

Connected and Strong

Medical Approaches to Mental Health and Substance Use Crisis Encounters

Chuck Browning M.D.

Chief Medical Officer, RI International ;

Medical Director, Behavioral Health Link; Medical Director Institute, National Council for Wellbeing

Deb Pinals M.D.

Senior Medical and Forensic Advisor and Editor-in-Chief, and Chair, Medical Directors

Division, National Association of State Mental Health Program Directors; Adjunct Clinical Professor of Psychiatry, Director, Program in Psychiatry, Law and Ethics, University of Michigan; Medical Director, Behavioral Health and Forensic Programs, Michigan Department of Health and Human Services



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It's Been A BAD DAY



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Other Authors

Robert O. Cotes, MD

Director, Clinical and Research Program for Psychosis at Grady Health System;
Associate Professor, Department of Psychiatry
and Behavioral Sciences, Emory University School of Medicine;
Physician Expert, SMI Adviser

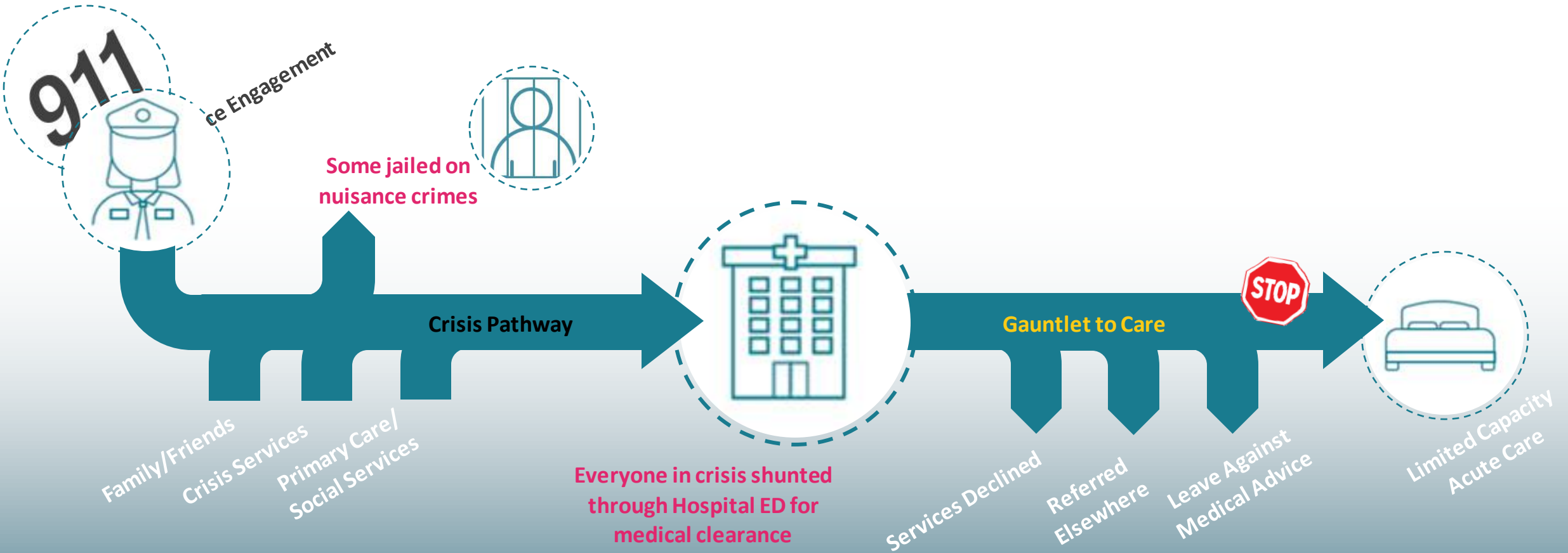
Lisa St. George, MSW, CPRP

Certified Peer Recovery Support Specialist; Senior Consultant, Hidayah Enterprizes ;
Open Minds Advisory Board Member;
Lived Experience Advisory Board, Suicide Prevention Resource Center;
Member PCORI National Team;
Member Arizona State University Southwest Interdisciplinary Research Center Board

Michael A Riddle, MD

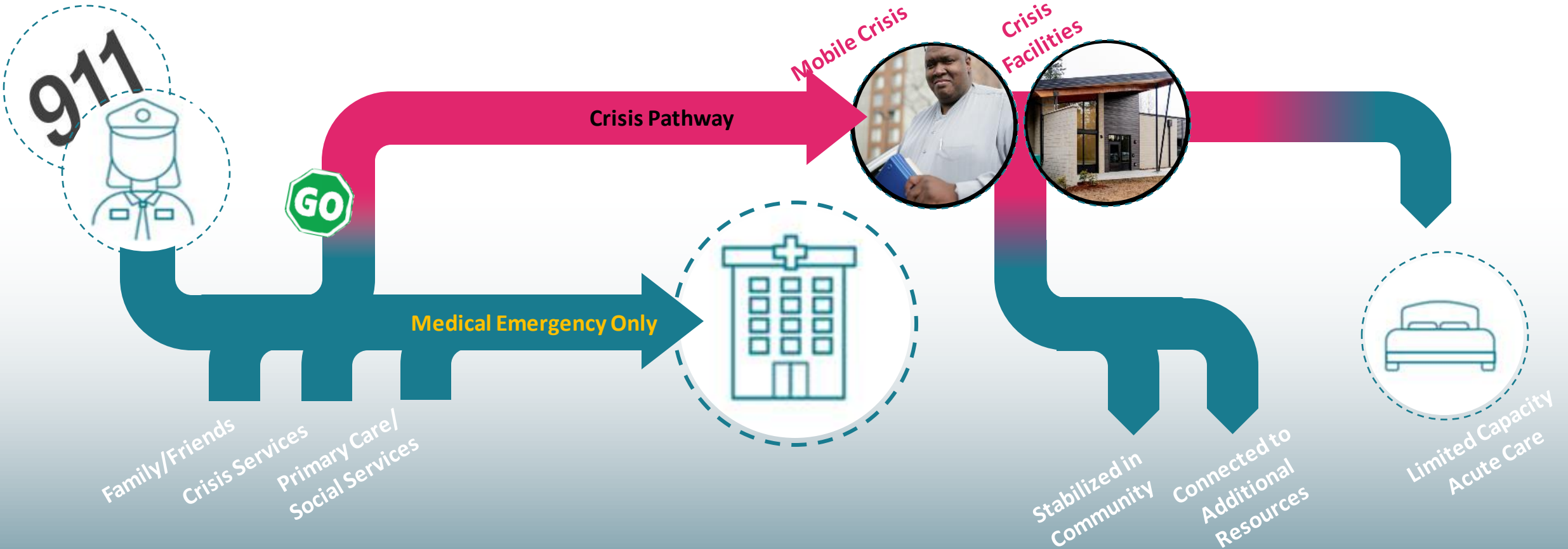
Associate Chief Medical Officer, RI International
Clinical Assistant Professor, Psychiatry, University of Arizona

The Crisis Now Difference



Current Flow

The Crisis Now Difference



Phoenix, Arizona

Learn more at CrisisNow.com

The Crisis Now Difference



988



Crisis Pathway

Mobile Crisis



Crisis Facilities



Medical Emergency



Public Safety Threat



Police Engagement

Stabilized in Community

Connected to Additional Resources



Limited Capacity Acute Care

Future State

Learn more at CrisisNow.com

“42-year-old male presents voluntarily while intoxicated with alcohol with a breathalyzer of 0.18 level and reports feeling shaky. He wants help with depression, alcohol use, traumatic nightmares causing insomnia, and thoughts of suicide that worsen when he drinks. He has a history of complicated alcohol withdrawal with some seizures. He has hypertension and Non-Insulin Dependent Diabetes Mellitus (NIDDM) but has not been on medications or seen by a primary care physician in over a year. “

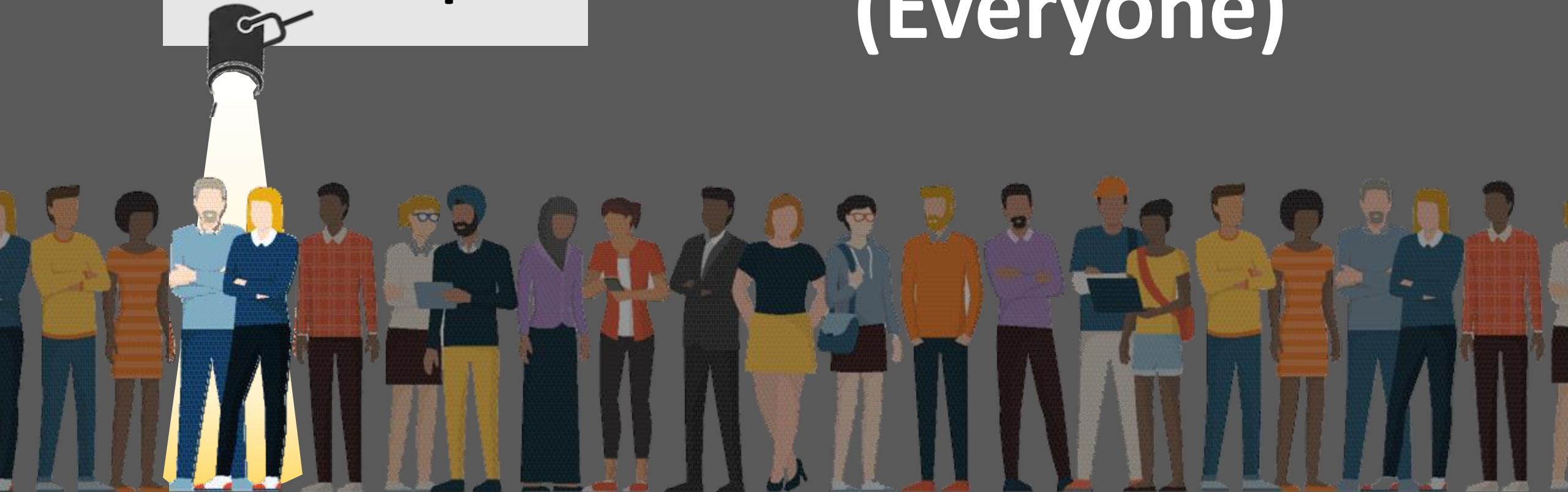
"63-year-old female status post overdose attempt which was medically cleared for overdose in the emergency department and sent to behavioral health crisis center as a referral on involuntary commitment. She uses a walker, is on a blood thinner, and is on twelve different medications for multiple medical issues."

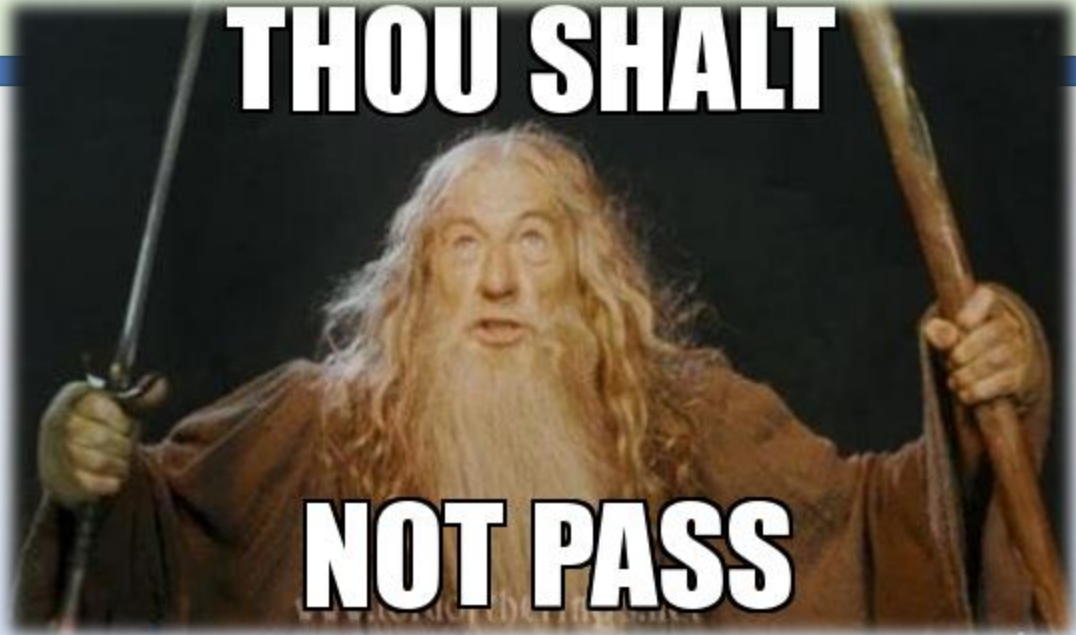
"24-year-old homeless male brought in against his will by law enforcement with high levels of aggression and agitation threatening officers and trying to harm self by running into traffic. Known in the community and from prior visits to have a history of schizophrenia, he reports he has not been on his medications for over two months and has been using methamphetamine on the streets daily since leaving a longer-term hospitalization a few months ago. "

