



**MONTANA STATE HOSPITAL
MENTAL HEALTH CENTER
POLICY AND PROCEDURE**

CRISIS TELEPHONE SERVICES

Effective Date: January 18, 2006

Policy #: TCU-12

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- I. PURPOSE:** The purpose of this policy is to establish a Crisis Telephone Service for the clients of the Montana State Hospital Mental Health Center.
- II. POLICY:** It is the policy of the Montana State Hospital Mental Health Center to provide crisis telephone services to the clients of the Mental Health Center 24 hours a day, 7 days a week. Pursuant to the letter of agreement between the Montana State Hospital Mental Health Center and the Montana State Hospital, crisis telephone services are provided to the mental health center clients by trained staff of the Montana State Hospital.

Only those hospital staff that have received training and instructions in the following areas will be responsible for responding to crisis calls:

- i. The policies and procedures of the mental health center for crisis intervention services;
- ii. Crisis intervention techniques;
- iii. Conducting assessments of risk of harm to self or others and prevention approaches;
- iv. The process for voluntary and involuntary hospitalizations;
- v. The signs and symptoms of mental illness; and
- vi. The appropriate utilization of community services

III. DEFINITIONS:

- A. Crisis Call Documentation Note: A form note that is filled out by an appropriately trained staff member of the Montana State Hospital, when a crisis call is received. This note includes the date and time of the call, the name of the staff member involved; identifying data about the call; the nature of the emergency including an assessment of dangerousness/lethality, medical concerns and social support and; the result of the intervention. A copy of the crisis call documentation note is maintained in the client's medical record as well as a separate tracking folder consisting of all crisis calls received.

IV. RESPONSIBILITIES:

- A. Unit Supervisors: The Transitional Care Unit (TCU) Supervisors will ensure that all clients of the Montana State Hospital Mental Health Center are informed of this

policy during their orientation to the TCUs. The Unit Supervisors will ensure that the phone number to the Montana State Hospital (MSH) is posted in plain view at all times.

- B. RN Unit Supervisors of the TCUs: Ensure that all RN Unit Supervisors and RN House Supervisors are trained in the areas identified above and documentation of the training is forwarded to the Staff Development Department and the Personnel Department.
- C. Hospital Operational Specialists: Ensure the prompt forwarding of crisis call to the appropriate personnel.

V. PROCEDURE:

- A. All RN Unit Supervisors and RN House Supervisors will be trained in the areas identified above. Documentation of their training will be maintained in their personnel files.
- B. Mental Health Clients of the Montana State Hospital Mental Health Center will be instructed to call the main hospital phone number should they find themselves in crisis.
- C. The Hospital Operational Specialists will receive the call and forward the call to the client's originating unit RN Supervisor. If the Unit RN Supervisor is not available, the Hospital Operational Specialist will locate another RN Supervisor to take the call. If the call is received when unit RN Supervisors are not working, the call will be referred to the RN House Supervisor.
- D. The RN Supervisor or RN House Supervisor will perform a risk assessment and assess the Mental Health Center client.
- E. The RN Supervisor or RN House Supervisor will consult the client's originating unit physician/practitioner, or the on call physician/practitioner.
- F. The RN Supervisor or RN House Supervisor will assess the Mental Health Center client in the same manner, including consulting with the physician/practitioner, should the client present himself in person to the Mental Health Center Group Home in crisis.
- G. Appropriate action will be taken to ensure the safety and well being of the client.
- H. The RN Supervisor or RN House Supervisor will complete a Crisis Call Documentation Note. The note will be maintained in the clients file as well as a copy placed in a crisis call tracking folder.

CRISIS CALL DOCUMENTATION NOTE

Date of Call:

Name of staff involved:

Identifying data:

The nature of the emergency, including an assessment of dangerousness/lethality, medical concerns and social support:

The result of the intervention: