

Crisis Assessment Part 2

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Danielle Raghiv and David Eric Lopez have certified that they have no relevant relationships with any commercial or nonprofit organizations that represent a conflict of interest.

Today's Presenters



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Mobile Crisis Services

- » *Mobile crisis services provide rapid response, individual assessment and community-based stabilization to Medi-Cal members who are experiencing a behavioral health crisis. Mobile crisis services are designed to provide relief to members experiencing a behavioral health crisis, including through de-escalation and stabilization techniques; reduce the immediate risk of danger and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations and law enforcement involvement.*



A New Direction for Mobile Crisis Services

- » Change mobile crisis services so that the response is more resolution-focused and works to provide relief to people in crisis in the community.
- » Support people in crisis where they are, while using the least restrictive means necessary.

A New Direction for Mobile Crisis Services

» Mobile crisis services should be:

- Person-centered
- Trauma-informed
- Equity-driven
- Brief intervention: de-escalation and resolution focused
- Working from a lens of least restrictive interventions
- Culturally responsive, linguistically appropriate, and accessible



Welcome and Introductions



Introductions

In the chat box, we invite you to share your:

- » Name
- » Role
- » Organization
- » One thing you're hoping to learn today

Learning Objectives

By attending this training, participants will:

- » Understand the BHIN 23-025 requirements for a crisis assessment.
- » Describe the components of the standardized Medi-Cal Mobile Crisis Services Crisis Assessment Tool, including screening, consultation, and disposition of mobile crisis encounters.
- » Gain confidence using the standardized crisis assessment tool in the field.
- » Clarify role specifications for completion of crisis assessments.
- » Explain at least four ways to engage in crisis assessment using trauma-informed care and a culturally responsive lens.



Crisis Assessment Part 1

<https://camobilecrisis.org/archived-required-trainings/#05312023>



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BHIN 23-025

Crisis Assessment Guidance



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Initial Face-to-Face Crisis Assessment

- » The mobile crisis team shall provide a brief, face-to-face crisis assessment to evaluate the current status of the member experiencing the behavioral health crisis with the goal of mitigating any immediate risk of danger to self or others, determining a short-term strategy for restoring stability, and identifying follow-up care, as appropriate.

Initial Face-to-Face Crisis Assessment

- » At least one onsite mobile crisis team member shall be able to conduct a crisis assessment; **any** qualified team member who has completed the crisis assessment training can complete the crisis assessment
- » The mobile crisis team providing the initial mobile crisis response shall include or have access to a Licensed Practitioner of the Healing Arts (LPHA) as defined in the “SUD Treatment Services” or “Expanded SUD Treatment Services” section of Supplement 3 to Attachment 3.1-A of the State Plan, or a Licensed Mental Health Professional, including a licensed physician, licensed psychologist, licensed clinical social worker, licensed professional clinical counselor, licensed marriage and family therapist, registered nurse, licensed vocational nurse, or licensed psychiatric technician. 8 For example, a mobile crisis team could consist of one LPHA and one peer support specialist. It also could consist of two peer support specialists who have access to a LPHA via telehealth, which includes both synchronous audio-only (e.g., telephone) and video interactions.

Medi-Cal Standardized Crisis Assessment Tool

- » Consistent with the SAMHSA National Guidelines for Behavioral Health Crisis Care, the crisis assessment tool developed by DHCS and/or by Medi-Cal behavioral health delivery systems may include information available from the member or their significant support collateral(s) about:
 - Causes leading to the crisis; including psychiatric, social, familial, legal factors, and substance use;
 - Safety and risk for the member and others involved, including an explicit assessment of suicide risk, and access to any weapons or firearms;
 - Strengths and resources of the person experiencing the crisis, as well as those of family members and other natural supports
 - Recent inpatient hospitalizations and/or any current relationship with a mental health provider;
 - Medications prescribed as well as information on the beneficiary's use of prescribed medication;
 - A rapid determination as to whether the crisis requires coordination with emergency medical services (EMS) or law enforcement; and medical history as it may relate to the crisis.

Crisis Assessment Using a Trauma-Informed and Culturally Responsive Lens



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Setting the Stage for a Trauma-Informed, Strength-Based Person-Centered Approach for Crisis Assessment

Trauma may make it challenging for individuals to verbalize what they are thinking and feeling in a crisis state, so individuals need to be trained to pace the assessment and listen for individual's verbal and nonverbal responses to questions asked.

- i. Build awareness of the nuances of responding to culturally diverse communities (i.e., In Native American communities, silence is normative, and eye contact can be seen as aggressive).

Understand the person, their support system, and what has happened to them before and during the crisis.

- i. Take care to ask open-ended questions instead of leading questions
 - Ex: How would you describe what has happened to you? (Open-ended)
 - Ex: What has happened to you makes you feel like you can't go on, doesn't it? (leading question)
- ii. Do pay attention to your intuition-consult with others as needed (e.g., peers, consultants, supervisors).
- iii. Watch your nonverbals when listening so you do not communicate agreement when you are not intending to.
- iv. Approach with wonder and curiosity.
- v. Discuss response fatigue and how to pace the assessment to get the best outcome.

When appropriate, have the person with lived experience share strengths and challenges while conducting a crisis assessment. Determining which team member who will lead the crisis assessment will be a case by case scenario. Depending on the situation, it may be best for the person with lived experience to lead the crisis assessment.

Med-Cal Mobile Crisis Services Crisis Assessment Standardized Tool



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The Start of Gathering Information



Medi-Cal Mobile Crisis Services Benefit Crisis Assessment Tool

Date of Service: / /	Mobile Crisis Team Dispatch Time:	Mobile Crisis Team Arrival Time:	Service Duration:
Medi-Cal Member Name:			Date of Birth: / /
Mobile Crisis Team Members' Names (on-site and/or virtually):			
Service Location/Address (where the intervention took place):			
Individual/Reporting Party Phone Number:			
<i>Please mark all Yes/No questions with "X" throughout this document.</i>			
Does the person in crisis need medical attention?			Yes No

CRISIS EVENT PROMPTS

CRISIS EVENT DESCRIPTION

- Can you tell me a bit more about what has been going on lately? What happened to you?
- Tell me a little more about how _____ has changed/affected you?
- Who else is concerned about this and is trying to support you? Are they reachable?

CAUSES LEADING UP TO CRISIS EVENT PROMPTS

CAUSES LEADING UP TO CRISIS EVENT

(e.g., psychiatric, cultural considerations, social, familial, legal factors, substance use. Collect collateral information when available from other persons present on site.)

- Are there relationships with your family or friends that are contributing to how you are feeling today?
- Have you been diagnosed by a doctor or other provider with any mental health conditions? If so, which one(s)?
- Adaptation: Are there challenges with your emotions or thoughts that you have talked about with someone who helps with healing?
- Are you experiencing any sleep disturbances or changes in appetite?
- Adaptation: How have your sleeping and eating been? Are they in harmony with how you usually feel?
- Have you recently experienced any major life changes or losses?
- Adaptation: Have there been changes or losses in your life that are affecting your heart or spirit?
- Have you felt hopeless or overwhelmed recently?
- Adaptation: Can you share how often the world feels too heavy or out of reach?

Assessing for Trauma

ASSESSING FOR TRAUMA

Have you experienced trauma or abuse? How is your experience(s) with trauma affecting how you are feeling today?

- Did you have any fears as a child, teenager, or more recently in your life? How did you cope with them?
- Are there painful memories or experiences from your past that continue to weigh on you?
- Have there been challenges or losses in your life that are affecting your heart or spirit today?
- NOTE: Do not ask members to describe emotionally overwhelming traumatic events in detail.

ASSESSING FOR PSYCHOSIS OR MANIA

ASSESSING FOR PSYCHOSIS OR MANIA

Are there things you are seeing or hearing that others might not be seeing or hearing? Are you feeling like you do not need to sleep?

- What, if anything, is impacting your ability to sleep?
 - Do you want to sleep but cannot fall asleep or do you not have a safe place to sleep?
 - Have others told you that you have been acting differently than usual?
 - Do you hear voices from within your own mind, or voices that seem to come from somewhere outside of you that other people can't hear?
 - If yes, have there been times when the voices told you to hurt or kill yourself? How frequently has this happened? What happened?
-
- Adaptations: Are there things you are seeing or hearing that others might not be experiencing?
 - Have others around you told you that you have been impulsive or making risky decisions (e.g., taking drugs, skipping school/work, spending money, gambling, having risky sex)?
-
- Adaptations are taken directly from crisis assessment companion guide

Safety and Risk Assessment

- » Columbia Suicide Severity Rating Scale-Screener (C-SSRS)
- » The C-SSRS is a validated screening tool
 - It is evidence-supported.
 - To develop the portion of the tool that specifically assesses risk of suicide, the following tools were reviewed: the Columbia Suicide Severity Risk Assessment Screener (CSSR-S); the full CSSRS (Columbia Suicide Severity Rating Scale) used by the National Suicide Prevention Lifeline (988) centers; the Firestone Assessment of Suicidal Intent (FASI); and Level of Care Utilization System (LOCUS) for Psychiatric and Addiction Services.
 - In addition to reviewing literature and other validated tools, county feedback was significantly integrated to ensure the tool was appropriate for field crisis work and meets the needs expressed by county teams.

C-SSRS Screener

SAFETY AND RISK ASSESSMENT		
Columbia Suicide Severity Rating Scale-Screener Ask questions that are bolded and <u>underlined</u> .	Low Risk Moderate Risk High Risk	
>> Ask questions 1 and 2.	Past Month	
	Yes	No
1. <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2. <u>Have you actually had any thoughts of killing yourself?</u>		
>> If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.	Past Month	
	Yes	No
3. <u>Have you been thinking about how you might do this?</u> (e.g., "I thought about taking an overdose, but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it.")		
4. <u>Have you had these thoughts and had some intention of acting on them?</u> (As opposed to "I have the thoughts, but I definitely will not do anything about them.")		
5. <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6. <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> (Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.)		
<u>If YES, ask: Was this within the past three months?</u>		

C-SSRS Screener

SAFETY AND RISK ASSESSMENT

Columbia Suicide Severity Rating Scale-Screener

Ask questions that are bolded and underlined.

- Low Risk
- Moderate Risk
- High Risk

>> ***Ask questions 1 and 2.***

Past Month

Yes

No

1. **Have you wished you were dead or wished you could go to sleep and not wake up?**



2. **Have you actually had any thoughts of killing yourself?**



>> ***If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.***

Past Month

Yes

No

3. **Have you been thinking about how you might do this?**

(e.g., "I thought about taking an overdose, but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.")

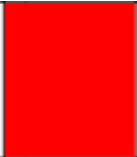



4. **Have you had these thoughts and had some intention of acting on them?**

(As opposed to "I have the thoughts, but I definitely will not do anything about them.")



C-SSRS Screener

<p>5. <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u></p>		
<p>6. <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> (Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.)</p> <p><u>If YES, ask: Was this within the past three months?</u></p>		

C-SSRS Screener

For questions 1 – 6 above, if the person in crisis reports:

- **YES** to questions 4, 5, and 6, the individual is at **high risk**.
- **YES** to question 3 and **NO** to question 5, the individual is at **moderate risk**.

An assessment can only determine the level of relative risk of death by suicide. Please follow the steps below.

