

# Mental Health Triage Tool Training



# Training Objective

- ✧ Introduce basic concepts of Mental Health Triage tool
- ✧ Explain how to apply concepts
- ✧ Provide guidance to take a more intentional look at the role you can play in helping to get an individual to the most appropriate level of care during a crisis.

# How to Get Started

- ✧ Use the Millennium Learning Center
  - ✧ Go to the Millennium Collaborative Care website to access training and education link
- ✧ The online course uses a downloadable version of the Mental Health Triage tool
- ✧ They will come prepared to discuss how they can apply the tool and explore examples of how to utilize the tool
- ✧ When participants complete the online and/or classroom portions of training, the learning center will confirm with a certificate of completion

# Mental Health Triage Tool

Code/Descriptions	Response	Typical Presentations	Mental Health Service Action/Response	Additional Actions to Consider
<b>A</b> <b>Severe Risk</b>	<b>Imminent Risk of harm:</b> • 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	<b>Call 911 first, then Crisis Services</b>	• 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>B</b> <b>High Risk</b>	<b>Urgent mental health response:</b> • 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
<b>C</b> <b>Moderate Risk</b>	<b>Semi-urgent mental health response:</b> • 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
<b>D</b> <b>Low Risk</b>	<b>Non-urgent mental health response:</b> • 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)  
**Niagara County**  
716-285-3515  
**Chautauqua County**  
1-800-724-0461  
**Cattaraugus County**  
1-800-339-5209  
**Orleans County**  
585-589-7066  
**Wyoming County**  
1-800-724-8583  
**Genesee County**  
585-344-1421  
**Allegheny County**  
585-268-9600

## Non-Crisis Call

**Warm Line/Peer Support**  
1-844-749-3848  
**Erie County Addiction Hotline**  
716-831-7007  
**Niagara County**  
716-433-5432  
**Chautauqua County**  
877-426-4373

\* 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

# The Tool

Provides **guidance** with the purpose to **increase efficiency** and knowledge for identifying and **connecting individuals with the right level of care** during their crisis.

Engage individuals 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.



# Safety First



Ensure you are in a safe space as you are providing support to individuals

# Applying the Mental Health Triage Tool

# RED

## **Level A-Severe Response**

The individual is in need of immediate intervention and crisis services assistance has been requested



# Typical Presentation

- ✦ An individual experiencing a life-threatening behavioral health situations
- ✦ Other medical emergency
- ✦ A definite danger to self or others
- ✦ Have overdosed
- ✦ Possess a weapon
- ✦ Attempted suicide/serious self-harm in progress

**Call 911 First,  
then Crisis  
Services**

## **What to Do?**

After Calling 911, link to crisis services in your county to ensure additional support is provided as needed

Stay on the line until emergency services arrive or as long as possible

# ORANGE

## **Level B-High Risk**

The individual is in need of immediate (Crisis Services) intervention due to significant risk to harm (of) self or others. The individual is verbalizing threat of suicidal or homicidal thoughts and demonstrating furtherance of such thoughts.

# Typical Presentation

- ✦ Individual exhibits violent/extreme agitation
- ✦ Weapons are readily available to individual
- ✦ Individual is exhibiting self-destructive behaviors
- ✦ Express acute suicidal ideations or risk to harm others
- ✦ Has a clear plan and means and/or history of self harm or aggression
- ✦ Has impaired impulse control, intoxicated or under the influence
- ✦ Require restraint

## Call

crisis hotline/mobile outreach 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

## What to Do?

### Provide support

to consumer and/or caregiver while  
awaiting for face-to face response  
from mobile outreach or police

# YELLOW

## **Level C-Moderate Risk**

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.

# Typical Presentation

- ✦ Individual expresses suicidal ideations with no plan and/or no history of suicidal ideation
- ✦ Has rapidly increasing symptoms of psychosis and/or severe mood disorder
- ✦ Individual exhibits high risk behavior associated with perceptual/thought disturbance, delirium, dementia, or impaired impulse control



## Assess

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 (This can happen via phone/face-to-face)

## What to Do?

## Devise

crisis/safety plan that could include having customer call warm line for additional (off hour) support

# GREEN

## **Level D-Low Risk**

The individual is in need of interventions 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.

# Typical Presentation

- ☀ Individual is stable
- ☀ No agitation or restlessness
- ☀ Individual is irritable without aggression
- ☀ Cooperative
- ☀ Has symptoms of mild to moderate depression, anxiety, adjustment, behavioral and/or developmental disorder

## **Develop**

crisis/safety plan with client

Include the crisis hotline phone number as a tool for individual to use if they need support

## **Provide**

individual with referral or advice to contact alternative service provider (e.g., respite and/or peer programs)

# **What to Do?**

## **Monitor**

Designated mental health provider monitors individual's lethality at each visit and determine a response

# Crisis Planning

A prepared document that allows an individual in crises to maintain some degree of control over their lives even when it feels like everything is out of control.

List signs that indicate the individual is no longer able to make decisions for themselves or that they are no longer able to be responsible for themselves or make appropriate decisions.

# Crisis Services





## Who can call

Anyone of any age who is experiencing a personal, emotional or mental health crisis or anyone who is concerned about someone experiencing these issues

## When

The crisis line is open 24 hours a day 7 days a week

## Call if you or someone you know:

-  Is suicidal or having a mental health crisis
-  Is feeling on the verge of some form of self-destructive behavior
-  Is in need of Mobile Outreach
-  Is in need of information and referrals for services not limited to but including: domestic violence, family violence, rape, sexual assault or elder abuse help and/or intervention

# Warmline Support






## Who can call

Anyone of any age who is experiencing a personal, emotional or mental health pre-crisis or if a person just needs someone to talk to.

