td>□ Preoccupation</td>
<td>□ Ritualistic</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>□ Details:</td>
<td></td>
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<tr>
<td>Perception:</td>
<td>□ Hallucinations:</td>
<td>□ Auditory</td>
<td>□ Visual</td>
<td>□ Olfactory</td>
<td>□ Tactile</td>
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<tr>
<td>□ Details:</td>
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</tr>
<tr>
<td>Cognitive:</td>
<td>□ Good</td>
<td>□ Fair</td>
<td>□ Poor</td>
<td>□ Impaired</td>
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<td></td>
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<tr>
<td>Insight:</td>
<td></td>
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</tr>
<tr>
<td>Judgment:</td>
<td>□ Good</td>
<td>□ Fair</td>
<td>□ Poor</td>
<td>□ Impaired</td>
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</tr>
<tr>
<td>Impulse Control:</td>
<td>□ Good</td>
<td>□ Fair</td>
<td>□ Poor</td>
<td>□ Impaired</td>
<td></td>
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<tr>
<td>Self Esteem:</td>
<td>□ Good</td>
<td>□ Fair</td>
<td>□ Poor</td>
<td>□ Impaired</td>
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</tr>
<tr>
<td>Frustration Tolerance:</td>
<td>□ Good</td>
<td>□ Fair</td>
<td>□ Poor</td>
<td>□ Impaired</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coping Abilities:</td>
<td>□ Good</td>
<td>□ Fair</td>
<td>□ Poor</td>
<td>□ Impaired</td>
<td></td>
<td></td>
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<tr>
<td>□ Details:</td>
<td></td>
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<tr>
<td>Oriented to:</td>
<td>□ Person</td>
<td>□ Place</td>
<td>□ Time</td>
<td>□ Current Event</td>
<td>□ WORLD</td>
<td>□ DLROW</td>
</tr>
<tr>
<td>Somatic Functioning:</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Sleep:</td>
<td>↑ ↓</td>
<td>N/A</td>
<td>Describe: (insomnia, night terrors, etc)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Appetite:</td>
<td>↑ ↓</td>
<td>N/A</td>
<td>Describe: (disorders)</td>
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<tr>
<td>Weight:</td>
<td>↑ ↓</td>
<td>N/A</td>
<td>Describe: (timeline)</td>
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<tr>
<td>Energy:</td>
<td>↑ ↓</td>
<td>N/A</td>
<td>Describe:</td>
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<tr>
<td>Focus:</td>
<td>↑ ↓</td>
<td>N/A</td>
<td>Describe:</td>
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</tbody>
</table>

### SOCIAL HISTORY:

<table>
<thead>
<tr>
<th>Marital Status:</th>
<th>□ Single</th>
<th>□ Relationship</th>
<th>□ Married</th>
<th>□ Divorce</th>
<th>□ Separated</th>
<th>□ Widow</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children:</td>
<td>□ None</td>
<td>□ Total: ______</td>
<td>□ Ages: ____________________________</td>
<td>□ Current Location: ____________________________</td>
<td>□ DCYF: ____________________________</td>
<td></td>
</tr>
</tbody>
</table>

| Living Situation: | | |
|-------------------|-------------------|
| Education:        | □ Highest Grade: _____ | □ HS Graduate | □ GED | □ Some College | □ Associates | □ BS/BA | □ MS/MA |
| □ Other Vocational/Training: ____________________________ | □ Hx Special Education: ____________________________ |
| Occupation:       | □ Unemployed | □ SSI/SSDI | □ Retired | □ Employed: ____________________________ |

Spiritual/Religious activities/values/traditions/beliefs: ____________________________

Cultural/Ethnic expectations/values/traditions/beliefs: ____________________________

Considering the client’s readiness to change and level of risk, substance use will be addressed in the following way: ____________________________
Section III, Part b - Triage Services, Supporting Document 1

Social Supports:

Military Service History:  □ Yes  □ No (If yes, what branch of the military:_________________________________________________)

Deployments:  □ Yes  □ No (If yes, when and where:_________________________________________________)  

Discharge Status: ____________________________________________________________

TRAUMA/ABUSE HISTORY:  □ None  □ Physical  □ Sexual  □ Emotional/Mental  □ Verbal  □ Other

Duration and/or Time Frame: ________________________________________________

Other details: (i.e. domestic violence, grief, loss, work place, traumatic event) __________________________________________________________

Result/Symptoms:  □ None  □ Hypervigilance  □ Nightmares  □ Hypersensitive to Cues  □ Flashbacks
          □ Intrusive Thoughts  □ Avoidance  □ Exaggerated Startle Response

Details: ______________________________________________________________________________________

FAMILY HISTORY: (If none then document denies)

<table>
<thead>
<tr>
<th>Relationship (Mother/Father, Siblings, Aunt/Uncles, Grandparents)</th>
<th>Mental Illness (Diagnosis)</th>
<th>Substance Abuse (Type and Sobriety)</th>
<th>Suicides (Method and Date)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

History of Peer Suicides:  □ Yes  □ No Details: __________________________________________________________

LEGAL HISTORY:

Charges: (confirm with RI Court Connect, if possible) __________________________________________________________

Charges including weapon/gun:  □ Yes, Details: ___________________________ □ No

Currently has access to weapon/gun:  □ Yes, Details: _______________________ □ No

Currently wants to obtain weapon/gun:  □ Yes, Details: ______________________ □ No

Incarceration Dates: __________________________________________________________

Experienced Solitary Confinement:  □ Yes, Details: __________________________ □ No

Current Warrant:  □ Yes, Details: ___________________________ □ No

Probation/Parole:  □ Yes, Details: ___________________________ □ No

DSM-5 DIAGNOSIS:

DSM-5 F Code  Identifier  DSM-5 Written Name – Clinical

______________________________________________________________________________________________
FORMULATION OF CARE:

Risk Factors:  □ No community services  □ Lack of social supports  □ Noncompliance with medications  □ Active SI  □ Homeless  □ Impulsivity  □ Family history of suicide  □ History suicide attempts  □ Noncompliance with medications  □ Access to gun/weapons  □ Discharged from hospital in last 3 months  □ Started antidepressants in past month

• Describe Details: __________________________________________________________

Protective Factors: □ Engaged in services  □ Social supports  □ Resilience  □ Income  □ Housing  □ Future oriented  □ Medication compliance  □ Wants to get better  □ Identified reasons/persons for living  □ Family supports  □ Cultural principles that discourages suicide  □ Religious identity  □ Positive response to prior treatment

• Describe Details: __________________________________________________________

DISCHARGE PLAN:

□ Home/Current Provider: ______________________________________________________

□ Home/New Provider: _________________________________________________________

□ Residential Services: ________________________________________________________

□ Outpatient Detox Services: ____________________________________________________

□ Inpatient Detox: ______________________________________________________________

□ Inpatient Psychiatry: _________________________________________________________

□ ASU/CSU: ___________________________________________________________________

□ Refused/Declined Referrals: ____________________________________________________

FOLLOW UP INFORMATION:

1. __________________________________________________________________________

2. __________________________________________________________________________

3. __________________________________________________________________________

Assessment Worker’s Signature/Credentials  Date

Assessment Worker’s Printed Name/Credentials

Supervisor/RN’s Signature/Credentials  Date

Supervisor/RN’s Printed Name/Credentials
TITLE: Case Management Services
AREA: Behavioral Health Link – Triage Center
REVIEW FREQUENCY: Annually
REVIEWED BY: Department Vice President
APPROVED BY BOARD: PENDING
REVISED: N/A

POLICY:
All individuals are screened for eligibility and appropriateness in accordance with federal, state and agency regulations/standards.

GUIDELINES:
Case Management services will be available from 7a-7pm Monday through Saturday.

SERVICES TO INCLUDE:
- Assist BH Link clients in establishing an individualized discharge plan
- Assist BH Link clients in identifying barriers to maintaining established services or beginning new services.
- Assist BH Link clients in problem solving around barriers by using the clients natural and/or existing supports and skills.
- Provide supportive, trauma informed care
- Complete all necessary steps to connect BH Link clients to the agreed upon referral/discharge agency or facility (including insurance authorization and making concrete appointments that include date, time, and contact for any level of care recommended during the triage process)
- Follow-up with assigned BH Link clients to ensure referral recommendations are taking place post discharge form the triage center.
- Ensure that BH Link clients who are active with a CMHO or other outpatient behavioral health, substance use disorders, and community services are referred back to those agencies post visit to the triage center (Continuity of Care).
- Provide any appropriate community resources and referrals for basic needs and any other identified problem which may be a barrier to recovery or decreasing quality of life.
BEHAVIORAL HEALTH LINK – Triage Center
Community Care Alliance

POLICY & PROCEDURE MANUAL

TITLE: Peer Specialist Services
AREA: Behavioral Health Link – Triage Center
REVIEW FREQUENCY: Annually
REVIEWED BY: Department Vice President
APPROVED BY BOARD: PENDING
REVISED: N/A

POLICY:
All individuals are screened for eligibility and appropriateness in accordance with federal, state and agency regulations/standards.

GUIDELINES:
Peer Specialist Services are available 7 days a week from 7a-2a by a team of full time and part time Peers who are either Certified are working towards certification through either Anchor Recovery Network or the Parents Support Network programs.

SERVICES TO INCLUDE:
- Provide direct face to face intervention and support to BH Link clients by sharing relevant and appropriate lived experience with recovery from mental illness and/or addiction.
- Assist BH Link clients in establishing goals for post discharge from the triage center.
- Assist BH Link clients in identifying barriers to maintaining established services or beginning new services.
- Assist BH Link clients in problem solving around barriers by using the clients natural and/or existing supports and skills.
- Provide any appropriate community resources and referrals for basic needs and any other identified problem which may be a barrier to recovery or decreasing quality of life.
- Provide supportive, trauma informed care
- When the next steps are established with the BH Link client, Clinician, and Case Manager, Peers should discuss, problem solve, and offer support in ensuring the discharge plan is followed via supportive phone calls, linking clients to the Peer Services at the referring agency, and/or meeting the client at the outpatient appointment and supporting the client as they navigate a new system.
- Follow-up via phone calls with assigned BH Link clients to ensure referral recommendations are taking place post discharge form the triage center and if they aren’t help problem solve around barriers.
POLICY:
All individuals are screened for eligibility and appropriateness in accordance with federal, state and agency regulations/standards.

GUIDELINES:
The BH Link Crisis Hotline is available 24/7 and answered by both full time and per diem Phone Screeners who are trained to assess for psychiatric symptoms, substance use, risk of suicide, and violence via an assessment tool that uses empathy, normalization, and instilling hope. Phone Screeners have access to supervisory clinical staff should the call be above their knowledge base (ie, someone who is actively suicidal and requires 911 intervention). All screeners will practice active engagement skills and always offer least restrictive interventions before 911 or Emergency Management Services (EMS) are involved. (*Please see the Crisis Assessment Screening Form and the Safety and Security/Restraint Policy for examples of active engagement and least restrictive interventions). Lastly, The BH Link Crisis Hotline utilizes a standard caller-ID program within the existing phone system. This caller-ID system displays phone numbers and names when calls come in. However, BH Link staff will confirm name, location, and phone number during the call, should EMS need to be dispatched to the person in crisis.

SERVICES INCLUDE:
- **Risk Assessment**: Individuals who call in to the center will receive a comprehensive risk assessment (based on the Columbia Suicide Severity Rating Scale and to including assessing for suicide, violence, and homicidal thoughts) by trained BH Link phone screeners. Phone screeners, with the assistance of BH Link supervisory clinical staff if needed (i.e, the caller disengages in conversation with the screener; the caller requests to speak to a supervisory clinician; or the screener feels they cannot continue with the call without support of the supervisory clinical staff) will determine next steps prior to terminating the call.
- **Substance Use Assessment**: Substance use and mental health screening questions will also be completed.
- **Treatment Plan**: All individuals who call the BH Link Hotline will receive next steps to include
  *Recommendation to come to the BH Link Triage Center by asking the caller to access their natural supports and resources or arranging for BH Link staff pick up/transport into the center.
  *Should the individual decline to come in to the center, a referral to an appropriate level of care will be given.
  *Should the individual indicate at any time during the phone call that they are an imminent risk to themselves or others or have harmed themselves (constituting an act in progress), the phone
screener will make every attempt to safety plan with the at-risk individual. Safety planning may consist of using therapeutic skills and or support systems that have worked in the past or may help now. Should safety planning and or the discussion of such not impact the caller’s risk of imminent harm, then, life-saving services (911) will be called (with or without the caller’s consent) to intervene and initiate an active rescue in the community wherever the caller may be (in this case every effort will be made to identify the location of the individual).

*Should a third-party call on behalf of a person in crisis, the screener (through questioning) will ensure the third party has capacity and is not altered in order to ensure accurate information is being reported. If the third-party caller is determined to have capacity to continue with the call, the screener will make continued effort to access and engage directly with the person in crisis. Should the screener be unsuccessful in speaking directly with the person in crisis, they will continue with the established risk assessment by asking relevant questions to the third-party caller. Screeners will only obtain enough information to make a risk assessment and will not share confidential information that may or may not be known about the person in crisis. All third-party calls will follow guidelines of HIPPA laws and regulations.

- **Community Resources**: Phone screeners will also assist callers in accessing other community resources as needed
- **Documentation**: All calls will be documented either by hand or in an EMR as determined by the content of the call.

**EMS CONTACT (with the at-risk person) CONFIRMATION AND FOLLOW-UP:**

- **Confirming Contact**: If the at-risk person was not cooperative and active rescue was initiated without the caller’s consent, efforts will be made to confirm emergency service contact and if possible, information will be gathered confirming that the caller was transported to a mental health facility where an appropriate risk assessment could be performed in person.
  a. Staff will follow-up by calling the emergency services that were contacted to request verification that contact was made and to request any information on the disposition of the caller that can be shared.
  b. If information is gathered that the caller was assessed and determined to be not at risk and therefore not transported, or if emergency services were not successful in finding the at-risk individual, staff will arrange for follow-up calls to be performed hourly until the risk assessment determines that the caller is no longer at imminent high risk.

- **Follow-up after EMS was called**: The follow-up of crisis cases is a vital component of the services we provide to callers in crisis situations. People in crisis often need additional assistance from the crisis worker. BH Link is obligated to ensure, within our limits, that each caller receives the services necessary to satisfy their needs. Therefore, the interaction with each caller on the crisis line may not end when the original call is terminated. When the caller needs resources and it would be too time consuming to have them wait on the phone.
  a. When the crisis worker determines that the caller will need additional support.
  b. When the caller is a victim of rape, assault, or other crimes.
  c. When the caller is suicidal (see following guidelines). (The immediacy of a follow-up is determined by the suicidal risk of the caller in the following manner):

    1. **Immediate High Risk**: More than likely an active rescue would have been performed and follow up would not be needed. If follow-up is needed, contact must be made within the hour, every hour until the risk has decreased or the proper authorities have been contacted.
2. **High Risk:** Contact must be made within 24 hours.

3. **Medium:** Contact should be made within the limits of 24-48 hours.

4. **Low:** Contact can be made at the discretion of the caller and/or crisis worker. In general, calls are made within 1-2 weeks.

5. **No Risk:** Contact is again at the discretion of the caller and/or crisis worker. The preferential time frame is also within a two-week time period.
   - Every suicidal caller with medium or higher risk must be followed up, provided appropriate demographic information is given.
   - If information is given to staff that the caller was assessed and determined to be not at risk and therefore not transported, or if emergency services were not successful in finding the at risk individual, staff will arrange for follow-up calls to be performed hourly until the risk assessment determines that the caller is no longer at imminent high risk. Follow-ups will continue at the intervals until the caller is either no longer at risk or refuses to schedule follow-ups with BH Link crisis line workers.

