

Accessing Crisis Services

Crisis services (e.g. MCOT/EMCOT; Integral Care 24/7 Hotline; MHO/CIT; Integral Care Crisis Respite; and Psychiatric Hospitals) **assess for admission based on several factors:**

1. **Imminent risk of harm to self or others**
 - a. Is the individual able to remain safe in the community with the current supports in place? Why/why not?
2. **Current Psychiatric Diagnosis**
 - a. Schizophrenia; Schizoaffective Disorder; Major Depressive Disorder; Bipolar Disorder? Trauma history or PTSD?
3. **Crisis History**
 - a. Has the individual attempted suicide in the past? Do they have a history aggression that has or could have resulted in serious injury or death? Or self-injurious Behavior that has/could result in serious injury or death?
 - b. Has the individual ever been hospitalized? What was their response to treatment while at the hospital?
4. **Is the Individual Able to Engage in the Treatment Modality Provided at the Psychiatric Hospital?**
 - a. It is always best to disclose for continuity of care purposes if an individual has an IDD diagnosis.
 - b. Psychiatric Hospitals utilize talk therapy as their main treatment modality so they are wanting to know if the individual is able to engage in this treatment.
 - i. Provide information regarding communication and comprehension rather than IQ scores.
 - c. If the individual is unable to engage in talk therapy, why is admission still needed?
 - i. Is the risk of harm to self/others beyond what caregivers/community-based services can safely manage? Why/Why not?
5. **Deviation from Baseline**
 - a. **Baseline: How an individual typically presents on any given day.**
 - i. Was there a recent and significant change in sleep; appetite; agitation/irritation; depression symptoms; suicidal/homicidal ideation; self-injurious behaviors; aggression; auditory of visual hallucinations unrelated to drug/alcohol use?
 - ii. Avoid describing changes in baseline in terms of “behaviors”.

What to send with the individual if they are transported to an ER or psychiatric hospital:

- “CRISIS PACKET”
 - Face sheet that lists contact information for the Parent/Primary Caregiver; Group Home Case Manager/RN/Program Manager Guardian; Psychiatrist; and Primary Care Physician; and Diagnoses; Insurance Information
 - Guardianship Letter
 - Current List of Medications/MAR
 - Crisis Plan or Behavior Plan (if applicable)

Someone (e.g. Parent/Primary Caregiver; Group Home Case Manager/RN/Program Manager) **familiar with the individual’s history, diagnoses, and current medications should immediately contact the receiving ER or psychiatric hospital to provide this information.**