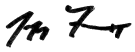
Behavioral Health Response Policy

CHAPTER:	2000	Number:	2015	APPROVED:	3.8.2022
REPLACES:					
Last Revised:	2.8.2022		REVIEW: 3.30.2025		
APPROVED:			Dr. Joe Hoffman, Medical Program Director		
APPROVED:			Jeff Faucett, Chair		

I. Purpose:

To establish and ensure a consistent response to behavioral health emergencies throughout Kitsap County, emphasizing patient, provider, and community safety, while ensuring dignity for individuals experiencing behavioral challenges from mental health disorders or substance abuse disorders.

II. Persons Affected

A. EMS Response personnel
B. Medical Services Officers
C. Kitsap County Law Enforcement
D. Behavioral Health Providers
E. Receiving medical facilities

III. Policy

A. Kitsap County EMS providers will safely and appropriately assist those experiencing behavioral health crises. This assistance includes on-scene interventions, transport to appropriate facilities, and specialized follow-up care where available. This policy is not intended to replace individual agency response policies and procedures but to provide guidance to member agencies and field providers.

B. **Definitions**

1. **Behavioral Health Navigator** - An individual who works with a multidisciplinary team to support patients and address the social determinants that impact the patient's health by linking the patient with resources.
2. **CARES** - Community assistance referral and education services.
3. **Designated Crisis Responder** – County designated individual identified by statute to evaluate if a person represents harm to self/others, or is gravely disabled and is at imminent risk, or if there is a nonemergent risk due to a substance use disorder or mental disorder.
4. **Behavioral Health** - The connection between physical health and the well-being of the mind.

5. **Behavioral Health Crisis** - Any situation in which a person's behavior puts them at risk of hurting themselves or others.
6. **Crisis Intervention Officer/team** - A community-based approach to intervene with incidents involving individuals with mental illness and/or addiction disorders.
7. **Vulnerable Person/Population** - Those by race/ethnicity, age, or socioeconomic status are disadvantaged by inadequate healthcare.
8. **Mental Health Professional**- A psychiatrist, psychologist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the Secretary of Health pursuant to RCW 71.05.
9. **Behavioral Health Report** - a supplement to ESO patient care report documenting a behavioral health patient incident.
10. **Alternate Destination** – A transport destination other than an emergency department. See Alternate Destination Policy
11. **Order of Apprehension to Detain** – RCW 71.05.153- A DCR may issue an order of apprehension to detain (also known as a "custody authorization" or "custody order") specifying the patient in question be taken to an emergency department, crisis triage, or crisis center.
12. **Force Protection** - Force protection refers to the concept of protecting fire/EMS personnel, civilians, facilities, equipment, and operations from threats or hazards in order to preserve operational effectiveness.
13. **Implied Consent** - Implied consent is consent that is not expressly granted by a person but rather implicitly granted by a person's actions and the facts and circumstances of a particular situation.
14. **Voluntary Transport** - Transport from one location to the next under informed consent.
15. **Involuntary Transport** - Transport from one location to the next without informed consent and under the intent of implied consent.
16. **Grave Disability**- A person is a threat to self or others based on their expressed thoughts, beliefs, actions, or inability to care for themselves.
17. **Safety Plan** - A plan and contract between a patient and healthcare provider for safety. It will include names of two individuals and phone numbers the patient can contact for help, two safe activities to use as a diversion, and a safe location to go to in order to avoid stressors.

IV. Procedures

A. On Scene
   1. Access to the patient and scene safety.
      a. Emphasis on behavior at the time rather than known diagnoses, assumptions, or history.

b. When possible, contact the patient outside. Establish contact with patient by phone through dispatch.

2. Role of law enforcement- Aiding with scene safety for EMS crews and force protection.
3. Assess patient's issues/agenda, capacity for decisions, and BARS score (page 39 patient care protocols).

V. Disposition

A. Category I

1. A patient who does not request transport to hospital or crisis center. These patients are seeking resources.
2. These patients have insight and the capacity to make decisions.
3. They are **NOT** actively suicidal or homicidal and do **not** meet a definition of grave disability.
4. These patients can make a safety plan as an interim.
5. Contact specialty resources when available per your district policy.
6. Patients in Category I should sign a non-transport release and wait for resources to meet with them.
7. Providers must document the patient's safety plan in the EHR narrative.

B. Category II

1. These patients have some capacity and insight experiencing suicidal or homicidal ideation or exacerbation of their chronic mental health disorders.
2. In their capacity, they **are requesting** transport for treatment.
3. Their consent is informed, and their decision is voluntary.
4. Transport to
   a. Emergency department
      OR
   b. Alternate destination (Crisis Center, **1-888-910-0416**, or Withdrawal Management) – see Alternate Destination Policy.
5. EMS providers must document the patient's informed consent and transport decision in the EHR narrative.