**COLLABORATIVE RELATIONSHIPS:**

The BH Link Crisis Line maintains an informal collaborative relationship with the state of RI 911 system and the all municipal police departments in the state. These organizations communicate with BH Link concerning active rescue and will often share information about whether contact was successful or not. BH Link staff works to create collaborative relationships with not only these services but also with all Emergency Medical Service responders across the state of RI. BH Link leadership attend the quarterly statewide EMS meetings and coordinate with statewide EMS directly and through our colleagues at the RI Department of Behavioral Health, Developmental Disabilities and Hospitals and the RI Department of Health. In addition, BH Link is coordinating with all of the state’s Community Mental Health Center Emergency Service programs to coordinate and assess high-risk clients in their areas of coverage and ensure adequate and appropriate follow-up services are identified and provided.
BH Link Crisis Hotline
Assessment Screening Form

Demographics:
*Remember, get as much information as you can before you discuss the caller’s issues – current location and phone number they are calling from. If they refuse, continue with the call circling back to demographic info.

1. What is your name? ____________________________________________________________

2. Where are you calling from? (current location)______________________________________

If no caller ID:
3. What is your phone number? ____________________________________________________

Status:
*Most folks are calling because they are not sure they want to end their life. Ask what is making them call today as this usually gets to the issue fast.

4. What happened that made you decide to pick up the phone and call us today?
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

If they express suicide ideation go to #5. If no, skip to 14.
5. Tell me more about what is making you think about suicide right now?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

6. Have you thought of ways to kill yourself? ________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

7. Are you planning to act on those thoughts? ________________________________________________
____________________________________________________________________________________

8. What are you doing right now? __________________________________________________________
____________________________________________________________________________________

____________________________________________________________________________________

10. Do you have access to a weapon or other means of suicide in your immediate area? (other means
could be pills, a plastic bag, a knife, a razor, a gun, a belt, a rope, carbon monoxide, or being physically
near a bridge or high building) __________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

11. Are you thinking of using any of these means to harm yourself or end your life right now?_____
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

12. Do you think you could keep yourself safe from using ____________ (any/all means of suicide they
spoke of) to harm yourself right now? ______________________________________________________
____________________________________________________________________________________

13. Are you drinking or using any substances right now? What substance? How much have you used?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

*If they are using, ask them to stop. “Do you think you could stop drinking or using while we talk? Sometimes substance use can make feelings of depression a lot worse.”
Coping:

14. It’s a good sign that you are calling today. It shows you want help, which is the first step to getting better.

15. Have you felt this way before? ____________________________________________
___________________________________________________________________________
___________________________________________________________________________

16. What has worked for you in the past when you felt this way? ______________________
___________________________________________________________________________
___________________________________________________________________________

Family and Friends:
*Callers May feel that their family is better off without them. The goal is to remind them of what is important in life. There is a reason to live.

17. Can you tell me about your family? ____________________________________________
___________________________________________________________________________
___________________________________________________________________________

18. Do you have anyone who can help you? ______________________________________
___________________________________________________________________________
___________________________________________________________________________

19. Is there anyone else with you right now? ______________________________________
___________________________________________________________________________
___________________________________________________________________________

Normalization:
*If you can rephrase what they are telling you it helps them reflect on what they are saying. Also helps them feel understood.

20. So what I hear you saying is...

21. So this is what happened to you today...

*Use normalization to help with feelings of isolation and feeling they are alone in this.

22. I know you’re in emotional pain. Have you ever felt this way before? _______________
___________________________________________________________________________
___________________________________________________________________________
23. How do you cope when you have feelings like this?

____________________________________________________________________________________
____________________________________________________________________________________

24. Most people would feel the same way.

25. Everyone who calls is in emotional pain. You are not alone.

If not assessed earlier:

26. Sometimes when people feel as you do, they have thoughts of killing themselves. Are you thinking of killing yourself?

____________________________________________________________________________________
____________________________________________________________________________________

27. Have you experienced the same or similar thoughts of suicide at any time over the past 2 months?

____________________________________________________________________________________
____________________________________________________________________________________

28. Have you ever attempted suicide in the past? When? How? Did you get help then?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________


____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Means for Suicide/ Homicide Present...

30. Do you have the means to act on your thoughts of suicide? Or homicide?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

If they have means available...

31. I need you to put the ________ (pills, plastic bag, gun, knife) in a secure place while we talk.

32. (If near a building or bridge). I need you to get to a safer location on ground level while we talk.

33. Is there someone there who can safely take your ________ (pills, plastic bag, gun, knife, etc.) or walk with you to a safer location?
The goal is to instill hope.

34. Lots of folks experience feelings of (depression, anxiety, loneliness). I help lots of people just like you get back on track.

35. You can get better.

36. Let’s talk about the next steps.

If you are concerned...

If concerned, consult with supervisor. For high risk calls, with active ideation and plan, where you are unable to verbally de-escalate and safety plan, you will need to have another staff member call the police while you keep the person on the line.

Develop a Safety Plan (If you are able to safety plan and do not need to call 911 for an active rescue)...

• Identify future warning signs of suicide with the caller.
• Use distraction techniques with the caller.
• Identify safety contacts for the caller.
• Identify and review coping skills with the caller.
• Identify professional referrals for the caller.
• Identify ways to make the callers environment safer.
• Identify what to do should these thoughts return?
  o Call the Crisis Line again
  o Walk-in to the triage center, or closest ER
  o Walk-in to local Community Mental Health Center.
Suicidal Assessment Information for Phone Screeners:

Get as much information as you can before you discuss the caller’s issues – current location and phone number they are calling from. If they refuse, continue with the call circling back to demographic info.

Remember that most folks are calling because they are not sure they want to end their life. It’s a good idea to ask what is making them call today. This usually gets to the issue fast.

Also can ask why they want to die if they express suicide ideation. Have you thought of ways to kill yourself? Are you planning to act on those thoughts?

They are most likely feeling hopeless about their situation and want to end the emotional pain they are in. Do you feel that things are going to get better or worse?

Remind them that the fact that they are calling the crisis hotline is a good thing, and showing strength on their part. Also can remind them that they do not need to act on their thoughts of self-harm. You are in control of your thoughts and actions.

Their usual coping skills are not working. What has worked for you in the past when you felt this way?

Also may feel that their family is better off without them. Can you tell me about your family, children, or friends? The goal is to remind them of what is important in life. There is a reason to live.

All folks calling are in emotional pain. Acknowledging this helps them not feel alone. I can see you are in lots of pain. Most folks in your situation would feel as you do. You are not alone!

The goal is to instill hope. You can get better. Let me help you begin getting back on track.

Remind them that lots of folks experience feelings of depression. I help lots of folks just like you get back on track.

If they have a weapon or means to harm themselves or someone else, ask if they can remove it from the area, or give it to a family member. I need you to put the weapon in a secure place while we talk for your safety.

If they are drinking or using substances tell them to stop. Can you stop drinking as alcohol will make feelings of depression a lot worse?

If you can rephrase what they are telling you it helps them reflect on what they are saying. It also helps them feel understood. So what I hear you saying is..............So you got into a fight at work today which made you straight to the bar and drink?

Use normalization. Helps them to not feel isolated, alone and abnormal. Most people would feel the same way. It’s normal to feel angry after a divorce. Anyone in your situation would feel frustrated.

Develop a safety plan. You said the last time you felt this way, talking to your best friend and giving your pills to her helped you stay safe. Could you do that today? Can you have your friend stay with you? If you don’t have a safe place to go, could you come into the triage center?

If concerned, consult with supervisor. For high risk calls, with active ideation and plan who cannot develop a clear safety plan, you will need to have another staff member call the police while you keep the person on the line.
**Policy & Procedure Manual**

**Title:** Restrictive Behavior Management  
**Area:** Behavioral Health Link/ Crisis Center  
**Review Frequency:** Annually  
**Reviewed By:** Vice President of Quality Improvement, Risk Management and Program Evaluation  
**Reference Document(s):**  
- BSM 1 & 2  
- BHDDH Rules and Regulations for the Licensing of Behavioral Healthcare Organizations; February 2014; Section 22.0 Seclusion and Restraint  
- Building Safety Guides  
- Personal Safety for New Employee Orientation  
- Crisis Management Training  
- Incident Reporting Policy  
- Seclusion and Restraint Policies (Viola Berard & Sunrise)  
**Approved By Board:** 5/3/10; 6/10/2015  
**Revised:** 4/9/2018

**Policy:**
The Behavioral Health Link seeks to provide services in the most natural, least restrictive and non-intrusive manner. Even with supports, there are times when individuals may show signs of fear, anger or pain which may lead to aggression or agitation. Staff members are trained to recognize and respond to these signs through de-escalation, changes to physical environment, implementation of meaningful and engaging activities, redirection, active listening, etc.

It is the policy and philosophy of The Behavioral Health Link to promote a safe and therapeutic environment in all programs by:

- Developing positive relationships with service recipients;
- Building on strengths and reinforcing positive behavior; and
- Responding consistently to all incidents of harassment or violence.

Agency services are based on industry best practice standards and state regulatory requirements. BH Link staff and persons acting on behalf of the agency, such as independent contractors and foster parents, do not utilize physical restraint or other restrictive behavior management techniques. Staffs who are trained in the use of seclusion and Therapeutic Crisis Intervention may utilize physical restraint in emergency situations only. Physical restraint is used on an individual only to prevent immediate or imminent injury to the individual or others.

Use of corporal punishment, mechanical or chemical restraint, withholding of basic or social needs, and/or demeaning punishments is prohibited.

The Risk Management Team monitor incident reports to identify any incidents of action not in compliance with this policy and will recommend corrective and/or disciplinary action to the Chief Executive Officer and Executive Management Team.
COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Risk Assessment (Lifeline crisis center version)
Columbia-Suicide Severity Rating Scale (C-SSRS)

The Columbia-Suicide Severity Rating Scale (C-SSRS) is a questionnaire used for suicide assessment developed by multiple institutions, including Columbia University, with NIMH support. The scale is evidence-supported and is part of a national and international public health initiative involving the assessment of suicidality. Available in 103 different languages, the scale has been successfully implemented across many settings, including schools, college campuses, military, fire departments, the justice system, primary care and for scientific research.

Several versions of the C-CCRS have been developed for clinical practice. The Risk Assessment version is three pages long, with the initial page focusing on a checklist of all risk and protective factors that may apply. This page is designed to be completed following the client (caller) interview. The next two pages make up the formal assessment. The C-SSRS Risk Assessment is intended to help establish a person’s immediate risk of suicide and is used in acute care settings.

In order to make the C-SSRS Risk Assessment available to all Lifeline centers, the Lifeline collaborated with Kelly Posner, Ph.D., Director at the Center for Suicide Risk Assessment at Columbia University/New York State Psychiatric Institute to slightly adjust the first checklist page to meet the Lifeline’s Risk Assessment Standards. The following components were added: helpless, feeling trapped, and engaged with phone worker.

The approved version of the C-SSRS Risk Assessment follows. This is one recommended option to consider as a risk assessment tool for your center. If applied, it is intended to be followed exactly according to the instructions and cannot be altered.

Training is available and recommended (though not required for clinical or center practice) before administering the C-SSRS. Training can be administered through a 30-minute interactive slide presentation followed by a question-answer session or using a DVD of the presentation. Those completing the training are then certified to administer the C-SSRS and can receive a certificate, which is valid for two years.

To complete the C-SSRS Training for Clinical Practice, visit http://c-ssrs.trainingcampus.net/.

For more general information, go to http://cssrs.columbia.edu/.

Any other related questions, contact Karen Carlucci at kcarlucci@mhaofnyc.org.
**COLUMBIA-SUICIDE SEVERITY RATING SCALE**
*(C-SSRS)*

Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann  
© 2008 The Research Foundation for Mental Hygiene, Inc.

**RISK ASSESSMENT VERSION**  
(* elements added with permission for Lifeline centers)

**Instructions:** Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.

<table>
<thead>
<tr>
<th>Suicidal and Self-Injury Behavior (Past week)</th>
<th>Clinical Status (Recent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Actual suicide attempt</td>
<td>☐ Lifetime ☐ Hopelessness</td>
</tr>
<tr>
<td>☐ Interrupted attempt</td>
<td>☐ Lifetime ☐ Helplessness*</td>
</tr>
<tr>
<td>☐ Aborted attempt</td>
<td>☐ Lifetime ☐ Feeling Trapped*</td>
</tr>
<tr>
<td>☐ Other preparatory acts to kill self</td>
<td>☐ Lifetime ☐ Major depressive episode</td>
</tr>
<tr>
<td>☐ Self-injury behavior w/o suicide intent</td>
<td>☐ Lifetime ☐ Mixed affective episode</td>
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**Suicide Ideation (Most Severe in Past Week)**

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<tbody>
<tr>
<td>☐ Wish to be dead</td>
<td>☐ Highly impulsive behavior</td>
<td></td>
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<tr>
<td>☐ Suicidal thoughts</td>
<td>☐ Substance abuse or dependence</td>
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<tr>
<td>☐ Suicidal thoughts with method (but without specific plan or intent to act)</td>
<td>☐ Agitation or severe anxiety</td>
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<tr>
<td>☐ Suicidal intent (without specific plan)</td>
<td>☐ Perceived burden on family or others</td>
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<tr>
<td>☐ Suicidal intent with specific plan</td>
<td>☐ Chronic physical pain or other acute medical problem (AIDS, COPD, cancer, etc.)</td>
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**Activating Events (Recent)**

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<tr>
<td>☐ Recent loss or other significant negative event</td>
<td>☐ Aggressive behavior towards others</td>
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<tr>
<td>Describe:</td>
<td>☐ Method for suicide available (gun, pills, etc.)</td>
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<tr>
<td>☐ Pending incarceration or homelessness</td>
<td>☐ Refuses or feels unable to agree to safety plan</td>
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<tr>
<td>☐ Current or pending isolation or feeling alone</td>
<td>☐ Sexual abuse (lifetime)</td>
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**Treatment History**

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<tr>
<td>☐ Previous psychiatric diagnoses and treatments</td>
<td>☐ Identifies reasons for living</td>
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<tr>
<td>☐ Hopeless or dissatisfied with treatment</td>
<td>☐ Responsibility to family or others; living with family</td>
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<tr>
<td>☐ Noncompliant with treatment</td>
<td>☐ Supportive social network or family</td>
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<tr>
<td>☐ Not receiving treatment</td>
<td>☐ Fear of death or dying due to pain and suffering</td>
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**Other Risk Factors**

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<tr>
<td>☐ Belief that suicide is immoral, high spirituality</td>
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<td>☐ Engaged in work or school</td>
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<tr>
<td>☐ Engaged with Phone Worker *</td>
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**Other Protective Factors**

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Describe any suicidal, self-injury or aggressive behavior (include dates):
### SUICIDAL IDEATION

- **Section III, Part e - Triage Services, Crisis Hotline**

**Ask questions 1 and 2. If both are negative, proceed to “Suicidal Behavior” section. If the answer to question 2 is “yes”, ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is “yes”, complete “Intensity of Ideation” section below.**

#### 1. Wish to be Dead

Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.

*Have you wished you were dead or wished you could go to sleep and not wake up?*

If yes, describe:

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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#### 2. Non-Specific Active Suicidal Thoughts

General non-specific thoughts of wanting to end one’s life/commit suicide (e.g., “I’ve thought about killing myself”) without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period.

*Have you actually had any thoughts of killing yourself?*

If yes, describe:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tr>
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#### 3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act

Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, “I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it…and I would never go through with it.”

*Have you been thinking about how you might do this?*

If yes, describe:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
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</table>

#### 4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan

Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to “I have the thoughts but I definitely will not do anything about them.”

*Have you had these thoughts and had some intention of acting on them?*

If yes, describe:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
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</table>

#### 5. Active Suicidal Ideation with Specific Plan and Intent

Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out.

*Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*

If yes, describe:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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### INTENSITY OF IDEATION

The following features should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe). Ask about time he/she was feeling the most suicidal.