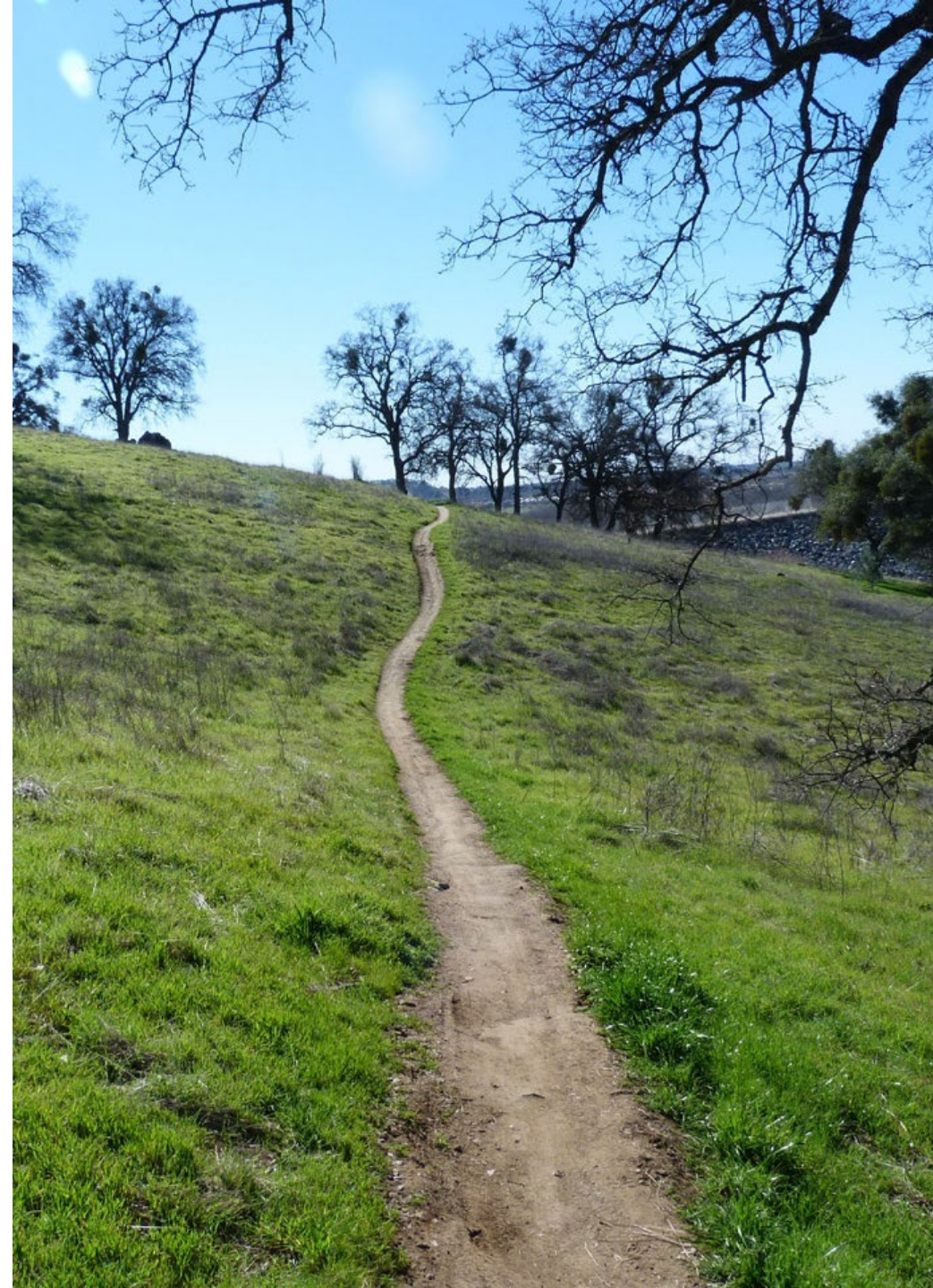
1. If the person in crisis is at **moderate or high risk** of suicide, **continue to the Suicide Plan Assessment section** below to assess level of intention and access to means.
2. If the person in crisis **does not endorse Suicidal Ideation (SI) or SI with a plan**, **continue to the Violence and Homicidality Risk Assessment section**.

SAFETY AND RISK ASSESSMENT		
Columbia Suicide Severity Rating Scale-Screener	<ul style="list-style-type: none"> Low Risk Moderate Risk High Risk 	
Ask questions that are bolded and <u>underlined</u> .		
>> Ask questions 1 and 2.	Past Month	
	Yes	No
1. <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2. <u>Have you actually had any thoughts of killing yourself?</u>		
>> If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.	Past Month	
	Yes	No
3. <u>Have you been thinking about how you might do this?</u> (e.g., "I thought about taking an overdose, but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it.")		
4. <u>Have you had these thoughts and had some intention of acting on them?</u> (As opposed to "I have the thoughts, but I definitely will not do anything about them.")		
5. <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6. <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> (Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.)		
<u>If YES, ask: Was this within the past three months?</u>		