C. Category III

1. These patients are gravely disabled by their suicidal/homicidal ideation, intoxication, or exacerbation of their chronic mental health disorder.
2. They will lack the capacity and insight to make decisions.
3. Their consent for treatment is implied, and their transport will be involuntary.
4. EMS providers can gain access to the patient, and the scene is safe.
5. These patients can be transported against their will as
   a. they lack the capacity to make decisions, AND
   b. leaving them on the scene would lead to an imminent threat to their health and safety.

6. Contact Mobile Crisis Outreach (DCR) **1-888-910-0416** for on-scene evaluation OR consultation to describe the patient's grave disability and request an order for apprehension be faxed to the intended destination.
7. If DCR is unavailable or unable to respond, contact base station for orders.
8. Contact of a DCR or base station should not delay actions necessary to prevent the patient from causing further harm, when safe to do so.
9. Request law enforcement response
10. EMS providers may physically and/or chemically restrain the patient **AS INDICATED** and document the reason and method appropriately.
    a. When law enforcement is on the scene **OR**.
    b. If it is safe for EMS personnel to physically restrain the patient.
    c. A patient who cannot safely be restrained should be dispositioned under Category IV procedures.

D. Category IV
1. These patients are violent, or proclaim/threaten violence, or possess a weapon, or EMS providers are unable to gain safe and sustained access to the patient, and/or the scene is unsafe.
2. The EMS provider should consider these four questions before making face-to-face contact with the patient.
    a. Is law enforcement on the scene?
    b. Is the patient harming or threatening harm to people?
    c. Is the patient threatening to harm themselves with a weapon?
    d. Are there bystanders that appear to present a threat to the patient or responders?
    e. Is there an identifiable risk factor that presents a credible threat to the health and safety of responders?
3. **If any of the above is encountered, do not enter the scene or withdraw from the scene. Stage and contact and inform the on duty battalion chief.**

VI. Documentation

1. Personnel will use the Unusual Incident form on all Category IV responses.
2. There will be a 100% MSO review of:
    a. Pickup orders in Category Three.
    b. Physical restraint or chemical restraints.
    c. Unusual Incident forms on all Category Four responses.
3. Documentation in ESO
    a. Descriptive overview of physical characteristics of the scene.
        1. Example: Responded to an unconscious person in a car in a parking lot.

    b. Description of the danger or safety elements involved.

1. Example: Person is in a vehicle; crew cannot see the person's hands or if there are weapons.
2. Example: The person will not engage with providers attempt to contact.
3. Example: The person indicates they do not want help, approached, bothered.

c. List and describe measures used to attempt to engage the patient.

1. Example: Attempted to call out to the person from a distance.
2. Example: Attempted to use the public address system to contact the person.
3. Describe other specific mitigation measures.

d. List and describe measures used to attempt to create safety.

1. Example: Requested law enforcement and/or mental health professionals and/or CRP.
2. Example: Attempted to evaluate the scene from a distance.
3. Describe other specifically identified hazards.

e. Describe why safety could not be established.

1. Example: Unable to gain reasonable cooperation from the person.
2. Because the person was threatening firefighters.
3. Example: Law Enforcement could/would not respond or engage.

f. **Document exposure to violence or threats of violence.**

2015 Behavorial Health Policy. Adopted 3.8.22

Final Audit Report 2022-03-09

Created:	2022-03-09
By:	Tamarah Hoffman (tamhoffman@comcast.net)
Status:	Signed
Transaction ID:	CBJCHBCAABAA4Jue-8fllDNTboFzN3Ff-616NIEbD0G

"2015 Behavorial Health Policy. Adopted 3.8.22" History

Document created by Tamarah Hoffman (tamhoffman@comcast.net)
2022-03-09 - 6:34:37 PM GMT- IP address: 73.254.130.162

Document emailed to Jeff Faucett (jfaucett@skfr.org) for signature
2022-03-09 - 6:35:06 PM GMT

Email viewed by Jeff Faucett (jfaucett@skfr.org)
2022-03-09 - 9:49:35 PM GMT- IP address: 64.146.143.130

Document e-signed by Jeff Faucett (jfaucett@skfr.org)
Signature Date: 2022-03-09 - 9:50:12 PM GMT - Time Source: server- IP address: 64.146.143.130

Agreement completed.
2022-03-09 - 9:50:12 PM GMT