<table>
<thead>
<tr>
<th>Lifetime</th>
<th>Time He/She Felt Most Suicidal</th>
<th>Past 1 month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Most Severe</td>
<td>Most Severe</td>
</tr>
</tbody>
</table>

#### Frequency

**How many times have you had these thoughts?**

(1) Less than once a week  (2) Once a week  (3) 2-5 times in week  (4) Daily or almost daily  (5) Many times each day

#### Duration

**When you have the thoughts how long do they last?**

(1) Fleeting - few seconds or minutes  (2) Less than 1 hour/some of the time  (3) 1-4 hours/a lot of time  (4) 4-8 hours/most of day  (5) More than 8 hours/persistent or continuous

#### Controllability

**Could/can you stop thinking about killing yourself or wanting to die if you want to?**

(1) Easily able to control thoughts  (2) Can control thoughts with little difficulty  (3) Can control thoughts with some difficulty  (4) Can control thoughts with a lot of difficulty  (5) Unable to control thoughts  (6) Does not attempt to control thoughts

#### Deterrents

**Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of committing suicide?**

(1) Deterrents definitely stopped you from attempting suicide  (2) Deterrents probably stopped you  (3) Uncertain that deterrents stopped you  (4) Deterrents most likely did not stop you  (5) Deterrents definitely did not stop you  (6) Does not apply

#### Reasons for Ideation

**What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn’t go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?**

(1) Completely to get attention, revenge or a reaction from others  (2) Mostly to get attention, revenge or a reaction from others  (3) Equally to get attention, revenge or a reaction from others and to end/stay the pain  (4) Mostly to end or stop the pain (you couldn’t go on living with the pain or how you were feeling)  (5) Completely to end or stop the pain (you couldn’t go on living with the pain or you were feeling)  (6) Does not apply

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Section III, Part e - Triage Services, Crisis Hotline

SUICIDAL BEHAVIOR
(Check all that apply, so long as these are separate events; must ask about all types)

<table>
<thead>
<tr>
<th>Potential Lethality: Only Answer if Actual Lethality=0</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Behavior not likely to result in injury</td>
</tr>
<tr>
<td>1 = Behavior likely to result in injury but not likely to cause death</td>
</tr>
<tr>
<td>2 = Behavior likely to result in death despite available medical care</td>
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</tbody>
</table>

**Actual Attempt:**
A potentially self-injurious act committed with at least some wish to die, as a result of act. Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is any intent/desire to die associated with the act, then it can be considered an actual suicide attempt. **There does not have to be any injury or harm,** just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt.

**Infering Intent:** Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred.

**Have you made a suicide attempt?**

**Have you done anything to harm yourself?**

**Have you done anything dangerous where you could have died?**

<table>
<thead>
<tr>
<th>What did you do?</th>
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</thead>
<tbody>
<tr>
<td><strong>Did you _____ as a way to end your life?</strong></td>
</tr>
<tr>
<td><strong>Did you want to die (even a little) when you _____?</strong></td>
</tr>
<tr>
<td><strong>Were you trying to end your life when you _____?</strong></td>
</tr>
<tr>
<td><strong>Or Did you think it was possible you could have died from _____?</strong></td>
</tr>
</tbody>
</table>

**Or did you do it purely for other reasons / without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)?** (Self-Injurious Behavior without suicidal intent)

If yes, describe:

**Has subject engaged in Non-Suicidal Self-Injurious Behavior?**

**Interrupted Attempt:**
When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act (if not for that, actual attempt would have occurred).

**Overdose:** Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. **Shooting:** Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. **Jumping:** Person is poised to jump, is grabbed and taken down from ledge. **Hanging:** Person has noose around neck but has not yet started to hang - is stopped from doing so.

**Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything?**

If yes, describe:

**Aborted or Self-Interrupted Attempt:**
When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else.

**Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did anything?**

If yes, describe:

**Preparatory Acts or Behavior:**
Acts or preparation towards имminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one’s death by suicide (e.g., giving things away, writing a suicide note). **Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)?**

If yes, describe:

**Actual Lethality/Medical Damage:**
0. No physical damage or very minor physical damage (e.g., surface scratches).
1. Minor physical damage (e.g., lethargic speech; first-degree burns; mild bleeding; sprains).
2. Moderate physical damage; medical attention needed (e.g., conscious but sleepy, somewhat responsive; second-degree burns; bleeding of major vessel).
3. Moderately severe physical damage; **medical hospitalization and likely intensive care required** (e.g., comatose with reflexes intact; third-degree burns less than 20% of body; extensive blood loss but can recover; major fractures).
4. Severe physical damage; **medical hospitalization with intensive care required** (e.g., comatose without reflexes; third-degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area).
5. Death

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© 2008 Research Foundation for Mental Hygiene, Inc. C-SSRS—Lifetime Recent - Clinical (Version 1/14/09)
BH Link Education Tool for:
Suicide – Understanding and Assessing

**Depressive Symptoms:**
- Changes in personality – becoming sad, easily angered, withdrawn, irritable, anxious, agitated,
  tired, indecisive, apathetic
- Changes in behavior – inability to concentrate on school, work and routine tasks
- Change in sleep pattern – oversleeping or insomnia, nightmares, waking up early
- Loss of interest and pleasure – a noted decrease in enjoyment regarding sex, self-care, hobbies,
  family and friends
- Loss of religion – loses faith in god and stops going to church
- Drug or alcohol use – a noted increase in the use of drugs or alcohol. The person is using
  substance to medicate symptoms of anxiety or depression
- Self-blame or hatred – expressed worthlessness, guilt or shame
- High risk behaviors – driving fast, car accidents, drug use, gambling, fighting
- Recent losses – loss of job, status, relationship, physical health, divorce, death of a loved one

**Risk Assessment:**
- Individual or family history of prior suicide attempts – places a person at higher risk of
  committing suicide in the future
- Expressed hopelessness – voices no hope for the future and may make statements like “I will
  never get better”.
- Antidepressants – when starting medications, clients are at higher risk of attempting suicide as
  their energy and concentration return but thoughts of suicide are still present.
- Giving away prized possessions – a person sometimes prepares for death by giving away
  possessions or treasured belongings
- Puts affairs in order - makes out a will, pays bills far in advance of due date or takes out an
  insurance policy
- Content of speech – talks about committing suicide or wanting to die. Appears preoccupied with
  death and dying.
- Suicidal actions – cutting wrist, taking pills, making suicidal statements
- Access to a firearm in the house – if a depressed person has access to a firearm; they are more apt
  to use it!

**Suicide Assessment:**
- When assessing suicide, you must always use clear communication of “kill
  yourself/suicidal” and not “hurt yourself.” While hurting themselves or Self Injurious Behaviors
  (SIB – cutting) is a high risk behavior, it does not necessarily determine suicidal ideation.
- Thoroughly document and quote clients when they make statements of suicide, and in
  context.

**Ideation/Passive** – no plan or intent, thoughts of wanting to die. “never wake up” “disappear” “wish I
were dead” “don’t see the point in living” and extreme hopelessness, worthlessness, shame, guilt, etc

**Gestures/Threats** – making statements or gestures of “I will kill myself if (I’m homeless, my family
doesn’t forgive me, etc)” “No one cares so I should kill myself” Superficial self-injurious behaviors.

**Plan** – having a concrete plan without the means to do it. Ie: “I want to hang myself” but has not yet
purchased materials, “I want to shoot myself” but does not have access to guns, “I want to cut my wrists”
and has knives, but sought help, is future oriented, identifying reasons for living.

**Intent** – Has a plan with the means to do so. Is not future oriented, does not identify reasons for living.

**Attempt** – it is important to explore the severity, timeframe, and details surrounding attempts. Many
times client report multiple attempts but when explain the attempts, it is apparent these have been periods
of ideation and/or plans of suicide. Documentation of medical intervention is important, and substance
use.
POLICY & PROCEDURE MANUAL

TITLE: 23 Hour Observation Status
AREA: Behavioral Health Link – Triage Center
REVIEW FREQUENCY: Annually
REVIEWED BY: Department Vice President
APPROVED BY BOARD: PENDING
REVISED: N/A

POLICY:
All individuals are screened for eligibility and appropriateness in accordance with federal, state and agency regulations/standards.

GUIDELINES:
Most individuals should be triaged within a few hours, however if clinically necessary, some individuals may stay in the BH Link under observational care for a maximum of 23 hours. During 23-hour observation individuals will receive: 5, 10-minute safety checks, short term emergency medication if appropriate, and basic needs (snacks, shower, laundry and/or donated clothing and rest) short-term crisis therapy, peer support and relaxation interventions. Security personnel will also assist with performing safety checks as assigned.

WHEN TO UTILIZE THE 23 HOUR OBSERVATIONAL STATUS:
Once the assessments have been completed and it is determined that the individual must wait a timeframe before being transitioned to the recommended and agreed upon level of care and they are not safe to wait outside the BH Link, they may be moved to the lounge area to wait (note that the entire wait time must not exceed 23 hours and this should be an exception rather than the rule).

SPECIAL CONSIDERATION WHEN CONSIDERING OBSERVATIONAL STATUS:
Every client that is admitted to the BH Link will be discharged within 23 hours of the onset of the Comprehensive Crisis Assessment. (reason-if someone is intoxicated upon arrival and needs 4-5 hours to become sober enough to be evaluated. Those 4-5 hours of waiting to sober up should not negatively impact the client’s treatment progress by decreasing the amount of time BH Link staff can spend assessing and finding appropriate level of care).
POLICY:
The Behavioral Health Link seeks to provide services in the most natural, least restrictive and non-intrusive manner. Even with supports, there are times when individuals may show signs of fear, anger or pain which may lead to aggression or agitation.

Staff members are trained to recognize and respond to these signs through de-escalation, changes to physical environment, implementation of meaningful and engaging activities, redirection, active listening, etc.

It is the policy and philosophy of The Behavioral Health Link to promote a safe and therapeutic environment in all programs by:

- Developing positive relationships with service recipients;
- Building on strengths and reinforcing positive behavior; and
- Responding consistently to all incidents of harassment or violence.

Agency services are based on industry best practice standards and state regulatory requirements. BH Link staff and persons acting on behalf of the agency, such as independent contractors and foster parents, do not utilize physical restraint or other restrictive behavior management techniques. Staffs who are trained in the use of seclusion and Therapeutic Crisis Intervention may utilize physical restraint in emergency situations only. Physical restraint is used on an individual only to prevent immediate or imminent injury to the individual or others.

Use of corporal punishment, mechanical or chemical restraint, withholding of basic or social needs, and/or demeaning punishments is prohibited.

The Risk Management Team monitor incident reports to identify any incidents of action not in compliance with this policy and will recommend corrective and/or disciplinary action to the Chief Executive Officer and Executive Management Team.
POLICY & PROCEDURE MANUAL

TITLE: Transportation Services
AREA: Behavioral Health Link – Triage Center
REVIEW FREQUENCY: Annually
REVIEWED BY: Department Vice President
APPROVED BY BOARD: PENDING
REVISED: N/A

POLICY:
All individuals are screened for eligibility and appropriateness in accordance with federal, state and agency regulations/standards.

GUIDELINES:
BH Link clients can have access to any/all of BH Link transportation Services based on need, availability, and if all other natural transportation options are investigated and exhausted (ie, Does the client have their own car and are they safe to drive? Does the client have their own bus pass? Does the client have resources to pay for a cab, Uber, or Lyft? Does the client have friends or family who could safely transport?)

TRANSPORTATION SERVICES:
- Use of the BH Link Vans and Driver/ Program Assistant to either pick client up and transport into the triage center for services or to transport a triaged client from the BH Link to the referred agency or facility.
- Use of contracted non-emergent wheelchair van transportation services only when being transferred to an inpatient destination such as a hospital, detox, or ASU/CSU.
- Use of cab, Uber, or Lyft services.
POLICY AND GUIDELINES:
BH link clinical management staff will offer an array of training from in-house and external trainers. Training will take place using methods within trauma informed care and the Crisis Response Training (CRT) model of disaster response, violence prevention and stress management via clinical instruction, consistent and repeated review of learned topics; consistent and repeat practice of learned topics through roleplay, individual, and group learning.

Of Importance, the CCA training team are the lead trainers for Rhode Island’s disaster response team and provide specialized training for first responders in crisis response and managing occupational stress making them uniquely experienced and able to provide high level clinical training on an ongoing basis throughout the year.

Nursing and master’s level clinicians:
RN’s and master’s level clinicians will be trained in conducting the mental status examination as well as conducting assessment for alcohol and opiate withdrawal. Clinical staff will also be mental status training covers the following:

- Understanding the importance of MI/SUD history in conducting face to face assessment
- The importance of documentation in clinical practice
- Conducting both subjective and objective observation of behaviors.
- Importance of eliciting information from family members.
- Assessing dangerousness and aggression.
- Medicating psychotic symptoms (RN only)
- Medicating Mania (RN only)
- Crisis intervention skills.
- Understanding form vs. content of psychotic thinking
- Understanding Major depression and Bipolar disorder
• Understanding the neurobiology of PTSD
• Trauma informed care
• Psychological first aid
• Non-violent crisis intervention
• Understanding the importance of environment in resolving crisis situations
• Working with first responders
• Conducting mobile outreach
• Involuntary certification
• Review and Understanding of Rhode Island’s Mental Health Hygiene Laws
• Understanding medication toxicity
• Post trauma assessment and CISD
• Substance use assessment
• Overdose prevention and Narcan
• Understanding alcohol and opiate withdrawal
• BH Link medical treatment of SA withdrawal (RN only)
• Working with referral sources and hospital ED departments
• Disaster response with membership in Rhode Island’s disaster response team.

Paraprofessional Staff:
These include the following disciplines: Reception/ Administrative Assistant, Security/ Treatment Assistant, Driver/ Program Assistant, Phones Screeners, Case Managers, and Peer Specialists. All paraprofessional staff will receive basic training in crisis intervention, as well as, some of the training topics for RN and clinicians, to specifically include the following:
• Phone screening and crisis assessment
• Crisis response training
• Crisis roleplay - face to face intervention
• Crisis roleplay - phone assessment
• Counseling skills 101 – normalization
• Signs, symptoms, and neurobiology of substance use and addiction
• Physical environment and crisis response
• Suicide assessment – phones
• Ethics and boundaries
• Risk assessment
• Assessing dangerousness and aggression
• Community safety when part of mobile assessment
• Working with first responders
• The importance of documentation in clinical practice
• Customer satisfaction
• Occupational stress management
• Understanding Major depression and Bipolar disorder
• Understanding the neurobiology of PTSD, trauma
• Trauma informed care
• Psychological first aid
• Non-violent crisis intervention

Clinical Management:
Clinical management will also evaluate training needs throughout the year, enhancing training content when needed. Much of the work will also involve training community providers and first responders in the principles of practice at the BH Link to ensure seamless service delivery.

Supporting Documents Include:
• Violence Prevention and Crisis Intervention PowerPoint
• Violence Prevention Worksheet Document
• Trauma and Stress Related Disorders Worksheet Document
• Sexual Harassment Training Document
• Restraint Policy
• Training Tool for Suicide Assessment Document
• Information on Schizophrenia Spectrum Disorders Document
• Information on Bipolar Disorder Document
• Information on Substance Use Disorders Document
• Information of Bath Salts and Toxicity PowerPoint
• Information on Antidepressants, Antipsychotics, and Mood Stabilizer Medication Documents
• RN Documentation Guidelines Document
• Crisis Assessment Tool Document
• Phone Screening Training Document
• ASAM Criteria PDF
Section V, Part a - Medication and Prescribing Policy

BEHAVIORAL HEALTH LINK – Triage Center
Community Care Alliance

POLICY & PROCEDURE MANUAL

TITLE: Prescribing and Administering Medication
AREA: Medical Services
REVIEW DATE: On a yearly basis
REVIEWED BY: Medical Director
REFERENCE DOCUMENT(S):
- Rules and Regulations for the Licensing of Behavioral Healthcare Organizations; July 2014, Section 30.0 Medication and Laboratory Services
- Verbal/Telephone Orders for Diagnostic Laboratory Tests
- Medication Storage and Destruction for all Agency Sites
- Concern and Complaint Resolution

APPROVED BY BOARD: N/A
REVISED: N/A

POLICY:
The Behavioral Health Link – Triage Center (BH Link) is committed to ensuring that consistent medical service delivery guidelines and documentation practices are in place for the prescription and administration of medication for clients seen at the BH Link.