## When

4pm to 11pm in Erie, Chautauqua and Cattaraugus Counties 7 days a week. 24 hours in Niagara County.

## Call

-  When in need of emotional support
-  When in need of someone to just talk to about anything and every kind of problem, illness, trauma or loss as they try to cope with their difficulties.
-  When feeling scared, overwhelmed, depressed or isolated
-  When having something you are afraid to talk about to anyone else
-  When needing to talk with someone they know will keep it confidential



# Mental Health Hygiene Law Definitions

## **“Likelihood of serious harm” means:**

A substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to him/herself

A substantial risk of physical risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm

# Mental Hygiene Law 9.41 - Police

## Important concepts:

- ✧ **Emergency, immediate peace officers and police officers**
- ✧ **May take into custody** someone who appears to be **mentally ill** and conducting himself or herself in a manner which **is likely to result in serious harm to the person or others**
- ✧ **Removal to comprehensive psychiatric emergency program (CPEP)**
- ✧ **Police need to observe the behavior**

# Mental Hygiene Law 9.41 - Police

## **§ 9.41 Emergency admissions for immediate observation, care, and treatment; powers of certain peace officers and police officers.**

Any peace officer, when acting pursuant to his or her special duties, or police officer who is a member of the state police or of an authorized police department or force or of a sheriff's department may take into custody any person who appears to be mentally ill and is conducting himself or herself in a manner which is likely to result in serious harm to the person or others. Such officer may direct the removal of such person or remove him or her to any hospital specified in subdivision (a) of section 9.39 or any

comprehensive psychiatric emergency program specified in subdivision (a) of section 9.40, or, pending his or her examination or admission to any such hospital or program, temporarily detain any such person in another safe and comfortable place, in which event, such officer shall immediately notify the director of community services or, if there be none, the health officer of the city or county of such action.

# Mental Hygiene Law 9.45 - DCS Designees

## Important Concepts:

- ☀ **Emergency, immediate** observation, care, and treatment;
- ☀ **Directors of community services** or the **director's designee**
- ☀ **Direct the removal** jurisdiction (i.e. County)
- ☀ **Comprehensive psychiatric emergency program (CPEP)**

## Can take report of (different from Police):

- |  |  |
|--|--|
| ☀ Parent   | ☀ Registered professional nurse        |
| ☀ Adult sibling  | ☀ Licensed physician                   |
| ☀ Spouse or child of the person  | ☀ Certified social worker              |
| ☀ Committee or legal guardian of the person  | ☀ Supportive or intensive case manager |
| ☀ Treatment Providers currently responsible for providing treatment services to the person | ☀ Health officer                       |
|  | ☀ Peace officer or police officer      |

Licensed psychologist

Person has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to himself or herself or others

# Mental Hygiene Law 9.45 - DCS Designees

## **§ 9.45 Emergency admissions for immediate observation, care, and treatment; powers of directors of community services.**

The director of community services or the director's designee shall have the power to direct the removal of any person, within his or her jurisdiction, to a hospital approved by the commissioner pursuant to subdivision (a) of section 9.39 of this article, or to a comprehensive psychiatric emergency program pursuant to subdivision (a) of section 9.40 of this article, if the parent, adult sibling, spouse or child of the person, the committee or legal guardian of the person, a licensed psychologist, registered professional nurse or certified social worker currently responsible for providing treatment services to the person, a supportive or intensive case manager currently assigned to the person by a case management program which program is approved by the office of mental health for the purpose of reporting under this section, a licensed physician, health officer, peace officer or police officer reports to him or her that such person has a mental illness for which immediate

care and treatment in a hospital is appropriate and which is likely to result in serious harm to himself or herself or others.

It shall be the duty of peace officers, when acting pursuant to their special duties, or police officers, who are members of an authorized police department or force or of a sheriff's department to assist representatives of such director to take into custody and transport any such person.

Upon the request of a director of community services or the director's designee an ambulance service, as defined in subdivision two of section three thousand one of the public health law, is authorized to transport any such person.

Such person may then be retained in a hospital pursuant to the provisions of section 9.39 of this article or in a comprehensive psychiatric emergency program pursuant to the provisions of section 9.40 of this article.

# Mental Hygiene Law 9.45 - DCS Designees

While DCS or Designees may take a report, they will generally:

## Determine

whether an onsite response is appropriate and warranted

## Determine

the least restrictive appropriate response

## Work

to provide supports to remain in the community

## Transport

to hospital/CPEP only when no alternative is possible

# Resources

**Allegany County Behavioral Health Services**

[alleganyhealthdept.com/BehavioralHealth.htm](http://alleganyhealthdept.com/BehavioralHealth.htm)

**Erie County Department of Mental Health**

[www2.erie.gov/mentalhealth](http://www2.erie.gov/mentalhealth)

**Cattaraugus County Department of Community Services**

[cattco.org/community-services](http://cattco.org/community-services)

**Chautauqua County Mental Hygiene**

[chautauqua.ny.us/320/Mental-Hygiene](http://chautauqua.ny.us/320/Mental-Hygiene)

**Genesee County Mental Health Services**

[www.co.genesee.ny.us/departments/mentalhealth](http://www.co.genesee.ny.us/departments/mentalhealth)

**Niagara County Department of Mental Health Services**

[niagaracounty.com/Departments/Mental-Health-Services](http://niagaracounty.com/Departments/Mental-Health-Services)

**Orleans County Mental Health**

[orleansny.com/Departments/Health/MentalHealth.aspx](http://orleansny.com/Departments/Health/MentalHealth.aspx)

**Wyoming County Mental Health Department**

[www.wyomingco.net/mental/main.html](http://www.wyomingco.net/mental/main.html)

**2-1-1 WNY**

[211wny.org](http://211wny.org)