"15-year-old young teen brought in by parents due to finding written recent threats of plans to harm self by overdose. She has a diagnosis of Insulin Dependent Diabetes Mellitus (IDDM) and presents with an insulin pump. "

Niche/
Boutique

vs. Core
Crisis Care
(Everyone)





OR



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Highlights

Medications

Crisis Continuum Coordination

Medical Stabilization

Care that Feels Like Care

Systems and Tools

What Meds Do We Need?

Mental Health Meds

Emergency Medications

Substance Use

Physical Health Medications

Nicotine Replacement

Supporting SUD

Intoxication

Medical Comorbidities

Withdrawal

Recovery Focused Treatment and Follow-up



Specific Crisis Medication Guidelines

Early Psychosis

Long Acting Injectables

Clozapine

Project Beta (American Association of Emergency Psychiatry)

Medicated- Assisted Treatment

Ketamine

National Guidelines for Behavioral Health Crisis Care
Best Practice Toolkit



<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

Peer Powered Practices

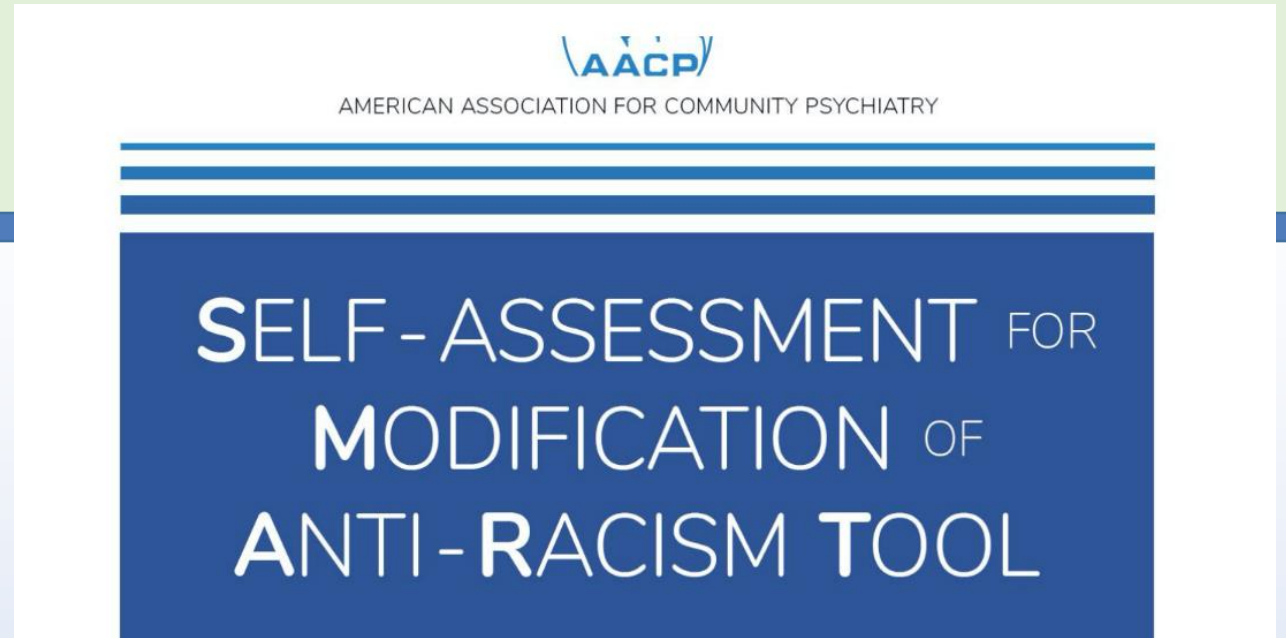
- **Collaboration**
- **Strengths focused**
- **Whole Person Wellness**
- **Trauma Informed Care**
- **No Force First**