PROCEDURES:

1. Only a BH Link prescribing practitioner authorized to prescribe medication (e.g., physician or Psychiatric Clinical Nurse Specialist) shall prescribe prescription medication taken by clients.

2. An agency prescribing practitioner may issue a medication order by telephone if they are off-site and do not have remote access to the electronic health record (EHR). Only a registered nurse may receive a verbal telephone order from a prescribing practitioner. The RN will transcribe the order into the Medication Module of the EHR or on the MD Order form.

3. Medication refills will not be approved outside of business hours by BH Link staff. In an emergency situation, an agency prescriber may issue a medication order by telephone.

4. Prescribing practitioners shall prescribe only medications that fall in the following categories:
   - Medications prescribed to reduce the signs and symptoms of a diagnosed mental disorder.
   - Medications prescribed to reduce or alleviate the symptoms that occur as side effects of medications in the first category.
   - Medications prescribed to reduce the signs and symptoms of alcohol, opiate or other drug withdrawal.

5. Psychotropic medication shall be initially prescribed by a prescribing practitioner who has examined the client and who is familiar with the client’s current medical and psychosocial history. At times, medications may be ordered in the absence of the prescribing practitioner who is primarily responsible (“attending”) for the treatment of the client. In these cases, the “covering prescribing practitioner” shall use his/her best clinical judgment in providing prescription orders or other treatment services for the client.
   - Except as set forth in this regulation a client who is receiving psychotropic medication at the BH Link shall be referred to an appropriate outpatient provider for medication continuation at time of discharge. For each case in which medication is prescribed, the prescribing practitioner shall document the following in the client’s record:
     a. The reasons for prescribing, continuing, or discontinuing all medications and;
     b. Whether the medication is effective in treating the client and;
     c. Whether the prescribed dosage is the minimum required to effectively treat the client and;
     d. Any signs of side effects and the treatment prescribed to address the side effects and;
     e. That the prescribing practitioner has reviewed all medication that the client is currently taking, to ensure that the mixture of medications is reasonable and safe and;
     f. Client comments regarding response to medications, and if applicable, the client’s request to change or discontinue a medication and;
Section V, Part a - Medication and Prescribing Policy

- Prescribing practitioners shall involve clients in decisions related to his/her use of medications.
- Documentation in progress notes must substantiate the rationale for the particular medication prescribed.
- A client who is receiving psychotropic medication shall, if he/she consents, receive a brief physical examination by the BH Link RN. The results of this physical examination shall be reviewed by the prescribing practitioner authorizing the client’s psychotropic medications. This prescribing practitioner shall note in the client’s medical record any observations based on the review.

6. The type and amount of medication prescribed shall not exceed the client’s clinical/medical requirements.
   - Fertility
   - Pregnancy
   - Substance Abuse

7. Medication shall not be used for the behavioral control or punishment of a client, primarily for staff’s convenience, or as a substitute for programming.

8. Medication shall not be withheld unless a medical/clinical indication for withholding the medication is documented.

9. Medication that is administered at the facility shall be administered in accordance with the following provisions:
   - Clients, when able, shall administer their own medication.
   - The prescribing practitioner may order that a client’s self-administration of medication be assisted or supervised by program staff.
   - Non-medically licensed staff shall not administer medication, but may monitor clients who need help with taking their medication. Unlicensed staff shall not remove medication from its container; the assistance that unlicensed staff may provide to a client shall be limited to reminding the client to take the medication and observing the client take the prescribed dosage at the prescribed time.
   - At the time each dose of medication is administered, the following information shall be recorded: the name, strength, and dosage of the medication; the time it was administered; how it was administered, if other than orally; and the initials or name of the person who administered the medication, including the client, if self-administered.
   - Injection medication may be given per MD standing or documented orders.
   - When prescribed medication is not administered as ordered, the prescribing practitioner shall be notified in accordance with accepted medical practice, and an incident report will be forwarded to the Vice President of Administrative Services. At the time of the missed dose, the following information shall be recorded: name, strength and dose of the medication and the reason for the missed dose. The Chief of Licensure and Standards shall be notified of any serious procedural error in administering medication.

10. Medication information shall be entered into the client’s record. This information shall include: the name of the medication, the dosage, the frequency of administration, and the amount ordered.

11. Information about the medication(s) a client is taking shall be made available by the prescribing practitioner to the client and to program staff. If the client’s legal guardian requests this information, it shall be made available to the guardian. The information shall include:
   - A verbal description of the medications’ common risks and side effects, the procedures to be taken to minimize these risks and effects, intended benefits, contradictions, a description of the clinical signs that indicate a medication may need to be discontinued, rationale for each medication if applicable, alternatives to the use of medications, the proper storage of medications, and, if applicable, the availability of financial supports and resources to assist the persons served with handling the costs associated with medications will be presented to the client or guardian. Websites approved for obtaining material for client medication information include:
   - The record will reflect that the client has consented to take prescribed medication and has received information regarding the prescribed medications.
   - The client or guardian can request an informational pamphlet from his/her pharmacy.
12. Medication shall be stored in suitable containers in a secure location(s) that is locked when unattended. The storage area shall be appropriate for storing medication, and the required sanitation, temperature, light, moisture, ventilation, and segregation of medications shall be maintained.

- Shipment of medication or medical supplies will be made directly to the designated site/location. A nurse/medication technician will be responsible for accepting/signing for the delivery and ensuring that it is securely stored. In the absence of a nurse, a prescribing practitioner, or medication technician is responsible for accepting/signing the delivery.

13. All prescribed medication shall be accounted for, administered, stored, and disposed of in accordance with state and federal laws. Any discrepancy in the medication count shall be reported to the Program Director, the Clinical Director, and the Vice President of Administrative Services.

14. Medications shall be properly and safely labeled using a professional standardized method.

15. All medication records, prescription blanks, and forms for ordering medications shall be kept in a secure location.

16. Medications shall be provided to clients in the most ready-to-administer form possible to minimize errors.

17. All state and federal laws that apply to prescription medication shall be observed.

18. The client or, if the client is under guardianship, the client's legal guardian may file a complaint regarding the client's medication.

(R. Crino: October, 2018)
POLICY & PROCEDURE

TITLE: Medical Orders
AREA: Health Information
REVIEW DATE: On a yearly basis
REVIEWED BY: Medical Issues Committee
REFERENCE DOCUMENT(S): 84-22 Medical Orders Form
02-23 Medication Administration Record

POLICY:
The Behavioral Health Link (BH Link) is committed to ensuring that all prescriber Medication Orders are documented in a routine fashion according to established protocols. This form is used agency-wide by agency prescribers. All medications prescribed by agency prescribers must be documented on this form or in the appropriate section within the electronic health record. The form is a duplicate; the second sheet is a yellow copy. It is used for documentation of medication, laboratory studies, urine toxicology screens, and diagnostic tests ordered for agency clients. It is filed in the client’s Health Information record under the "Medical Orders & Notes" section or scanned into the client’s electronic health record.

PROCEDURE:

1. Documentation on the Medical Orders form for medication shall provide the following:
   - Client Name and Health Information Number
   - Prescriber Name
   - Allergies
   - The date prescribed, changed or discontinued
   - The drug product name, dosage and strength
   - The route of administration (if other than oral) schedule for administration
   - The total supply of medication prescribed and number of refills
   - The signature of the prescriber
   - If the client is in Medication Clinic, the date and signature of the RN who transcribed the order on the Medication Administration Record.

2. The BH Link RN will review the Medical Orders form of all Medication Clinic clients at a minimum of every shift.

3. So that there will be standardized use of the Medical Orders form, it is required that the following procedures be implemented:
   a. "Continue medications as above" or “no change in Rx” may be documented on the Medical Orders Form only under the following circumstances:
      - All continued medication orders are written in full on the top of the current Medical Orders form.
      - Client has adequate supply of all medications ordered for at least thirty days or prior to next scheduled appointment with another prescriber.

   b. If the client will need new prescriptions written, the complete medication orders must be present on the current medication sheet. If medications are being maintained without change to any active pharmacological treatments, when the prescriber rewrites prescriptions he or she may write “Rewrite Current Prescriptions” or “Rewrite all Rx”. If the prescriber documents “Rewrite…” then the “Amount” should include the duration of the treatment, rather than the numeric quantity, e.g. one day, one month.

4. The Medical Orders Form and a copy of all prescriptions written will remain in the client record on site, if it is not listed in the electronic health record.

(R. Crino: October, 2018)
COMMUNITY CARE ALLIANCE  
Behavioral Health Link – Triage Center  

Physician’s Standing Orders  

Date:_______________

Client Name: ________________________________

____________________

HI#:___________________

Allergies:__________________________________________________________________________________

1. Urine HCG pregnancy test in females < 50 years old, who will be receiving medication at the Behavioral Health Link (BH Link).

2. Urine toxicology screen on all patients in absence of referral center toxicology screen;

3. Acetaminophen 325 – 650 mg PO every 4 hours prn for pain, fever or discomfort.

4. Ibuprofen 400 – 800 mg PO every 6 hours prn for pain, fever or discomfort. (Discontinue if patient is receiving LITHIUM).

5. Cough syrup or sugar free cough syrup for diabetics prn for cough per dosage and instructions on bottle.

6. Aluminum hydroxide 30 ml PO every 4 hours prn for gastric discomfort.

7. Milk of Magnesia 30 ml PO at bedtime prn for constipation.

8. Colace 100 mg PO at bedtime for hard stools.

9. Imodium 4 mg PO prn diarrhea, followed by 2 mg PO after each loose stool not to exceed 8 mg/24 hours.

10. Lindane 1% shampoo treatment for head or pubic lice (pediculi) prn. Administer per dosage and instructions on bottle.

11. Acticin cream 5% for treatment of scabies prn. Administer per dosage and directions on label.

12. Lorazepam (Ativan) 2 mg IM for seizure. Send to ER for evaluation.

13. Ativan 1 – 2 mg PO or IM for agitation/anxiety. Need to call prescriber after dose administered.

14. Epinephrine 0.3 mg or Epi-Pen times 1 dose prn for allergic reaction.

15. Benadryl 50 mg PO OR Melatonin 3 mg PO OR Trazodone 50 mg PO at bedtime prn for insomnia. May repeat Trazodone in 1 hour if no effect.

16. Vistaril 25-50 mg PO every 6 hours prn for anxiety or agitation.

17. If patient is ordered Albuterol inhaler, may substitute Albuterol nebulizer treatment, use Albuterol 0.83/3 ml, q 6 hours prn for wheezing or mild SOB, following nebulizer procedure.

18. Zofran 4 mg PO or IM every 8 hours for nausea/vomiting.

19. May continue use of properly labeled and verified medications prescribed prior to admission.

Medical Director’s Signature ___________________________ Date ___________________________

Nurse’s Signature ___________________________ Date & Time ___________________________
<table>
<thead>
<tr>
<th>DATE</th>
<th>FREQ</th>
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</table>

**Physician’s Standing Orders – Opiate Medication Record**

**BEHAVIORAL HEALTH LINK – Triage Center**
Community Care Alliance

Name: ___________________________  
HI #: ___________________________

Allergies: ____________________________________________  
Room #: ______________

<table>
<thead>
<tr>
<th>DATE</th>
<th>FREQ</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**Clonidine**
0.1 MG PO  
Repeat in 1 hr if well tolerated  
Stat Test  
Dose  
Repeat in 1 hr  

<table>
<thead>
<tr>
<th>DATE</th>
<th>FREQ</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Clonidine**
0.1 – 0.2 MG  
PO QID  
0600  
1200  
1800  
2400  

<table>
<thead>
<tr>
<th>DATE</th>
<th>FREQ</th>
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<tbody>
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</tbody>
</table>

**Dicyclomine (Bentyl)**
20 – 40 MG PO  
Q 4 – 6 HRS PRN  

<table>
<thead>
<tr>
<th>DATE</th>
<th>FREQ</th>
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</thead>
<tbody>
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**Dicyclomine (Bentyl)**
20 MG PO  
Q 4 – 6 HRS PRN  

<table>
<thead>
<tr>
<th>DATE</th>
<th>FREQ</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hydroxyzine Pamoate (Vistaril)**
25 – 50 MG PO  
Q 4 – 6 HRS PRN  

<table>
<thead>
<tr>
<th>DATE</th>
<th>FREQ</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Trazodone**
50MG PO  
May repeat times one in one hour  
PRN  
Bedtime  

<table>
<thead>
<tr>
<th>DATE</th>
<th>FREQ</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Ibuprofen (Motrin)**
400 MG PO  
1 OR 2 TABS  
Q 6 HRS PRN  

<table>
<thead>
<tr>
<th>DATE</th>
<th>FREQ</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Acetaminophen (Tylenol)**
325 MG PO  
1 OR 2 TABS  
Q 4 – 6 HRS PRN  

<table>
<thead>
<tr>
<th>DATE</th>
<th>FREQ</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Signs and Symptoms of Opiate withdrawal may vary according to patient:**

- Tachycardia > 100
- Hypertension > 140/90
- Elevated Temperature > 99.0
- Dilated Pupils
- 1/2 Diameter of Pupil
- Abdominal Cramps
- Diaphoresis
- Piloerection
- Lacrimation
- Runny Nose
- Irritability
- Yawning
- Diarrhea
- Involuntary Muscle Twitch
- Nausea
- Vomiting
- Insomnia
- Tremors

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**Physician’s Standing Orders – Opiate Medication Record**

Hold Medications for BP<90/50 or if patient has signs and symptoms of Postural Hypotension *(Dizziness on rising)*

**Clonidine (Highlighted areas are not available for that day):**

<table>
<thead>
<tr>
<th>Day</th>
<th>Dosage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1 or 2</td>
<td>0.1 MG PO Stat Test Dose, Initiate for W/D, May repeat 0.1 MG in 1 HR. if well tolerated</td>
</tr>
<tr>
<td>Day 1, 2, 3, 4</td>
<td>0.1 TO 0.2 MG PO Q 6 HRS</td>
</tr>
</tbody>
</table>

**Bentyl (Dicyclomine) for Abdominal Cramps**

<table>
<thead>
<tr>
<th>Days</th>
<th>Dosage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days 1, 2, 3, 4</td>
<td>20 TO 40 MG PO Q 4 HRS PRN</td>
</tr>
<tr>
<td>Days 5, 6</td>
<td>20 MG PO Q 4 HRS PRN</td>
</tr>
</tbody>
</table>

**Vistaril (Hydroxyzine Pamoate) for Restlessness**

<table>
<thead>
<tr>
<th>Days</th>
<th>Dosage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days 1 – 6</td>
<td>25-50 MG PO Q 4 PRN</td>
</tr>
</tbody>
</table>

**Motrin (Ibuprofen) for Body Aches**

<table>
<thead>
<tr>
<th>Days</th>
<th>Dosage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days 1 – 6</td>
<td>400-800 MG PO Q 6 HRS PRN</td>
</tr>
</tbody>
</table>

**Tylenol (Acetaminophen) for Body Aches/Intolerance to Motrin**

<table>
<thead>
<tr>
<th>Days</th>
<th>Dosage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days 1 – 6</td>
<td>325-650 MG PO Q 4-6 HRS PRN</td>
</tr>
</tbody>
</table>

**Trazodone for Insomnia**

<table>
<thead>
<tr>
<th>Days</th>
<th>Dosage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days 1 – 6</td>
<td>50 MG PO PRN at bedtime may repeat times one in one hour</td>
</tr>
</tbody>
</table>

**Vital Sign Regime**

<table>
<thead>
<tr>
<th>Days</th>
<th>Dosage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days 1 – 5</td>
<td>Q 6 HRS &amp; PRN</td>
</tr>
<tr>
<td>Days 5, 6</td>
<td>BID &amp; PRN</td>
</tr>
</tbody>
</table>

*Medication Directors Approved Protocol*

*(Protocol can be initiated upon admission, until examined by Physician/Nurse Practitioner)*

**Physician’s Signature**  ___________________________  **Date**

**Nurse’s Signature**

**Nurse’s Signature/Initials**

**Date/Time**

---

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Physician’s Standing Orders – Clonidine Protocol for Opiate Withdrawal

Name: ________________________________________________________ HI #: ____________________

Allergies: _________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Clonidine Initiation**

Dose: ________ Date: __________ Time: ________

COW Score: ________

BP: ___________ Pulse: ___________

Res: ___________ Temp: ___________

**COW Score Reference**

<table>
<thead>
<tr>
<th>Clonidine Dosage</th>
<th>Date</th>
<th>Time</th>
<th>Dose</th>
<th>RN Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild: 5 – 12</td>
<td>Give clonidine 0.1 mg PO stat. May repeat 0.1 mg in 1 hour if well tolerated.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate: 13 – 24</td>
<td>Clonidine 0.1 – 0.2 mg PO PRN Q 6 hours hereafter.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate/Severe: 25 – 36</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Severe: 37+</td>
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</tbody>
</table>

*Hold Clonidine for BP < 90/50 or if patient has signs and symptoms of hypotension (dizziness on rising)*

**Signs and Symptoms of Opiate withdrawal may vary according to patient:**

- Tachycardia >100
- Hypertension >140/90
- Elevated temperature >99.0
- Dilated pupils
- 1/2 diameter of pupil
- Abdominal cramps
- Diaphoresis
- Piloerection
- Lacrimation
- Runny nose
- Irritability
- Yawning
- Diarrhea
- Tremors
- Nausea
- Vomiting
- Insomnia
- Involuntary muscle twitch
Physician’s Standing Orders – Opiate Medication Record

Hold medications for BP <90/50 or if patient has signs and symptoms of Postural Hypotension (Dizziness on rising).

