



Broadcast MSG0762

Wednesday, March 15, 2017

To: Executive Directors, Local Mental Health Authorities
Executive Directors, Local Behavioral Health
Authorities Executive Directors, Community Mental
Health Centers

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Subject: **Information Item V Updates: Extended Observation Unit
Section & Clarification on Qualified Mental Health
Professional-Community Services (QMHP-CS) Assessment
and Oversight Standards**

Introduction

The Health and Human Services Commission (HHSC), the Medical and Social Services Division, Behavioral Health Services Section, formerly, the Department of State Health Services (DSHS), Mental Health and Substance Abuse Division, has amended Information Item V, Crisis Services Standards.

The revisions to Information Item V, Crisis Services Standards, reflect the current policies as a result of enrolled legislation, as well as agreements between HHSC and external stakeholders up to March 31, 2016. These revisions do not reflect discussions regarding the Rider 80 Initiative (2016- 17 General Appropriations Act, House Bill 1, 84th Legislature, Regular Session, 2015, [Article II, DSHS, Rider 80]), nor the current discussions specific to



crisis hotline and mobile crisis outreach team services. As revisions to other sections of Information Item V, Crisis Services Standards, are vetted with stakeholders and HHSC Executive Administration, updated versions of the document will be distributed to providers.

Information Item V - Crisis Services Standards: Revisions

Modifications have been made to the Extended Observation Unit (EOU) section to ensure that all applicable statutes and rules are accurately referenced, to align the standards with current practices, and to provide clarification on existing standards. The following are the changes to the EOU section:

- References - To ensure that Information Item V, Crisis Services Standards align with Texas Administrative Code (TAC), Health and Safety Code (HSC), and local, state, and federal facility codes.
- Structure - The format of the EOU section has been updated for ease of reading and to provide more clarity. Clinical standards are reflected in the beginning of the section, whereas physical plant and general facility requirements have been moved to the end.
- Facility - Language has been amended to state the Contractor shall provide at least one telephone in the facility available to both staff and Individuals for use. It no longer states "In case of an emergency."
- Staffing - Language has been added that directs the facility to develop a staffing plan based on the acuity and number of clients.
- Discharge Planning - A discharge planning section has been added that describes procedures for discharging an individual on voluntary status.
- Utilization Management Guidelines - Language has been added indicating EOU services shall be delivered in accordance with utilization management (UM) guidelines and authorization of services and timeframes.
- Assessment Tools - Language has been added indicating crisis assessments shall be performed using the Adult Needs and Strengths Assessment (ANSA) and the Child and Adolescent Needs and Strengths Assessment (CANS).
- Quality Management Reviews Language has also been added indicating the EOU is subject to Quality Management (QM) compliance reviews.

Language has been amended to require Local Mental Health Authorities or Local Behavioral Health Authorities to post 911 as the emergency contact at or near the telephone accessible to staff and Individuals. Language requiring



telephone numbers for fire, police, ambulance, emergency medical services, and poison control centers has been removed from the posting subsections in the EOU, crisis residential, and crisis respite sections.

House Bill 910, 84th Legislature, Regular Session, 2015 allows open carry of licensed handguns for certain individuals. Crisis services standards relating to prohibitions and postings has been amended to be in compliance with the legislation.

Clarification on QMHP-CS Assessment and Oversight Standards

Information Item V, Subsection II.D.(4)(b), pertaining to Intervention, Coordination, and Care provided by Mobile Crisis Outreach Teams is being clarified to align with 25 TAC, Chapter 412, Subchapter G, §412.321(b)(1) and §412.321(b)(2). Section 412.321(b)(1) and §412.321(b)(2) states the following:

- (b) Immediate screening and assessment.
 - (1) Screening and assessment. All providers of crisis services must be available 24 hours a day, every day of the year, to perform immediate screenings and assessments of individuals in crisis, including assessments to determine risk of deterioration and immediate danger to self or others. Crisis assessments cannot be delegated to law enforcement officials;
 - (2) QMHP-CS assessment. Individuals experiencing a crisis, as determined by a QMHP-CS screening, must be assessed face-to-face or via telemedicine by someone who is at least credentialed as a QMHP-CS within one hour after the individual presents to the provider in a crisis, either via the crisis hotline or a face-to-face encounter (e.g., walk-in). The QMHP-CS must provide ongoing crisis services until the crisis is resolved or the individual is placed in a clinically appropriate environment.

The QMHP-CS is expected to provide ongoing crisis services until the client is linked to the next appropriate level of care, whether that be a less or more restrictive treatment environment. Information Item V, Subsection II.D. states "The Individual shall be monitored continuously until transferred" which is more restrictive than 25 TAC, Subchapter G, §412.321 (b)(2) requiring the QMHP-CS provide "ongoing crisis services until the crisis is resolved or the Individual is placed in a clinically appropriate environment."



While it is necessary that the QMHP-CS reassess the Individual in the current physical location to re-evaluate clinical symptoms and appropriate level of care, It Is not necessary for the QMHP-CS remain with the individual "continuously" if the individual is in a safe and secure environment receiving treatment.

Please adhere to 25 TAC, Chapter 412, Subchapter G, §412.321(b){1) and §412.321(b)(2). Information Item Vis currently being modified to include language more reflective of TAC standards for practice as it pertains to the delivery of crisis services as discussed in this broadcast message.

Please direct questions related to this broadcast message to Britney Rohsner by email at britney.rohsner@hhsc.state.tx.us or by phone at 512-838-4383.