Mental Health Triage Tool

Code/ Descriptions	Response	Typical Presentations	Mental Health Service Action/Response	Additional Actions to Consider
A Severe Risk	Imminent Risk of harm: • Definite danger to life (self or others) • Severe behavioral disturbance • Client physically restrained • IMMEDIATE REFERRAL and response	 Overdose Possession of a weapon Suicide attempt/serious self-harm in progress Other medical emergency 	Call 911 first, then Crisis Services	 After calling 911, link to crisis services in your county to ensure additional support is provided as needed Keep caller on line until emergency services arrive or as long as possible
B High Risk	Urgent mental health response: • Very high risk of imminent harm to self or others • Emergency Service Response • Client physically restrained • IMMEDIATE REFERRAL to Crisis Services (response within 2-3 hours)	 Violent behavior/extreme agitation Weapons readily available Self-destruction Acute suicidal ideations or risk to harm others with clear plan and means and/or history of self harm or aggression Impaired impulse control intoxicated or under the influence Required restraint 	 Triage clinician to notify ambulance and/or police Urgent assessment from mobile outreach program or law enforcement per Mental Hygiene Law Section 9.45/9.41 Call crisis hotline/mobile team to consult as incident is occurring If needed mobile outreach team will respond (via phone or face to face), assess situation and conduct a mental health assessment Mobile team member will advise if 911 should be called based on lethality concerns. 	 Call security or police if staff safety is compromised Provide safe environment for patients Provide or arrange support for consumer and/or caregiver while awaiting face-to-face response from mobile outreach or police
C Moderate Risk	Semi-urgent mental health response: Possible danger to self or others Moderate behavioral disturbance Significant distress, especially in absence of capable supports	 Suicidal ideation with no plan and/or history of suicidal ideation Rapidly increasing symptoms of psychosis and/or severe mood disorder High risk behavior associated with perceptual/thought disturbance, delirium, dementia, or impaired impulse control Unable to care for self or dependents or perform activities of daily living Known consumer requiring intervention to prevent or contain relapse Significant client distress associated with serious mental illness (including mood/anxiety disorder) but not suicidal 	 If licensed clinician on staff, he/she can assess situation Call crisis hotline to have mobile outreach program assess the situation and determine plan of response (phone/face to face visit, safety planning, monitoring etc.) Provider devises crisis/safety plan as part of treatment and monitoring client behaviors Call warm line for peer support 	 Refer to existing mental health professional and/or provide after hour peer support Link to clinics with rapid response Obtaining additional information from relevant sources Link to respite services
D Low Risk	Non-urgent mental health response: • Moderate distress • No danger to self or others • No acute distress • No behavioral disturbances • Response: continue to monitor	 Stable and at low risk of harm in waiting period No agitation or restlessness Irritable without aggression Cooperative Gives coherent history Symptoms of mild to moderate depression, anxiety, adjustment, behavioral and/or developmental disorder Early cognitive changes in older person 	 Develop crisis/safety plan with client. This plan should include the crisis hotline phone number as a tool for the client to use if they need support Designated mental health provider to monitor lethality at each visit and determine a response plan if the crisis/safety plan is not followed Provide formal or informal referral to an alternative service provider as needed Provide consultation, advice and/or brief counseling if required and/or mental health service to collect further information 	 Facilitate appointment with alternative provider Follow-up phone contact as deemed appropriate Referral or advise to contact alternative service provider (e.g., respite and/or peer programs) Call warm line for peer support



Purpose

Increase efficiency for identifying and connecting individual with the right level of care during their crisis. Engage individual with solutions that influence behaviors by providing the information needed to make informed decisions, better understand their mental health status, and know when to seek which level of care.

Level A

The individual is in need of immediate intervention, police are called to the scene or in route and crisis services assistance has been requested.

Level B

The individual is in need of immediate intervention due to significant risk to harm self or others. The individual is verbalizing threatening, suicidal or homicidal thoughts and demonstrating furtherance of such thoughts.

Level C

The individual is in need of timely intervention due to the inability to cope with current stressors. Risk of harm to self or others is not pressing at time of contact due to the presence of other reliable supports or due to lack of plan or intent.

Level D

The individual is in need of intervention due to subjective distress and/or mild level of dysfunction or difficulty in coping with current stressors. The individual would not seem to require hospitalization but may benefit from consideration for additional short term formal services.

Crisis Hotline and Mobile Team

Erie County
Adults 18 and over:
716-834-3131
Youth under 18:

716-882-4357 (882-HELP) **Addiction Hotline**716-831-7007

Allegany County 585-268-9600

Cattaraugus County 1-800-339-5209

Chautauqua County 1-800-724-0461 Genessee County

585-344-1421 Niagara County

Niagara Coun 716-285-3515

Orleans County 585-589-7066

Wyoming County 1-800-724-8583

1-844-749-3848 **Chautauqua County** 877-426-4373 **Genesee County** 585-813-0072

Warm Line/Peer Support

Non-Crisis Call

Niagara County 716-433-5432 Orleans County 585-813-0072

* Note: Response times noted above are guidance and should be left to the responding clinician to appropriately determine need after a clinical assessment is complete.

Revised date: 2/22/17