Empowering Interactions

Domains

1. Hiring, Recruitment, Retention and Promotion
2. Clinical Care
3. Workplace Culture
4. Community Advocacy
5. Population Health Outcomes/Evaluation



Whole Person Wellness



Medical Comorbidities in Crisis



Still funny...

What's your role?



RN Admission/ Presentation

Med Reconciliation
Prescriber Database
Nursing Assessment
Early Interventions
Provider Presentation

? Verbal Orders



RN Roles

Safety Surveillance

?Vital Signs

Assessments

Med Pass

Notes

Nursing Role in D/C



Nurse Welcome

Triage

Skin Check

Breathalyzer

UDS/Pregnancy

CIWA/COWS

Vital Signs

?CSSRS



Nursing Engagement

Individual Work

Groups

Pain Assessment

Detox

VS Assessment



LPN Roles

Safety Surveillance

?Vital Signs

Med Pass

Notes



High Acuity Protocol

Contact Provider

Alert in Avatar

Admin Forced Meds

Contact ED/911 for Medical Acuity

End Alert in Avatar

MI-SMART Psychiatric Medical Clearance

Sending Entity (Insert Logo Here)




Patient's Name: _____
U.R. # _____ D.O.B. _____

MI-SMART Form

The workgroup developed the following guide for the assessment of patients presenting to the emergency department with psychiatric symptoms to determine the patient is medically stable and appropriate for transfer out of the emergency department to further psychiatric care. This guide is primarily intended for use in the medical assessment of patients who are age 12 or older.

No changes to this form are permitted.

Please make suggestions for form changes at: www.mpcip.org/mpcip/contact/

Status	Description of Medical Clearance Status
Green 	All responses to Part 1 of Medical Clearance Guide are negative. The individual is considered medically stable for inpatient psychiatric admission without need for additional diagnostic studies.
Yellow 	There are one or more positive findings to Part 1 and/or Part 2 of the Medical Clearance Guide, and the individual is determined to be medically stable for inpatient psychiatric admission based on the clinician's medical assessment with or without further diagnostic studies as medically indicated by the transferring clinician. The clinician is responsible for explaining all Part 1 and 2 abnormalities in Part 3 of the guide. Individuals with this status may have acute, chronic, or acute on chronic medical conditions but would otherwise be considered appropriate for discharge from the emergency department except for the behavioral health condition.
Red 	This status is for patients who meet criteria for medical admission. The transfer of this individual to an inpatient psychiatric facility is inappropriate until the individual's underlying medical condition has been adequately treated. These patients include, but are not limited to: <ul style="list-style-type: none"> Individuals with clinically unstable vital signs. Individuals who have experienced a drug overdose and are in need of medical monitoring and/or treatment (consistent with poison control consultation). Individuals who acutely require supplemental oxygen. Individuals who require intravenous fluids and/or medications. Individuals with other similar acute or acute exacerbations of chronic conditions.

Instructions for the Form

The clinician should enter the patient's demographic information and complete the Part 1 screen. Patients with negative findings ("No" selected for each item in Part 1) are considered medically stable and do not require further medical workup prior to inpatient psychiatric admission; the clinician should proceed to Part 4 and complete the attestation. Any positive finding ("Yes" selected in Part 1) **may** warrant further diagnostic studies (Part 2), and the clinician should proceed to Part 2. Any positive findings from Part 1 or Part 2 **require** a clinician explanation (Part 3) regarding the abnormal finding, the clinical significance, and the disposition plan before completing the attestation in Part 4. Please report any urgent technical issues to: www.surveymonkey.com/r/SZLNJN

Barcode Here

Sending Entity (Insert Logo Here)

