



MACOMB COUNTY

COMMUNITY MENTAL HEALTH

Subject: Clinical Practice	Procedure: Best Practices related to the Identification and Monitoring of Individuals at Elevated-Risk for Harm to Self-and/or Others	
Last Updated: 06/15/2022	Owner: Chief Medical Office, RN Administrator, Director of Community and Behavioral Services	Pages: 5

I. PURPOSE:

This procedure ensures:

- A. Populations at elevated risk for self-harm and/or harm to others may be more accurately identified and closely monitored by a multidisciplinary team. These teams are assigned to provide treatment and coordinate appropriate clinical support to mitigate risk of harm.
- B. Guidance is provided to multidisciplinary treatment team members on facilitating at-risk individuals receipt of needed services via individualized support. The added responsibility recognizes the critical needs that these individuals require in any caseload.
- C. The risk of suicide in populations deemed to be at elevated risk for harm is proactively mitigated by raising awareness and providing an individualized treatment approach.

II. DEFINITIONS:

A. Individuals at Elevated Risk:

For the purpose of this procedure, individuals “at-elevated risk” is defined by the following clinical criteria:

- 1. An individual who has been psychiatrically hospitalized (or had a medical hospitalization related to a psychiatric reason i.e. delirium tremens, complicated severe alcohol withdrawal, ICU admission secondary to suicide attempt) due to one or more suicidal attempts or attempts to harm others in the last 4 years.
- 2. Individuals who have a history of expressing recurrent thoughts of suicide or thoughts to harm others which may have caused hospitalization, recurrent visits to emergency rooms, or recurrent crisis intervention episodes within the last 2 years.
- 3. Individuals who (aside from Sections II.A.i. and II.A.ii) have a diagnosis of severe mood or anxiety disorder; substance use disorder of multiple substances (i.e., alcohol, cocaine, cannabis, benzodiazepines, stimulants, opioids, etc.); are a part of the MCCMH Controlled Substance Monitoring Program at any of MCCMH directly operated sites; have a significant history of impulsivity (recurrent involuntary or voluntary overdoses,

repetitive self-injurious behavior); or have a newly diagnosed or ongoing severe psychotic disorder.

4. Individuals who have been identified by an MCCMH physician or master level clinician based on psychosocial risk assessment standards. Some individuals may present intermittently as having suicidal or homicidal behaviors or thoughts that are unpredictable given their history and/or recent changes in their social environment. The team may choose to identify such individuals under this procedure.

III. PROCEDURE:

- A. An individual may be identified as meeting criteria for a population “at elevated risk” at the time of initial referral (through either MCO or via scheduled intake); at the time a revision of LOCUS score is due or a new psychiatric evaluation is done; or because of any other comprehensive clinical encounter completed following the time this process goes into effect.
- B. When an individual is identified as meeting criteria for a population “at elevated risk,” appropriate documentation must be completed in the electronic medical record (EMR) and shared with the appropriate treatment team through an email that includes the team’s clinical supervisor.
 1. If the referral is a new referral for an individual post inpatient discharge, the designated MCO team or MCCMH’s directs should provide a case management and/or RN appointment within five (5) days post discharge. Appointments with a psychiatrist must be expedited, it is recommended these occur within (10) business days from the date of the individual’s discharge.
 2. For individuals with ongoing treatment, it is recommended that their baseline and treatment progress is evaluated via a multidisciplinary team approach. It is encouraged the multidisciplinary team meetings occur with the involvement of a psychiatrist, RN staff and other disciplines to determine if the inclusion of the interventions delineated in this procedure will be beneficial the individual moving forward. This decision shall not be a sole team member’s decision, but a collaborative recommendation from the expertise of various disciplines.
 3. If the referral is from an existing case, it is recommended the case management or the nursing team must establish contact with the individual within five (5) business days from the time they are made aware of the case; following determination of the multidisciplinary team that criteria has been met.
 - a. If the individual does not answer or return calls from the case manager, RN, or RN Team, the supervisor will be notified and will make another outreach attempt.
 - b. All attempts and outcomes must be documented in the record.

- C. Once notified, the nursing team must assign the individual served to an RN within their team when agreed by the members of the multidisciplinary team. It is recommended that these teams try to individualize their support by having an RN assigned for care whenever possible to assist in rapport building and in providing a more wrap around support to these individuals. In the event that the RN assigned to a case is not available due to vacation or leave, other members of the treatment team must maintain appropriate follow up with the individual. Depending on the length of the absence, other members of the treatment team should take proactive steps in the redesignation of the case to another RN, if needed.
- D. All individuals who meet criteria for “at elevated risk” must receive consistent follow-up by a case manager and/or RN team or assigned RN when determined by the multidisciplinary team that an individualized assignment was deemed to be appropriate.
 - 1. It is strongly recommended that follow-up occur at least weekly for the first 90 days of establishing care and then bi-weekly for the next 90 days.
 - 2. The frequency of follow-up after the second 90 days shall be at the discretion of the individual’s psychiatrist or the treatment team’s clinical judgment.
 - 3. Such follow-up can be virtual, face-to-face, or initiated by phone contact.
 - 4. The need for a more or less intense follow-up is left to the discretion of the treatment team’s multidisciplinary authority and should be appropriately documented under the health warnings section of the EMR as a consensual decision of the treatment team.
 - 5. Staff must document each contact in the EMR in a progress note or medication administration note.
- E. It is expected that all members of the team (i.e., RNs, CMs, licensed providers, etc.) contribute to the individual’s treatment by helping the individual mitigate risk of harm to self or others. This can be accomplished by:
 - 1. Decreasing access to the means of harm;
 - 2. Increasing follow up frequency;
 - 3. Updates to Crisis Plans, existing intake/yearly assessments and Individualized Plans of Service (IPOS) as well as any needed authorizations to match the needs. Per the Mental Health Code when a hospitalization of less than 7 days occurs this shall result in an updated IPOS.
 - 4. Reminding the treatment team of their duty to warn third parties in cases when needed. Refer to MCCMH MCO Policy 9-810 for further information on duty to warn third parties.