**Clonidine**

0.1 MG PO stat test dose, initiate for W/D, may repeat 0.1 MG in 1 HR if well tolerated

**Bentyl (Dicyclomine) for abdominal cramps**

20 to 40 MG PO Q 4 HRS PRN

**Vistaril (Hydroxyzine Pamoate) for restlessness**

25-50 MG PO Q 4 PRN

**Motrin (Ibuprofen) for headaches, pain**

400-800 MG PO Q 6 HRS PRN

**Tylenol (Acetaminophen) for headaches, pain/intolerance to Motrin**

325-650 MG PO Q 4-6 HRS PRN

**Robaxin (Methocarbamol) for Muscle Cramps**

750 MG PO Q 8 HRS PRN

**Trazadone for insomnia**

50 MG PO bedtime – may repeat times one if no effect in 1 HR

**Vital Sign Regime**

Q 2 HRS & PRN

_______________________________________________
Medical Director/MD Signature

(Protocol can be initiated upon admission)

_______________________________________________
Nurse’s Signature Date/Time

<table>
<thead>
<tr>
<th>RN INITIALS</th>
<th>RN SIGNATURE</th>
<th>RN PRINTED NAME</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
Physician’s Standing Orders – Ativan Protocol for Alcohol Withdrawal

Date: ______________________

Name: ________________________________________________________

HI #: __________________

Last          First          MI

Allergies: ________________________________________________________________

**Ativan Initiation**

<table>
<thead>
<tr>
<th>Dose:</th>
<th>Time:</th>
<th># of hours after last drink:</th>
<th>CIWA-AR Score</th>
<th>Dosage based on CIWA score</th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
<td>______</td>
<td>___________________________</td>
<td>(0 – 7)</td>
<td>Monitor vital signs Q 1 hr</td>
</tr>
<tr>
<td>1 – 24</td>
<td>24 – 48</td>
<td>increased BP, Temp, Anxiety, Sweating</td>
<td>(8 – 14)</td>
<td>Administer 2 mg of Ativan PO stat. Reassess in 1 hour &amp; then every 2 hours thereafter, or as needed. Ativan 1 – 2 mg PO can be administered prn for CIWA &gt;8, HR &gt;100, DBP&gt;100</td>
</tr>
</tbody>
</table>
| 48 – 72 | increased risk of DT’s (confusion, hallucinations) | (>15) | Administer 2 mg PO stat & evaluate for transport to local ED or inpatient detox. BH link on call prescriber should be consulted on scores 15+.

**Cumulative Total:**

**Additional standing orders:**

- May give Ativan 2 mg IM for seizures. Client to be transported to local ED.
- Conduct urine toxicology if none available by referring agency.
- Urine HCG for females under 50.
- Vital signs per protocol.
- May use Zofran 4 mg PO or IM every 8 hours for nausea.
- May use Clonidine 0.1-0.2 MG PO Q6 for BP of 140/90 or higher.

*All standing orders: PRN medication (non-Ativan) must be documented on BH Link PRN form*
Physician’s Standing Orders – Ativan Protocol for Alcohol Withdrawal

Individuals presenting with elevated blood alcohol levels will be closely monitored for the appearance of Alcohol Withdrawal Symptoms (AWS). Within 6 – 10 hours of cessation, mild AWS is usually noted consisting of tremor, anxiety, elevated BP, nausea, vomiting, tachycardia, sweating and increased body temperature. Within 12 – 24 hours, alcohol hallucinosis may occur consisting of auditory and/or visual disturbances. Withdrawal seizures may occur post 24 hours after cessation of alcohol. Delirium Tremens may occur 48 – 72 hours after stopping alcohol use. RN’s utilize the CIWA-AR assessment tool to determine severity of alcohol withdrawal. This tool is also to be used to determine the dosage and frequency of medication administration.

Administration of Lorazepam for Alcohol Withdrawal

CIWA-AR Score 0 – 7: Continue to monitor vital signs Q 1 hour.

CIWA-AR Score 8 – 14: Administer 2 mg Ativan PO stat. Reassess in 1 hour and then every 2 hours thereafter, or as needed. Ativan 1 – 2 mg PO can be administered PRN for CIWA >8, HR >100, DBP >100.

Total Ativan given NTE 14 mg/24 hrs; contact BH Link on call prescriber as needed.

CIWA-AR Score 15 or greater: Administer 2 mg Ativan PO stat and evaluated for transport to local emergency department or inpatient detoxification for further treatment. BH Link on call prescriber should be consulted on scores 15 and greater.

HOLD ATIVAN for BP lower than 90/50; postural hypotension, respiratory distress, or respiratory rate <10; or patient unresponsive to voice (or lower oximetry, other signs of intoxication). Hold dose until no toxicity and then may proceed with 1 mg dose).

While it is important for the RN to follow the above protocol, the frequency and amount of Ativan administration is still determined by the RN assessment. RN’s are allowed to round up the CIWA score when appropriate.

Common side effects of Ativan:

- Drowsiness
- Dizziness
- Weakness
- Low BP
- Excessive sleepiness
- Shortness of breath or rapid breathing
- Unsteadiness
- Confusion

Medical Director/MD Signature

(Protocol can be initiated upon admission)
**Behavioral Health Link Triage Center**  
**Physician’s Standing Orders – Protocol for Alcohol Withdrawal**  
**Phenobarbital**

Date: ______________________________

HI #: ___________________

Name: ___________________________________________________

TX Bay: _______________

Last: ___________________________  First: _______________  MI: ___________________

Allergies: ___________________________________________________________________

<table>
<thead>
<tr>
<th>Day of RX</th>
<th>Frequency</th>
<th>Date</th>
<th>Time</th>
<th>Dose</th>
<th>RN Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe withdrawal (&gt;12) Phenobarbital 130 MG IM (Call MD/Prescriber)</td>
<td>Q 30 MIN PRN Maximum of 5 Doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate Withdrawal (10-11) Phenobarbital 129.6 MG PO</td>
<td>Q 1-2 HRS. PRN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate Withdrawal (8-9) Phenobarbital 97.2 MG PO</td>
<td>Q 1-2 HRS. PRN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild Withdrawal (6-7) Phenobarbital 64.8 MG PO</td>
<td>Q2-4 HRS. PRN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild Withdrawal (4-5) Phenobarbital 32.4 MG PO</td>
<td>Q 2-4 HRS. PRN</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Cumulative Total:

<table>
<thead>
<tr>
<th>INITIALS</th>
<th>SIGNATURE</th>
<th>PRINTED NAME</th>
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<tbody>
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</table>

(Rev. 10/18)
Behavioral Health Link Triage Center
Physician’s Standing Orders – Protocol for Alcohol Withdrawal
Phenobarbital

(Rev. 10/18)
# Phenobarbital Flow Sheet

<table>
<thead>
<tr>
<th>Name ___________________________</th>
<th>Client ID ___________________________</th>
<th>TX Bay ______</th>
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</thead>
<tbody>
<tr>
<td>Date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse Initials:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure</td>
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</tr>
<tr>
<td>Pulse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temperature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
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</tr>
<tr>
<td>Vomiting</td>
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</tr>
<tr>
<td>Agitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insomnia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diaphoresis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tremors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groups Excused/Involved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol W/D Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial</td>
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</tbody>
</table>

| ____________________________ | ____________________________ | ____________________________ |
| ____________________________ | ____________________________ | ____________________________ |
| ____________________________ | ____________________________ | ____________________________ |

Nurse’s signature and initials
### Point Scoring Criteria of Flow Sheet

#### Blood Pressure

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Systolic below 140 mm. or diastolic 90 mm.</td>
</tr>
<tr>
<td>1</td>
<td>Systolic 140-172 mm. or diastolic 92-100 mm.</td>
</tr>
<tr>
<td>2</td>
<td>Systolic 174-200 mm. or diastolic 102-110 mm.</td>
</tr>
<tr>
<td>3</td>
<td>Systolic over 200 mm. or diastolic over 110 mm. max</td>
</tr>
</tbody>
</table>

#### Temperature

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Normal 98.6</td>
</tr>
<tr>
<td>1</td>
<td>98.8 to 99.6</td>
</tr>
<tr>
<td>2</td>
<td>99.8 to 100.6</td>
</tr>
<tr>
<td>3</td>
<td>100.6 and over</td>
</tr>
</tbody>
</table>

#### Pulse

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Below 88 beats/min</td>
</tr>
<tr>
<td>1</td>
<td>89 to 100 beats/min</td>
</tr>
<tr>
<td>2</td>
<td>101 to 110 beats/min</td>
</tr>
<tr>
<td>3</td>
<td>111 to 120 beats/min</td>
</tr>
<tr>
<td>4</td>
<td>Over 120 beats/min</td>
</tr>
</tbody>
</table>

#### Tremors

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None</td>
</tr>
<tr>
<td>1</td>
<td>Tremor felt - not visible</td>
</tr>
<tr>
<td>2</td>
<td>Mild tremors - tremor of hands and fingers extended</td>
</tr>
<tr>
<td>3</td>
<td>Moderate visible tremors - tremors of upper extremities with hands and fingers extended</td>
</tr>
<tr>
<td>4</td>
<td>Marked visible tremors - tremor visible with no extension</td>
</tr>
</tbody>
</table>

#### Nausea/Vomiting

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None</td>
</tr>
<tr>
<td>1</td>
<td>No appetite - upset stomach</td>
</tr>
<tr>
<td>2</td>
<td>Nausea</td>
</tr>
<tr>
<td>3</td>
<td>Vomiting</td>
</tr>
<tr>
<td>4</td>
<td>“Dry heaves”</td>
</tr>
</tbody>
</table>

#### Agitation

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None</td>
</tr>
<tr>
<td>1</td>
<td>Mild increase in activity</td>
</tr>
<tr>
<td>2</td>
<td>Moderate increase in activity</td>
</tr>
<tr>
<td>3</td>
<td>Restless, pacing, or thrashing about in bed</td>
</tr>
<tr>
<td>4</td>
<td>Overly vigilant, exaggerated startle reflex</td>
</tr>
</tbody>
</table>

#### Sleeplessness

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None</td>
</tr>
<tr>
<td>1</td>
<td>Restless sleep but able to return to sleep if awakened</td>
</tr>
<tr>
<td>2</td>
<td>Awakens, unable to return to sleep</td>
</tr>
<tr>
<td>3</td>
<td>Unable to sleep at all for more than 1-2 hours</td>
</tr>
</tbody>
</table>

#### Diaphoresis

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None</td>
</tr>
<tr>
<td>1</td>
<td>Mild/barely visible/skin moist</td>
</tr>
<tr>
<td>2</td>
<td>Moderate/visible/beads of sweat</td>
</tr>
<tr>
<td>3</td>
<td>Marked/clothes, bed soaked</td>
</tr>
<tr>
<td>DATE ORDERED</td>
<td>ORDERS</td>
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</table>

ALL MEDICATIONS ADMINISTERED P.O. UNLESS OTHERWISE SPECIFIED.
Behavioral Health Link Triage Center
Medication Administration Log
Standing Orders

<table>
<thead>
<tr>
<th>Prescribed Medication/Treatment</th>
<th>FREQ</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Psychiatrist/Prescriber: _____________________    TX Bay: _________
<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>MEDICATION</th>
<th>REASON GIVEN</th>
<th>INITIALS</th>
<th>RESULT</th>
<th>TIME</th>
<th>INITIALS</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE</th>
<th>CLIENT PRN ORDERS</th>
<th>ALLERGY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
### Behavioral Health Link

#### Signature Legend

<table>
<thead>
<tr>
<th>INITIALS</th>
<th>SIGNATURE</th>
<th>PRINTED NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Medical Director’s/MD Approval _________________________________

(Protocol can be initiated upon admission)
A medication evaluation will be conducted by licensed professionals (MD, NP, PCNS). During this time these providers will discuss with you the benefits of changing prescriptions and continuing or discontinuing medications.

By signing below, you understand the necessity of having properly administered medications. With that being said, CCA BH Link RN’s may be temporarily holding and administering all medications while you undergo assessment and treatment at this facility. At time of discharge medications that were discontinued by providers (MD, NP, PCNS) will be properly destroyed.

By signing below you understand that it is the discretion of the providers to destroy any unmarked, un-prescribed medications. Furthermore, any illicit substances or paraphernalia will be destroyed by providers.

By signing below, you understand that if you are prescribed any “controlled prescriptions” (ie benzodiazepines, opiate pain medications, Suboxone/Methadone, or stimulants) CCA BH Link providers can contact the prescriber of this medication in order to establish continuum of care at time of discharge. A release of information will be provided for you to sign.

Signature: _________________________________________  Date: __________________

Witness: ____________________________________________  Date: __________________
POLICY & PROCEDURE MANUAL

TITLE: Alcohol Detoxification and Medication Administration Services
AREA: Behavioral Health Link – Triage Center
REVIEW FREQUENCY: Annually
REVIEWED BY: Department Vice President
REFERENCE DOCUMENT(S):
- Physician’s Orders – Ativan Protocol for Alcohol Withdrawal
- Alcohol Withdrawal Assessment Scoring Sheet
- Acute Alcohol Withdrawal Syndrome Fact Sheet
APPROVED BY BOARD: PENDING
REVISED: N/A

POLICY:
Individuals admitted to the Behavioral Health Link (BH Link), who are in need of alcohol detoxification services, will be medically monitored and treated per agency detoxification protocols. Pharmacologic management of alcohol withdrawal with Benzodiazepines, such as Lorazepam (Ativan), has been found to be both safe and effective in treating alcohol withdrawal. For individuals unable to take Lorazepam, Phenobarbital will be used based on standing order protocols.

The BH Link Alcohol Withdrawal Protocol is administered using a symptom triggered regimen, which involves giving doses of Ativan/Phenobarbital based on the presence of signs and symptoms of alcohol withdrawal. BH Link staff use standardized assessment tools such as the Clinical Institute Withdrawal Assessment for Alcohol (CIWA – Ar) to determine severity of alcohol withdrawal in consultation with medical staff.