Patient's Name: _____
U.R. # _____ D.O.B. _____

MI-SMART Form	No*	Yes	Time Resolved
Part 1(b) Adopted from the Sierra Sacramento Valley Medical Society SMART Project			
Suspect New Onset Psychiatric Condition?			
Medical Conditions that Require Screening? Diabetes (FSBS less than 60 or greater than 250) Possibility of pregnancy (age 12-50) Other complaints that require screening	2		
Abnormal: Vital Signs? Temp: greater than 38.0°C (100.4°F) HR: less than 50 or greater than 110 BP: less than 100 systolic or greater than 180/110 (2 consecutive readings 15 min apart) RR: less than 8 or greater than 22 O ₂ Sat: less than 95% on room air Mental Status? Cannot answer name, month/year and location (minimum A/O x 3) If clinically intoxicated, Hill score 4 or more? (next page) Physical Exam (unclothed)?	3		
Risky Presentation? Age less than 12 or greater than 55 Possibility of ingestion (screen all suicidal patients) Eating disorders Potential for alcohol withdrawal (daily use equal to or greater than 2 weeks) Ill-appearing, significant injury, prolonged struggle or "found down"	4		N/A
Therapeutic Levels Needed? Phenytoin Valproic acid Lithium Digoxin Warfarin (INR)	5		

* If ALL five SMART categories are checked "NO" then the patient is considered medically cleared and no testing is indicated. If ANY category is checked "YES" then appropriate testing and/or documentation of rationale must be reflected in the medical record and time resolved must be documented above.

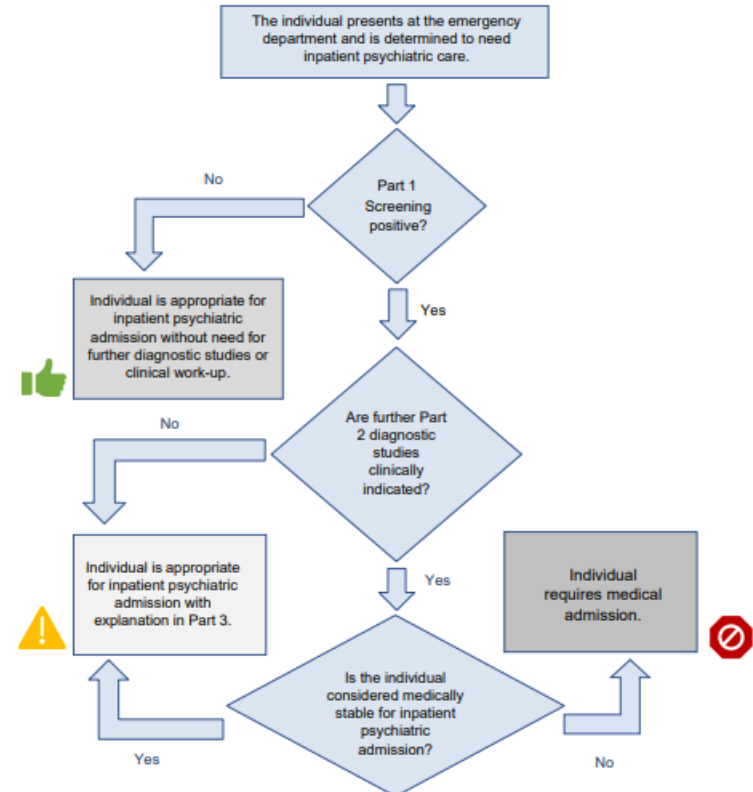
Date: _____ Time: _____ Completed by: _____ Signature _____ Print _____

Barcode Here

Sending Entity (Insert Logo Here)

Patient's Name: _____
U.R. # _____ D.O.B. _____

DIAGRAM OF THE WORKFLOW FOR THE MEDICAL ASSESSMENT FOR PSYCHIATRIC ADMISSION



Barcode Here

The Crisis Now Difference



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Crisis Pathway

Mobile Crisis



Crisis Facilities



Medical Emergency



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Future State

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Recommendations

Medical Best Practices

Quality Metrics and Systems

Licensing, Regulatory

Funding

Questions

Thank You

Chuck Browning MD

Charles.Browning@riinternational.com

“Dr.Chuck”