- F. Follow-up with an individual identified as “at elevated risk” includes completing a thorough suicide risk assessment which includes:
1. Inquiring about recent thoughts of harm to self or others;
 2. Determining access to guns, weapons, or other means (i.e., pills, sharps, ropes, etc.) and educating individuals about safe practices around those;
 3. Completing the Columbia Suicide Scale;
 4. Gaining a good understanding of chronic factors, acute factors, imminent warning signs, diagnosis, living situation, social supports, any ongoing use or misuse of alcohol or other substances, protective factors (i.e., family, pets, future goals/plans, fear of death, religious beliefs, etc.), and providing appropriate referrals or connecting the individual with a team discipline that can assist, as applicable.
 5. If the individual is receiving support via the Controlled Substance Monitoring Program or Medication Assisted Treatment (MAT) program, assess if he or she is meeting program goals.
- G. Clinic teams must work collaboratively with other team members to ensure referrals to appropriate resources are promptly provided as soon as an issue/concern is identified.
- H. An individual’s crisis plan is revised and adjusted to account for any newly identified stressors or risk factors. All appropriate team members (i.e., psychiatrists, RN, CM, therapist, etc.) are made aware of such updates.
- I. The Person-Centered Plan must be updated to reflect any changes in goals and other details. It is the case manager’s responsibility to ensure all necessary service authorization requests are filed to facilitate them being processed by MCO in a timely manner.
- J. Staff shall inform the physician and case manager or supervisor, if unable to contact both, if during an initial encounter or follow-up session suicidal thoughts or recurrent passive thoughts of suicide with inability to control them are expressed, the PHQ-9 scores moderate or higher, current LOCUS score shows a level of care different from the one being provided, or overt homicidal ideations are expressed. The individual served will not be left alone during this time. It is recommended the staff facilitates a quick intervention with a psychiatrist and case manager, when possible, in-person or via telehealth to determine next steps (i.e higher level of care referral, petition and clinical certificate, etc). If neither team members are available, a supervisor or RN must exercise their best clinical judgment and, if needed, transport the individual to an emergency department via ambulance or with parents/guardian (in the case of minors). RNs shall assist in facilitating ambulance transport with the support of his/her clinic team.

- K. Homicidal ideations verbalized by an individual must be thoroughly explored. It is the responsibility of the clinic team to make sure all the appropriate steps dictated by standards of care and the law are taken.
- L. An individual may be deemed to be at an elevated risk of harm to others if they have a history of expressing statements that has resulted in a higher level of care treatment episode within the last four (4) years. This will be shared with all staff on the individual's treatment team.
- M. If a treatment team member has the clinical impression that an individual may be at imminent risk of suicide or harm to others, the staff shall immediately communicate their concerns with the treatment team and /or superiors, contact emergency services, or complete a petition based on clinical judgment.
- N. Any incidents of having to contact emergency services shall be followed with the appropriate reporting of an Incident Report as established in MCCMH MCO Policy 9-321.
- O. When positive responses are attained from provided interventions and an individual is no longer thought to be "at-elevated risk," a licensed prescriber involved with the case must approve the rationale behind the discontinuation of the "at elevated risk" criteria and document this appropriately in the case record.

IV. REFERENCES:

- A. Benjenk, I., & Chen, J. (2018). Effective mental health interventions to reduce hospital readmission rates: A systematic review. *Journal of Hospital Management and Health Policy*, 2, 45–45. <https://doi.org/10.21037/jhmhp.2018.08.05>
- B. Gaynes BN, Brown C, Lux LJ, et al. Management Strategies to Reduce Psychiatric Readmissions [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2015 May. (Technical Briefs, No. 21.)
- C. Pasic, J., Russo, J., & Roy-Byrne, P. (2005). High utilizers of psychiatric emergency services. *Psychiatric Services*, 56(6), 678–684. <https://doi.org/10.1176/appi.ps.56.6.678>
- D. Michigan Mental Health Code, Act 258 of the Public Act of 1974, Chapter 7, 330.1712

V. RELATED POLICIES:

- A. MCCMH MCO Policy 9-321, "Consumer Incident, Accident, Illness, Death, or Arrest Report Monitoring"
- B. MCCMH MCO Policy 9-810, "Duty to Warn Third Parties"

VI. EXHIBITS:

None.

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	06/15/2022	Creation of Procedure.	Dr. Serpa