PROTOCOL:
Upon admission to the BH Link, the admitting RN completes the following for individuals in need of detoxification services for alcohol use:

- The RN completes the physical assessment form. As part of this initial assessment, the RN obtains the individual’s history of substance use to include information regarding the quantity of alcohol intake, duration of use, previous alcohol withdrawal history, presence of co-occurring medical/psychiatric issues, other drugs of abuse, and time period between last use and admission. The RN also completes a brief physical examination as part of this assessment. The physical examination should assess for medical conditions which may complicate safe and effective detoxification. Conditions such as liver disease, pancreatitis, diabetes, hypertension, congestive heart failure, epilepsy, GI bleeds, coronary artery disease and cardiac arrhythmias should be ruled out.
- The RNs are to obtain baseline vital signs, blood sugar, blood alcohol level, oxygen saturation; and administer the CIWA scale to determine severity of alcohol withdrawal. The RNs are to initiate protocol (first dose of Ativan) based on CIWA results.
- Baseline urine toxicology should be obtained if it was not done as part of an emergency department clearance prior to admission.
- Once it is determined that the individual is in need of medication for withdrawal symptomatology (based on CIWA-AR), the RNs are to utilize the appropriate standing orders to guide dosage administration.
- Other comfort measure medications are available per standing orders and include:
  - May give Ativan 2 mg IM for seizures. Client to be transported to local ED.
  - Vital signs per protocol.
  - Zofran 4 mg PO or IM every 8 hours for nausea.
  - Clonidine 0.1-0.2 MG PO Q6 for BP of 140/90 or higher.
  - Vistaril 25 MG to 50 MG PO Q4-6 hours for anxiety

(R. Crino, October 2018)
## Assessment Protocol
Check Vital Signs every 2 hours for the first 24 hours. Begin administration of Ativan per CIWA score. NTE 14 mg in the first 24 hours.
May use Clonidine 0.1 -0.2MG PO, Q6 hours PRN for BP of 140/90 or Higher. Record on medication administration log.

### Assess and rate each of the following (CIWA-Ar Scale):
Refer to reverse for detailed instructions in initiating protocol

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Scale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea/vomiting</td>
<td>0–7</td>
<td>0 – none; 1 – mild nausea, no vomiting; 4 – intermittent nausea; 7 – constant nausea, frequent dry heaves &amp; vomiting</td>
</tr>
<tr>
<td>Tremors</td>
<td>0–7</td>
<td>0 – no tremor; 1 – not visible but can be felt; 4 – moderate w/ arms extended; 7 – severe, even w/ arms not extended</td>
</tr>
<tr>
<td>Anxiety</td>
<td>0–7</td>
<td>0 – none, at ease; 1 – mildly anxious; 4 – moderately anxious or guarded; 7 – equivalent to acute panic state</td>
</tr>
<tr>
<td>Agitation</td>
<td>0–7</td>
<td>0 – normal activity; 1 – somewhat normal activity; 4 – moderately fidgety/restless; 7 – paces or constantly thrashes about</td>
</tr>
<tr>
<td>Paroxysmal Sweats</td>
<td>0–7</td>
<td>0 – no sweats; 1 – barely perceptible sweating, palms moist; 4 – beads of sweat obvious on forehead; 7 – drenching sweat</td>
</tr>
<tr>
<td>Orientation</td>
<td>0–4</td>
<td>0 – oriented; 1 – uncertain about date; 2 – disoriented to date by no more than 2 days; 3 – disoriented to date by &gt; 2 days; 4 – disoriented to place and/or person</td>
</tr>
<tr>
<td>Tactile Disturbances</td>
<td>0–7</td>
<td>0 – none; 1 – very mild itch, P&amp;N, numbness; 2 – mild itch, P&amp;N, burning, numbness; 3 – moderate itch, P&amp;N, burning, numbness; 4 – moderate hallucinations; 5 – severe hallucinations; 6 – extremely severe hallucinations; 7 – continuous hallucinations</td>
</tr>
<tr>
<td>Auditory Disturbances</td>
<td>0–7</td>
<td>0 – not present; 1 – very mild harshness/ability to startle; 2 – mild harshness, ability to startle; 3 – moderate harshness, ability to startle; 4 – moderate hallucinations; 5 – severe hallucinations; 6 – extremely severe hallucinations; 7 – continuous hallucinations</td>
</tr>
<tr>
<td>Visual Disturbances</td>
<td>0–7</td>
<td>0 – not present; 1 – very mild sensitivity; 2 – mild sensitivity; 3 – moderate sensitivity; 4 – moderate hallucinations; 5 – severe hallucinations; 6 – extremely severe hallucinations; 7 – continuous hallucinations</td>
</tr>
<tr>
<td>Headache</td>
<td>0–7</td>
<td>0 – not present; 1 – very mild; 2 – mild; 3 – moderate; 4 – moderately severe; 5 – severe; 6 – very severe; 7 – extremely severe</td>
</tr>
</tbody>
</table>

### Total CIWA – Ar Score:
(RN’s please initial after scoring)

### Medication Administered/
Dosage and Initial:
Sign and review PRN usage on back
**Scale for Scoring:**

Total Score =
- 4 – 6 Mild Withdrawal
- 7 – 14 Moderate Withdrawal
- 15 or > Severe Withdrawal

**Initiate protocol for a CIWA score of 4 or greater**

**Indications for PRN medication:**
Ativan may be given PRN based on CIWA score at time of Vital Signs assessment. While VS are checked every 2 hours in the first 24 hours, there may be times when dosing is required prior to the next VS check, due to the severity of withdrawal. Ativan can be given during these times as long as the total daily dose does not exceed 24/hour upper limit per protocol. Document date, dosage and time of Ativan administration on Ativan Protocol sheet.
# CIWA-AR Scores (Rev. 10/18)

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Score 0</th>
<th>Score 1</th>
<th>Score 2</th>
<th>Score 3</th>
<th>Score 4</th>
<th>Score 5</th>
<th>Score 6</th>
<th>Score 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea/vomiting</td>
<td>none</td>
<td>mild</td>
<td>intermittent</td>
<td>constant</td>
<td>dry</td>
<td>heaves</td>
<td>\ &amp; vomiting</td>
<td></td>
</tr>
<tr>
<td>Tremors</td>
<td>none</td>
<td>at ease</td>
<td>not visible</td>
<td>moderate</td>
<td>with arms extended</td>
<td>severe</td>
<td>even with arms not extended</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>none</td>
<td>mildly</td>
<td>anxious</td>
<td>moderately</td>
<td>anxious</td>
<td>or guarded</td>
<td>equivalent to acute panic state</td>
<td></td>
</tr>
<tr>
<td>Agitation</td>
<td>normal</td>
<td>somewhat</td>
<td>normal</td>
<td>moderately</td>
<td>fidgety/restless</td>
<td>\ 7 - paces or constantly thrashes about</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paroxysmal Sweats</td>
<td>no</td>
<td>barely</td>
<td>perceptible</td>
<td>sweating</td>
<td>palms moist</td>
<td>beads of sweat obvious on forehead</td>
<td>drenching sweat</td>
<td></td>
</tr>
<tr>
<td>Orientation</td>
<td>oriented</td>
<td>uncertain</td>
<td>about date</td>
<td>disoriented to date by no more than 2 days</td>
<td>disoriented to date by &gt;2 days</td>
<td>disoriented to place and/or person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tactile Disturbances</td>
<td>none</td>
<td>very mild itch, P&amp;N, numbness</td>
<td>mild itch, P&amp;N, burning, numbness</td>
<td>moderate hallucinations</td>
<td>severe hallucinations</td>
<td>extremely severe hallucinations</td>
<td>continuous hallucinations</td>
<td></td>
</tr>
<tr>
<td>Auditory Disturbances</td>
<td>not present</td>
<td>very mild harshness/ability to startle</td>
<td>mild harshness/ability to startle</td>
<td>moderate harshness/ability to startle</td>
<td>severe hallucinations</td>
<td>continuous hallucinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Disturbances</td>
<td>not present</td>
<td>very mild sensitivity</td>
<td>mild sensitivity</td>
<td>moderate sensitivity</td>
<td>moderate hallucinations</td>
<td>severe hallucinations</td>
<td>extremely severe hallucinations</td>
<td>continuous hallucinations</td>
</tr>
<tr>
<td>Headache</td>
<td>not present</td>
<td>very mild</td>
<td>mild</td>
<td>moderate</td>
<td>moderately severe</td>
<td>severe</td>
<td>very severe</td>
<td>extremely severe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature/Title</th>
<th>Initials</th>
<th>Signature/Title</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
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</table>
Acute Alcohol Withdrawal Syndrome Fact Sheet

**OCCURRENCE:** 6 hours or greater after alcohol cessation

**Mild:** Tremor, Nausea, Insomnia

**Moderate:** High Temp, High Respiration, Tremor, Insomnia, High Pulse, Anxiety, Seizure (occur within 48 hours) High Risk with multiple episodes of withdrawal

**Severe:** Seizure, DTs (confusion, disorientation, hallucination) DTs can occur 1-4 days post onset of withdrawal

**Possible Medical Complications:**
While it is important for the RN to be aware of the following medical complications, individuals presenting with the following signs and symptoms should be evaluated in an emergency department. While Mild Dehydration can be addressed at the BH Link by providing PO fluids, complications as listed below require ED evaluation.

**Wernicke’s Syndrome:** Nutritional Deficiency, Thiamine (B1), cognitive impairment, Ataxia, Paralysis of eye muscles.

**Cardiac:** Arrhythmia’s (A Fib), Hypertension, Cardiomyopathy (Leg-edema, SOB, Leg pain, CP, cough, dizziness), Blood Clots, Stroke,

**Gastrointestinal:** Gastritis, esophageal varices, acute pancreatitis, Jaundice, Ascites, Bleeding, Hepatitis. Watch for abdominal pain.

**Metabolic:** Type 2 Diabetes symptoms such as ; increased thirst, increased urination, fatigue and blurred vision.

**Electrolytes:** Develops secondary to dehydration.

- **Low Potassium:** Muscle weakness, touching, Cramping, Arrhythmia, vomiting, diarrhea
- **Low Magnesium:** Tremor, Spasms, Fatigue, Confusion, Irritable, N+V, Numbness
- **Low Sodium:** Headache, Fatigue, nauseous/vomiting, Weakness, Cramps
- **Ketoacidosis:** High Ketones, abdominal Pain, elevated BS, confusion, change in LOC, low Blood PH, Irregular Breathing, N+V, Dizziness, Fatigue, increased urination.
**Clinical Opiate Withdrawal Scale**

For each item, circle the number that best describes the client’s signs and symptoms. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the client was jogging just prior to assessment, the increase pulse rate would not add to the score.

**Date:** ____________________  **Time:** ____________________  **HI #:** ____________

**Name:** ____________________________________________________________

**Last**  **First**  **MI**

**Reason for assessment:** ____________________________________________

<table>
<thead>
<tr>
<th><strong>Resting Pulse Rate:</strong> ________ beats/minute</th>
<th><strong>GI Upset:</strong> over last ½ hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measured after patient is sitting or lying for one minute</td>
<td>0 – no GI symptoms</td>
</tr>
<tr>
<td>0 – pulse rate 80 or below</td>
<td>1 – stomach cramps</td>
</tr>
<tr>
<td>1 – pulse rate 81 – 100</td>
<td>2 – nausea or loose stool</td>
</tr>
<tr>
<td>2 – pulse rate 101 – 120</td>
<td>3 – vomiting or diarrhea</td>
</tr>
<tr>
<td>4 – pulse rate greater than 120</td>
<td>5 – multiple episodes of diarrhea or vomiting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Sweating:</strong> over past ½ hour not accounted for by room temperature or patient activity</th>
<th><strong>Tremor:</strong> observation of outstretched hands</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – no report of chills or flushing</td>
<td>0 – no tremor</td>
</tr>
<tr>
<td>1 – subjective report of chills or flushing</td>
<td>1 – tremor can be felt, but not observed</td>
</tr>
<tr>
<td>2 – flushed or observable moistness on face</td>
<td>2 – slight tremor observable</td>
</tr>
<tr>
<td>3 – beads of sweat on brow or face</td>
<td>4 – gross tremor or muscle twitching</td>
</tr>
<tr>
<td>4 – sweat streaming off face</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Restlessness:</strong> observation during assessments</th>
<th><strong>Yawning:</strong> observation during assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – able to sit still</td>
<td>0 – no yawning</td>
</tr>
<tr>
<td>1 – reports difficulty sitting still, but is able to do so</td>
<td>1 – yawning once or twice during assessment</td>
</tr>
<tr>
<td>3 – frequent shifting or extraneous movements of legs/arms</td>
<td>2 – yawning three or more times during assessment</td>
</tr>
<tr>
<td>5 – unable to sit still for more than a few seconds</td>
<td>4 – yawning several times/minute</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Pupil Size:</strong></th>
<th><strong>Anxiety or Irritability:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – pupils pinned or normal size for room light</td>
<td>0 – none</td>
</tr>
<tr>
<td>1 – pupils possibly larger than normal for room light</td>
<td>1 – client reports increasing irritability or anxiousness</td>
</tr>
<tr>
<td>2 – pupils moderately dilated</td>
<td>2 – client obviously irritable or anxious</td>
</tr>
<tr>
<td>5 – pupils so dilated that only the rim of the iris is visible</td>
<td>4 – client so irritable or anxious that participation in the assessment is difficult</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Bone or Joint Aches:</strong> if client was having pain previously, only the additional component attributed to opiates withdrawal is scored</th>
<th><strong>Gooseflesh Skin</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – not present</td>
<td>0 – skin is smooth</td>
</tr>
<tr>
<td>1 – mild diffuse discomfort</td>
<td>3 – piloerection of skin can be felt or hairs standing up on arms</td>
</tr>
<tr>
<td>2 – client reports severe diffuse aching of joints/muscles</td>
<td>5 – prominent piloerection</td>
</tr>
<tr>
<td>4 – client is rubbing joints or muscles and is unable to sit still because of discomfort</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Runny nose or tearing:</strong> No accounted for by cold symptoms or allergies</th>
<th><strong>Total Score:</strong>__________</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – not present</td>
<td>The total score is the sum of all 11 items</td>
</tr>
<tr>
<td>1 – nasal stuffiness or unusually moist eyes</td>
<td></td>
</tr>
<tr>
<td>2 – nose running or tearing</td>
<td></td>
</tr>
<tr>
<td>4 – nose constantly running or tears streaming down cheeks</td>
<td></td>
</tr>
</tbody>
</table>

Score: 5 – 12 = mild; 13 – 24 = moderate; 25 – 36 = moderately severe; more than 36 = severe withdrawal

Initials of person completing assessment: ____________________

This version may be copied and used clinically (Wesson & Ling)
COMMUNITY CARE ALLIANCE  
THE BEHAVIORAL HEALTH LINK TRIAGE CENTER

POLICY & PROCEDURE MANUAL

TITLE: Authorization for Release of Confidential Information
AREA: Clients Rights
REVIEW DATE: Every Two Years, Unless Relevant Laws Change
REVIEWED BY: Privacy Officer
REFERENCE DOCUMENT(S): COA-CR 2
Rules and Regulations for the Licensing of Behavioral Healthcare Organizations; July, 2014; Section 11.0 Management of Information;
Section 17.0 Confidentiality
Authorization for Release of Confidential Information Form

APPROVED BY BOARD: 9/9/2015
REVISED: July, 2015; July, 2017

POLICY:
Community Care Alliance (CCA) is committed to providing and disseminating confidential clinical information in accordance with all applicable State and Federal regulations and ethical practice standards.

GUIDELINES:
• This form is used agency-wide for the purpose of obtaining and/or releasing confidential information belonging to any individual served by a CCA program.
• The agency will offer a copy of the signed Release of Information to the client and/or parent/legal guardian.
• A copy of signed releases will be scanned/filed in the client’s record.

PROCEDURE:
Protocol for Requesting Confidential Information
1. This form is filled out in its entirety using black ink. It is then read, acknowledged, signed and dated by the client or client's parent/legal guardian and by a CCA Representative. Unless otherwise specified, the authorization is valid for one year from the date of the client’s signature.

2. The completed Authorization for Release of Confidential Information form is placed in the designated bin in the Record Room or sent to the Health Information Specialist within the program/building. The Health Information Specialist or designee will check the form for completeness and accuracy and file/scan a copy of the form in the designated binder/file/client record.

3. The original form will be sent to the agency, organization, professional or medical facility as indicated on the Release.

4. When the information requested is received, the copy of the Release that was filed in the Release of Information binder/file will be pulled out and shred. At some locations, the Release of Information will have been scanned into client’s record and not filed in a binder, verification of this is needed. The medical information received will be forwarded to the appropriate program staff who requested the information for review. Once reviewed, the packet will be returned to the Record Room or designee for scanning/filing into the client’s record.
Authorization to Obtain or Release Confidential Information

Page 2

5. If an Authorization for Release of Information form is only for verbal communication, the form is placed in the designated bin in the Record Room or forwarded to the Health Information Specialist at the designated location and will be scanned/filed into the client’s record.

6. In accordance with State and Federal laws, clients and/or their legal guardians retain the right to revoke any release at any time simply by making that request in writing. The revocation request letter must include the client’s name, date of birth, individual/organization that is being revoked, client’s signature, the date and a CCA Representative’s signature. Once a revocation request has been made, the individual CCA Representative receiving the request will sign off on it and forward to the Health Information Specialist or designee for processing, which includes printing or pulling the original release from the client’s record, writing REVOKED, along with the date of revocation, right across the document and scanning/filing both the request letter and the revoked release into the client’s record. This indicates that the release is no longer valid and no further communication should occur between any CCA Representatives and the individual/agency.

Protocol for Releasing Confidential CCA Documentation:

1. Staff will complete the Authorization for Release of Confidential Information form and place it in the designated bin in the Record Room or other designated area dependent upon building/program. The Health Information Specialist or designee will check the form for completeness and accuracy.

2. Once the Health Information Specialist or designee has determined if the Authorization for Release of Confidential Information form is valid, he/she will copy/print the necessary information and type a cover letter indicating what information is being released including date ranges.

3. The Health Information Specialist or designee will make a copy of the Release and cover letter to scan/file into the client’s record, then mail the requested information to the agency, organization, professional or medical facility as indicated.

CONSENT FOR RELEASE OF INFORMATION FOR ADOLESCENTS:

1. CCA will require the parent(s) of a minor child to provide written authorization for that minor’s treatment, except as otherwise noted below.

2. Treatment without parental consent: In the event a child refuses permission to contact parents to seek parental consent and if, in the judgment of a qualified professional, that contact would not be helpful or would be deleterious to a child who is voluntarily seeking treatment for substance abuse or chemical dependency, then non-invasive, non-custodial treatment services may be provided by a qualified professional without parental consent; provided, however, during the course of treatment, the qualified professional shall make attempts to obtain permission from the child to obtain parental consent for and parental involvement in the treatment services.

POlICY:
Community Care Alliance (CCA) adheres to all federal and state laws and regulations, including 42 CFR Part 2, regarding the maintenance of confidentiality of all protected health information (PHI). The law prohibits staff from disclosing any PHI about clients without proper authorization. To this end, all individuals including vendors, contractors, evaluators, accreditation/funding/licensing representatives or any other individuals are required to review and sign a Confidentiality Agreement. This policy does not apply to organizations that meet the definition of Treatment, Payment and Healthcare Operations (TPO) by virtue of a contract/relationship. It is the responsibility of staff to safeguard both the record and its contents against loss, defacement, tampering and from use by unauthorized individuals. This responsibility remains when a record is transferred to another program/staff member or is terminated. All new workforce members receive a copy of the Employee Handbook, which includes this policy and they are required to sign receipt of this handbook.

GUIDELINES:
• Access to protected health information will be limited to the following, as specified in the Rhode Island Mental Health (RIMH) Law:
  – The primary provider and other staff members who are directly involved with the treatment of a particular client.
  – To any person with the written consent of the client or his/her guardian.
  – To proper medical authorities for the purpose of providing emergency medical treatment where the person's life or health is in immediate jeopardy.
  – To staff members who will utilize the medical records for the purpose of internal audits, clinical analysis, education, or to perform administrative or professional duties that require access to the records.
  – To evaluators of licensure agencies or governmental/regulatory agents upon request, who monitor the quality of services rendered to the client in the course of the visit.
  – To the courts under court order.
  – To the State Medical Examiner in connection with the investigation of a fatality of a current or former client to the
The records shall not be removed from the agency except under court order or subpoena. In addition, if the information is protected under Federal Regulations 42 CFR Part 2, access will be limited to:

- Internal communications;
- No patient-identifying information;
- Proper consent;
- Qualified Service Organization Agreement;
- Medical emergency;
- Research/Audit;
- Court Order;
- Crime on agency premises or against agency personnel;
- Reporting suspected child/elderly abuse and neglect.

(NOTE: Protected Health Information (PHI) means individually identifiable information relating to past, present, or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provider to an individual.)

- Staff should also adhere to the following:
  - Client information should not be discussed with other staff who are not directly involved in their care.
  - Client information should not be discussed in general areas where others can overhear it. Such general areas include but are not limited to hallways, waiting rooms, lunch/break rooms, record rooms, mailrooms, open areas and offices with the doors open.
  - Health information or records/materials should not be left anywhere they can be seen by unauthorized people.
  - Client information should not be discussed with your family, friends or anyone outside of the agency unless proper authorization is obtained.
  - Client information obtained by you should only be reported to authorized personnel or your supervisor.
  - No client information should be revealed to reporters, press or the news media.
  - No client information should be given over the telephone without proper authorization and identification.
  - When encountering clients in a public setting, care should be taken not to reveal information identifying the person as a client.
  - Client records are never to leave the building except in the case of transport between agency sites, to court for a subpoena or a record audit via utilization, peer, or record review activities. The record must be returned to the record room after each use or by the end of the business day. Confidential material should be kept in a locked drawer while away from the office.

PROCEDURE:

1. Prior to permitting a representative from any of the above entities access to a CCA location, a CCA employee will contact the Privacy Officer who will ensure that the Confidentiality Agreement form is completed and signed by the respective individual(s). All staff members are required to sign a Confidentiality Agreement upon hire. In addition, any authorized person having access to records, for the purpose of an audit or record review will be required to sign an additional Confidentiality Agreement.

2. The completed and signed form will be returned to the Vice President of Administrative Services for review and filing.

3. No information in a record will be released to any person or agency without a formal, written release signed by the client.
4. No information regarding whether or not a person or family is, or is not, a client in any program of the agency will be divulged to anyone, including another family member unless:

a. The client, or if a child under the age of 18 the legal guardian, completes a release of information authorizing their PHI to be released to the designated individual or agency;

b. The client is suspected of perpetrating child abuse/neglect or is suspected of being a victim of child abuse.

c. The client presents risk of harm to self or others.

d. The record is undergoing standard clinical, quality assurance or disposition review according to agency standards and procedures.

e. Requested by third party insurers (funding sources), for the purposes of TPHO – PHI can be released to the funding sources without authorization.

f. There is malpractice litigation in progress, in which case information will be released as provided by law.

g. Public health authorities as provide by law to report communicable diseases.

COMMUNITY CARE ALLIANCE
THE BEHAVIORAL HEALTH LINK TRIAGE CENTER

POLICY & PROCEDURE

TITLE: Notice of Privacy Practices for Health Information

AREA: Clients Rights

REVIEW DATE: On a yearly basis

REVIEWED BY: Privacy Officer

REFERENCE DOCUMENT(S): COA-CR 2
- Rules and Regulations for the Licensing of Behavioral Healthcare Organizations; July 2014; Section 17.0 Confidentiality; Section 18.0 Protection of Rights
- 45 CFR Parts 160 & 164 Standards for Privacy of Individually Identifiable Health Information: Final Rule 164.520 Notice of Privacy Practices

APPROVED BY BOARD: 9/9/2015

REVISED: May, 2010

POLICY:
The Department of Health and Human Services’ Privacy Rule defines the right of an individual to receive a notice of Community Care Alliance (CCA) privacy practices. This notice is intended to explain how CCA will use and disclose an individual’s Protected Health Information (PHI) and to state the individual’s rights and CCAs legal duties with respect to PHI.

GUIDELINES:

▪ It is the policy of CCA to comply with the requirements of the national and state framework for health information privacy protection by making available a Notice of Privacy Practices in accordance with 45 CFR 164.520.

▪ Any member of the public, upon request, has a right to receive a copy of the Notice of Privacy Practices explaining how personal health information will be used and what their individual rights are.

▪ At a minimum, the Notice of Privacy Practices will describe CCAs practices regarding the use of client information and contain:
  a. A description of the types of uses and disclosures that CCA is permitted, by applicable federal and state law, to make for treatment, payment and health care operations.
  b. A description of other purposes for which CCA is permitted or required by applicable federal and state law, to use or disclose protected health information without the client’s written authorization.
  c. A statement that other uses and disclosures will be made only with the client’s written authorization and that the individual may revoke such authorization as provided by federal mandates (164.508(b)(5).
  d. A statement of the client’s rights with respect to protected health information.
  e. A statement, which changes in CCAs privacy practice, will be posted and available to all clients.
  f. The title and telephone number of the CCA Human Rights Officer or designee to contact for further information or to enter a complaint, including the right to file a complaint with the Secretary of Health and Human Services.

▪ All employees, entities, sites and locations of CCA are required to abide by the terms of the notice and shall receive required training.
Notice of Privacy Practices for Health Information
Page 2 of 2

- CCA employees, entities, sites and locations may share information with each other for treatment, payment or health operations, as described in the Notice of Privacy Practices and in accordance with other relevant CCA policies and procedures.

PROCEDURE:

1. CCA will provide notice to the individual:
   a. No later than the date of the first face-to-face service delivery.
   b. In an emergency treatment situation, as soon as reasonably practical after the emergency treatment situation.
   c. CCA reserves the right to change the terms of the notice. Revisions to CCAs Notice of Privacy Practices will be made available to individuals upon request on or after the effective date of a revised notice and shall be posted in public areas of the facilities whenever there is a material change to any section of the Notice of Privacy Practices. Except when required by law, a material change to any term of the Notice of Privacy Practices may not be implemented prior to the effective date of the notice, in which such material change is reflected.

2. CCA will:
   a. Have copies of the Notice of Privacy Practice available at each location (office, waiting areas) and the Notice of Privacy Practice will be posted in conspicuous locations
   b. Post the Notice of Privacy Practice on the Intranet site and make the notice available electronically.
   c. Attempt to obtain an individual’s written acknowledgement of receipt of CCAs Notice of Privacy Practices at time of first appointment on the appropriate Initial Treatment Agreement.
   d. If an individual refuses to provide written acknowledgement, CCA will document the attempt and the individual’s refusal. CCA will thereafter use and disclose the individual’s protected health information for treatment, payment and health care operations.
   e. No written acknowledgement will be required in emergency circumstances.

(NJC: November, 2002; April, 2003; NJC & KPR: January, 2004; KPR: March, 2007; May, 2009; May, 2010)
Community Care Alliance (CCA)
The Behavioral Health Link Triage Center

Authorization for Media Release of Confidential Information

Name: (print) ___________________________________________ Date of Birth __________________

Note→ 1 (one) person per authorization

☐ myself or ☐ child

I authorize Community Care Alliance to use the following in media shared with the general public for the above individual →

Check All That Apply ↓

___ First name            ___ Photograph
___ First and last name   ___ Narrative or reference
___ Personal Artwork/Writing
___ Video
___ Audio

Purpose: The above checked items may be shared publicly for the purpose of informing the general public about CCA’s work and services through multiple media outlets. I understand that in some instances the purpose is for marketing that could result in direct or indirect remuneration from a third party (e.g., grants, development).

• I understand that this information is protected under RI and federal laws and regulations and cannot be disclosed without written consent except as otherwise specifically provided by law. See RI General Law (40.1-5); RI Public Law Chapter 88-405, Section 2; Federal Regulation 42 CFR, Part 2, Confidentiality of Alcohol and Drug Abuse.

• I understand that there is a potential for the person or organization receiving my information to disclose it to others without my permission and that information may no longer be protected by the Federal Privacy Rule on Medical Records.

• I understand that I am not required to sign this authorization as a condition of treatment, payment, enrollment, or eligibility for benefits.

• I understand that I may revoke this consent in writing at any future time. I understand that this revocation will not apply to information that has already been released in response to this authorization, and that the revocation will not be effective until it is received. This release will expire at the end of treatment (as applicable) or in five years from date of signature, whichever comes first.

_______________________    ________________    ________________
Signature                  Witness                               Date
_______________________    ____________________________
Signature of Parent/Legal Guardian if under age 18 Relationship to Child
NOTICE OF PRIVACY PRACTICES  VERSION V

(REV. 8/16)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Understanding Your Health Record

Each time you visit us a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care and treatment. This information is referred to as your medical record or chart and serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer (such as State and Federal Government agencies, various Contract payers, and any other payers of services) can verify that services billed were actually provided.
- A tool in educating students of health professions
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record or chart and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information
- Making more informed decisions when authorizing disclosure to others
Your Health Information Rights

Although your health record or the record of your child is the physical property of Community Care Alliance (CCA), the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.
- Obtain a paper copy of this notice of information practices upon request
- Inspect and receive a copy of your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.526
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528. This is a list of the disclosures we made of your official medical and billing records for reasons other than treatment, payment or related administrative purposes. We may charge a fee for providing an accounting of disclosure.
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken or is authorized by law

CCA’s Responsibilities

This organization is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction. CCA is not required to agree to any of your requested restrictions.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will make the notice available upon request on or after the effective date of the revisions and post the revised notice in a location where it can be viewed. We will not use or disclose your health information without your authorization, except as described in this notice. Other uses and disclosures will be made only with your written authorization and you may revoke that authorization as provided by law.
For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Vice President of Administrative Services at 401-235-7452. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer, at 401-235-7147. You also have the right to file a complaint with the Secretary of Health and Human Services by contacting the Office of Civil Rights (telephone # (800) 368-1019; (800) 537-7697 (TDD)). There will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment. For example: Information obtained by a nurse, caseworker, student, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may use your information to send you a newsletter about the agency and our services. We may use your information to coordinate your treatment within CCA, with affiliated treatment agencies and other treatment agencies.

We will use your health information for payment. For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, and procedures used.

We will use your health information for regular health operations. For example: Members of the CCA staff, both clinical and administrative, may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. We may use your information for activities such as, but not limited to, training students. We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, licensing visits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, and other government regulatory programs and civil rights law.

Substance Abuse Records – Federal law and regulations (Federal Regulation 42 CFR Part 2) protect the confidentiality of alcohol and drug abuse client records maintained by CCA. Generally, the program may not say to a person outside CCA that a client is, or is not, enrolled in its services, or disclose any information identifying a client as an alcohol or drug abuser unless one of the following conditions is met:
• The client consents in writing
• The disclosure is allowed by a court order
• The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal laws and regulations by any program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal laws and regulations do not protect any information about a crime committed by a client either at the program, or against any person who works for the program or about any threat to commit such a crime.

We are mandated by state law to report any information about suspected child abuse or neglect to appropriate state or local authorities. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law. (Federal Regulation 42 CFR Part 2.22(b) (4))

Law Enforcement – We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, if an CCA workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more clients, workers or the public.

Emergencies – We may use or disclose your protected health information if, using our professional judgment, we determine that an emergency situation exists, i.e., in situations to prevent a serious threat to your health and safety or the health and safety of the public or another person. If this happens and applicable law allows us to inform you, we shall inform you of the emergency disclosure as soon as reasonably practical after the delivery of treatment.

Criminal Activity – Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose your protected health information if it is necessary for law enforcement authorities to identify or apprehend you.

National Security – When the appropriate conditions apply, we may disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective service to the President or others legally authorized.

Abuse and Neglect – If we believe that you have been a victim of abuse, neglect or domestic violence, we may disclose your protected health information to the governmental entity or agency authorized to receive such information. The law mandates that we disclose your protected health information to a public health authority that is authorized by law to receive reports of child or elderly abuse or neglect. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
Legal Proceedings – We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Appointments Reminders – We may use and disclose non-clinical identifying information to contact you as a reminder that you have an appointment for treatment or care.

Business Associates – There are some services provided in our organization through contacts with outside individuals or groups – our business associates. Examples include physician services, after hour emergency workers, telephone answering services, disposal service we use when disposing of health information and other confidential information. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we’ve asked them to do and bill you or your third-party payer for services rendered if applicable. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Research – We may disclose your information to researchers after their research has been authorized by an institutional review board that has reviewed the research proposal, established protocols to ensure the privacy of your health information, and granted approval.

Coroners and Funeral Directors – We may disclose health information to coroners and funeral directors consistent with applicable law to carry out their duties.

Fundraising – We may use your name, address and phone number to contact you as part of a CCA fundraising event. If you would like to opt out of receiving any fundraising related communications you may contact CCA’s Privacy Officer at 401-235-7147.

Food and Drug Administration (FDA) – We may disclose to the FDA health information relative to adverse events with respect to food, medications, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements.

Workers Compensation – We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health – As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling, injury, disability, or disease, including communicable disease.

Correctional Institution – Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Effective: 10/03
Revised: August, 2016
Section VI, Part f - Authorization for Release of Confidential Information

AUTHORIZATION TO OBTAIN/RELEASE CONFIDENTIAL INFORMATION

I,__________________________________________  Last  First  MI  HI #:____________________  Date of Birth:____________________

do hereby authorize Community Care Alliance (CCA) to disclose/obtain information to/from:

Name:________________________________________  Attn:________________________________________

Address:_______________________________________  Phone:_____________________________________

WRITTEN DOCUMENTATION – Specify Date Range Below

<table>
<thead>
<tr>
<th>From</th>
<th>Release to</th>
<th>Obtain</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Discharge Summary/Aftercare Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Vocational Eval</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Psychosocial Evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Psychiatric Evaluation/Diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Developmental Evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Community Base Work Experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Progress Notes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Treatment Plan/Review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Substance Use Eval/Tx: □ Yes □ No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

□ VERBAL, to include only the following information: □ Diagnosis  □ Medication(s)  □ Substance Use  □ Psychiatric Status

□ Treatment Issues  □ Health Concerns

Other:

IDENTIFY IF: □ Ongoing Reciprocal Release (*One year expiration should be checked off)

Purpose of authorization (Please check all that apply)

□ Referral Information  □ Coordinate treatment  □ Notify in case of emergency

□ Verification of:  □ Housing  □ Court Documents  □ Guardianship  □ Other:_____________________

□ Other:________________________________________

I understand that my records are protected under RI General Law (40.1-5) and cannot be disclosed without my written consent except as otherwise specifically provided by law. I also understand that if my records involve alcohol or drug abuse, or HIV (AIDS) testing, they are further processed under Federal Regulation 42 CFR, Part 2, Confidentiality of Alcohol and Drug Abuse, and/or RI Public Law Chapter 88-405, Section 23. I also understand that the released material may not be forwarded anywhere else other than the above-designated person/place without my express, written permission. I understand that there is a potential for the person or organization receiving my information to disclose it to others without my permission and that information disclosed by CCA may no longer be protected by the Federal Privacy Rule on Medical Records. However, CCA will not use this Release to disclose my information to any person not identified above. I further release CCA and its employees from any liability arising from the release of information to such persons/agencies, provided the said release of information is done substantially with applicable law. I have read carefully or have been read to and understand the above statements and voluntarily consent to disclose the above information and/or medical records to those persons/agencies named above. CCA may not condition treatment, payment, enrollment, or eligibility for benefits based on whether I sign this authorization. **I understand that I may revoke this consent in writing at any future time. I understand that this revocation**
will not apply to information that has already been released in response to this authorization, and that the revocation will not be effective until it is received. Release will expire upon termination, if less than one year from the date of signature below.

This release will expire: ☐ *1 year from the date identified below OR ☐ Date of expiration if less than 1 year: ____________________

<table>
<thead>
<tr>
<th>Signature of Client</th>
<th>Date</th>
<th>Witness</th>
<th>Date</th>
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<tbody>
<tr>
<td>Signature of Parent or Legal Guardian</td>
<td>Date</td>
<td>Relationship (if signed by Person Other Than Client)</td>
<td>rev 2/15/18</td>
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COMMUNITY CARE ALLIANCE
THE BEHAVIORAL HEALTH LINK TRIAGE CENTER

Confidentiality Oath Statement

(Rev. 5/17)

Printed Name and Title of Individual Signing Oath: ____________________________________________________________

Organization/Governmental Entity that the Above Named Individual Represents: _________________________________________

Purpose of Visit:

☐ Site Visit
☐ Licensing/Accreditation Visit
☐ Record Review
☐ *Other (vendors/contractors/individuals providing products or services to the agency): ________________________________

Location Visited: ______________________________________________________________________________________

My signature below is an acknowledgement that I understand that I may have access to protected health information during the course of my being on the premises of Community Care Alliance (CCA) and that I understand that this information is protected under a variety of state and federal laws, including but not limited to the RI Mental Health Law 40.1-5, RI Law 40.1-24, 42 CFR Part 2 and 45 CFR Parts 160 & 164. I understand that I have a right to request a copy of the Confidentiality and Access of Health Information Records policy.

My personal access code(s), user ID(s), access key(s) and password(s) used to access computer systems or other equipment are to be kept confidential at all times. I will not access or view any information other than what is required to do my job. If I have any questions about whether access to certain information is required for me to do my job, I will immediately ask my supervisor for clarification.

If the purpose of my visit is to review protected health information, I acknowledge that I have been given and have read the CCA policy Confidentiality and Access of Health Information Records.

If my visit is for a purpose other than review of protected health information, I understand that I have the right to request a copy of CCA Confidentiality and Access of Health Information Records policy.

I agree not to divulge, publish, or otherwise make known to unauthorized persons or the public any information obtained in the course of my visit to CCA. I understand that any breach of these confidentiality laws on my part would constitute a violation of written law and may carry civil or criminal penalties.

*For those individuals that will be onsite daily for a period of time doing renovations or installations, this form only needs to be completed once for the duration of the project.

__________________________________________  ______________________
Individual’s Signature                           Date

RETURN TO THE ADMINISTRATIVE SERVICES DEPARTMENT
(800 Clinton Street, 2nd Floor)
COMMUNITY CARE ALLIANCE
THE BEHAVIORAL HEALTH LINK TRIAGE CENTER

Authorization to Revoke Release of Confidential Information

I, _______________________________________________  HI #:_________________________  Date of Birth:____________________

Last  First  MI

I do hereby revoke the prior Release of Information for:

Individual/Organization Name: ________________________________________________________________

Address: ________________________________________________________________________________

Client Signature __________________________________ Date ____________________________
Witness ____________________________________________ Date ____________________________

Signature of Parent or Legal Guardian ___________________________ Date ____________________________
Relationship (if signed by Person Other Than Client) ____________________________
POLICY:
The Behavioral Health Link supports and protects, through its policies, the fundamental Human, Civil, Constitutional and Statutory rights of each client. It is the belief of this agency that the client’s best protection from mistreatment is the client’s knowledge of his/her rights and the mechanisms for ensuring those rights. Therefore, information about what to expect from services and service providers and the clients rights relative to both are communicated to clients. Emphasis shall be placed on State and Federal statutes guaranteeing these rights regardless of race, gender, gender identity, gender expression, sexual orientation, disability, religion, marital status or ethnicity.

GUIDELINES:

- Client is not requested to perform services for the agency, which are not stated as part of their participation in the program and/or treatment plan.
- Clients are not allowed to perform services in lieu of program or treatment fees.
- The client will be provided a copy of the client’s rights annually, if required by a specific program contract.
- The Clients Rights and Responsibilities are posted at each work-site and available to the client as requested.
- Clients that are mandated for services have the right to refuse particular aspects of treatment, unless it is mandated by court order.
- Clients seeking services at the Behavioral Health Link have the right to understand all aspects of their services. At any point prior to or during program involvement, an individual refusing strategies utilized may result in the need to review continuing within the programming offered. Clients discharging from services are given other service options within the community, and maintain the ability to receive Emergency Services at the BH Link.
- Clients seeking services are engaged in the assessment process from the point of first contact. This assessment includes evaluation of the client’s level of disorientation, impairment and/or understanding. For those individuals where any impairment is assessed, the Rights and Responsibilities content would vary based on the individuals capacity to understand. It may also be deemed necessary that a client receives this information at a more appropriate time.

PROCEDURE:

1. Staff provides all persons served with a Summary Rights and Responsibilities narrative prior to the initiation of service.

2. Staff reviews the rights and responsibilities with each person served and answer any questions regarding his/her rights and responsibilities. Clients are assisted to understand the written Rights and Responsibilities.
3. For persons served who have special communication or language interpretation needs, staff facilitates informing those persons of their rights and responsibilities in accordance with appropriate agency policy and guidelines.

4. Each person served will sign an acknowledgement that this information has been reviewed with them at the onset of services, either through the Initial Treatment Agreement or General Agreement Acknowledgement Form.

5. The signed Initial Treatment Agreement or General Agreement Acknowledgement Form is located in the client’s case record. These forms are evidence that a client has been provided their Rights and Responsibilities.

6. A copy of the Summary of Rights and Responsibilities are available in all reception areas at Community Care Alliance printed in English and any other language appropriate to the community.

(R. Crino 4/10/2018)
COMMUNITY CARE ALLIANCE
BEHAVIORAL HEALTH LINK TRIAGE CENTER

Concern/Complaint Form

Please complete and return to: BHDDH
14 Harrington Road
Cranston, RI 02920
ATTN: Office of Quality Improvement
Complaint Hotline: (401) 462-2629 or Relay RI: TTY711 or 1-800-745 5555
Fax #: (401) 462-1273

Person Filing Complaint: ____________________________________________

Last            First            MI

Address: __________________________________________________________

Street           City/Town           State           Zip

Daytime Phone #: ________________________________

State the nature of the complaint and include specific dates and instances of the problem. Additional space is available on the back of this form:

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Has the BH Link provider been made aware of this complaint?  □ Yes  □ No
If yes, date of notification: ____________________________  Person notified: ____________________________
How was person notified:  □ Verbal  □ In Writing
Signature of Person Completing the Form  Date

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Community Care Alliance
The Behavioral Health Link Triage Center

POLICY & PROCEDURE MANUAL 13-01

TITLE: Bed Bug Policy
AREA: Risk Management
REVIEW DATE: On a Yearly Basis
REVIEWED BY: Infection Control Nurse
REFERENCE DOCUMENT(S): #91-76 Infestation Control
APPROVED BY BOARD: N/A
REVISED: April, 2018

POLICY:
Bed bug infestation is a known risk of urban living worldwide. The Horizon Behavioral Health Link does not refuse services to eligible clients who are at risk for bed bug infestation due to housing and other circumstances. BH Link aims to control the spread of bed bugs in its facility and avoid being a vector of transmission by following best practice guidelines for the elimination and prevention of infestation, and supports its clients in adhering to recommendations for control of bed bug transmission and infestation. BH Link staff advocates for and educates clients who are experiencing known or suspected bed bug exposure.

GUIDELINES:
1. All staff participating in client contact will receive annual training on serving clients with known or suspected bed bug infestation.
2. All clients receiving services at the BH Link will be offered written educational materials including suggestions for managing bed bug exposure and explaining BH Link policy regarding access to services.
3. It is counter-therapeutic to refuse home or center-based services to individuals experiencing the added stress of bed bug infestation.
4. Any client determined to be experiencing bed bug infestation will be assisted to formulate a plan for eradication and will be welcomed at all programs in which they are enrolled while participating in this process.
5. BH Link employees are supportive professionals and are expected, based on their roles, to continue to provide appropriate services to clients facing bed bug infestation.
6. BH Link will provide its staff with the protective clothing and equipment necessary to continue to provide supportive services as identified in the Treatment Plan and in the individual employee’s job description.
7. BH Link employees are not Pest Management Professionals and are forbidden to assist with the chemical eradication of bed bugs or the lifting and transporting of furniture.
8. Clients who refuse to participate in recommended eradication and prevention activities may be declined some services following review by the appropriate Clinical, Executive and Human Rights staff. Financial means to participate in required activities, as well as clinical presentation and other mitigating circumstances will be considered in the decision to limit services to any individual.
Section VII Environmental and Other Policy, Part a - Bed Bug Policy

(R.Crino April, 2018)
COMMUNITY CARE ALLIANCE
The Behavioral Health Link Triage Center

POLICY & PROCEDURE MANUAL

TITLE: Vehicle Maintenance Policy
AREA: Agency Policy
REVIEW FREQUENCY: Yearly
REVIEWED BY: Kristen O’Malley & Terri O’Brien
REFERENCE DOCUMENT(S): COA Standard: Administration and Service Environment (ASE) 6.03
Vehicle Checklist Form
APPROVED BY BOARD: 9/26/05
REVISED: 7/29/2015

POLICY:
Recognizing the importance of transportation in providing services to individuals, the agency is committed to maintaining a small fleet of vehicles that is used to transport clients to appointments, field trips, and other client activities. This policy is designed to assure that all vehicles are used appropriately and maintained adequately.

GUIDELINES:

- All vehicles owned by Community Care Alliance are to be used for agency/program purposes only.
- All agency vehicles carry a minimum of $1,000,000 combined single limit bodily injury and property damage.
- All passengers and drivers use seat belts and/or appropriately installed car seats which are appropriate to the age and weight of the children. Any staff member driving a vehicle where child safety seats are used must be trained in their proper usage.
- A schedule of van usage is maintained in with responsible Vehicle Personnel, with individual schedules for each vehicle. Program personnel must sign up to use van prior to obtaining keys from responsible Vehicle Personnel. Schedule for van usage is across the agency as the fleet is currently 16 vehicles. There are two agency Vehicle Personnel responsible for the calendars.
- Staff members who use vans are expected to return vehicle in clean condition and re-fueled. There is to be no food or drinks served or eaten on the van.
- Per state law, there is no smoking in any of the vans at any time. This includes electronic cigarettes.
- Employee: The employee who drives the vehicle is responsible for the vehicle that they operate, and is liable for any and all costs due to misuse of the vehicle. The employee is subject to disciplinary action for the misuse of an agency vehicle.
- Program: The program manager is responsible for the use of the vehicle that is assigned to their program and for enforcing all rules, policies, maintenance, and guidelines relating to the vehicle assigned to them.
- Designated Vehicle Personnel: It is the responsibility of the vehicle personnel and/or program manager to assure that proper maintenance (oil change, tires, brakes, etc.) is performed for the CCA-owned vehicles. The Vehicle Personnel are responsible to advise sites to complete the monthly paperwork for vehicle inspections.

PROCEDURE:

1. Before any vehicle is driven, the driver checks the vehicle for any deficiencies according to the Vehicle Check List Form.
The vehicle driver physically checks all tires to insure that there is no uneven wear, bald spots on the tires and that they are properly inflated.

The driver tests directional signals, head, tail lights and brake lights to make sure that they are functioning properly, that light are visible and that bulbs are burning brightly.

Ensure that windshield wipers function properly.

Drivers checks for leaks under the vehicle to see if there are any conspicuous spots or stains under the vehicle that would indicate gas, oil, water, power steering, or brake fluid leaks that would indicate that the vehicle might not be safe to drive.

The driver also checks the inside of the vehicle for the cleanliness, any tears in the seat and that the seat belts are functioning properly.

Any deficiency are annotated on the form and reported to their supervisor.

2. Any staff member driving agency vehicles completes a current driving record authorization form and is approved by the insurance carrier.

3. All licenses, driving records and personal insurance are validated yearly by Human Resources in the time surrounding annual performance evaluations.

4. A log is to be kept in each CCA-owned vehicle designating when the vehicle was taken for use, by whom, the destination of the vehicle, the purpose of the trip, and the starting and ending odometer reading. Any observations regarding functioning should be noted in the log and reported to the facilities manager upon return of the vehicle.

5. Any damages incurred during use require an incident report and communication with facilities manager and police report filed if appropriate. If repairs are needed, the facilities manager or supervisor obtains an estimate of the work required and approval from the fiscal director, prior to repair work being completed. Accidents involving any agency vehicle are reported to the Housing and Facilities Coordinator immediately. The last person to drive the vehicle is held responsible for any unreported damage that is reported by the next driver of the vehicle.