IS PATH WARM Mnemonic

- » **I**deation of suicide
- » **S**ubstance (alcohol or drug) **u**se
- » **P**urposelessness, no reason for living; no sense of **p**urpose in life
- » **A**nxiety, agitation, unable to sleep or sleeping all the time
- » **T**rapped – like there's no way out
- » **H**opelessness
- » **W**ithdrawal from friends, family and society
- » **A**nger, rage, uncontrolled anger, seeking revenge
- » **R**ecklessness or engaging in risky activities, seemingly without thinking
- » **M**ood changes (marked or sudden)

(American Association of Suicidology, 2011)



Assessing for a Plan of Suicide and Means Assessment



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Assessing for a Plan of Suicide and Means Assessment

SUICIDE PLAN ASSESSMENT						
Specific Plan and Intention to Act Upon Plan						
<i>Have you thought about when you would end your life?</i>					Yes	No
<i>On a scale of 1 to 5, where 5 indicates you intend to act on your plan to kill yourself today, and 1 indicates you have no intention to act on your plan today, where do you rate yourself? (mark with X)</i>						
		1	2	3	4	5
PERSON IN CRISIS MEANS ASSESSMENT						
<i>Have you thought about how you would kill yourself?</i>					Yes	No
<i>Do you have access to (ask if they have access to the means they mentioned in the question above)_____?</i>					Yes	No
<i>Person in Crisis Owns or Has Access to a Weapon or Firearm? (Ask others present/involved in addition to the person)</i>					Yes	No

Immediate Risk

- » Talking about wanting to die or to kill oneself
- » Looking for a way to kill oneself, such as searching online or obtaining a gun
- » Talking about feeling hopeless or having no reason to live



Serious Risk

- » Other behaviors may also indicate a serious risk—especially if the behavior is new; has increased; and/or seems related to a painful event, loss, or change.
- » Talking about feeling trapped or in unbearable pain
- » Talking about being a burden to others
- » Increasing the use of alcohol or drugs
- » Acting anxious or agitated; behaving recklessly
- » Sleeping too little or too much
- » Withdrawing or feeling isolated
- » Showing rage or talking about seeking revenge
- » Displaying extreme mood swings

Most Basic Suicide Intervention Needs

Look for WARNING SIGNS and make an attempt to understand them.

Focus specifically and directly on suicide.

- Ask directly if someone is going to kill themselves or if they plan to die by suicide.

Once suicidal ideation has been established, *slow it down*.

- Remember – the relationship is what heals. If they are not imminently going to harm themselves, stop and use active listening (reflection skills) to hear them.
- Work with ambivalence to find a reason to stay alive at least for the time being.

Establish a plan for safety.

- Deactivate the suicide plan.
- Promote protective factors.
- Link to resources.

Violence and Homicidality Risk Assessment



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Violence and Homicide Risk Assessment

VIOLENCE AND HOMICIDALITY RISK ASSESSMENT		
Does the person in crisis have thoughts of violence towards a specific person or group?	Yes	No
<p>*If person responds YES:</p> <p>1. <i>Who are you thinking about hurting?</i> _____</p> <p>2. <i>How often do you have these thoughts?</i> _____</p>		
3. Is the person in crisis threatening to harm someone else?	Yes	No
<p>a. If YES to question 3, ask the identity of intended person(s):</p> <p>_____</p>		
b. If YES to question 3, ask the person in crisis if they have a method or intention to act on these threats.	Yes	No
c. If YES to question 3b, ask if the person in crisis has access to lethal means (e.g., firearm/weapon).	Yes	No
<p>***Counties will need to establish their own protocols for response team composition based on their local resources. These protocols should be indicated below.</p> <p><i>If YES to 3b and 3c,</i></p> <p><i>If NO to 3b and 3c,</i></p> <p><i>If YES to 3c only,</i></p>		
Person in crisis has intention to act upon thoughts of violence or homicidality.	Yes	No
<i>When someone is as upset as you are, they can have thoughts of hurting the person who has hurt them. Have you had thoughts like this? Have you acted on these thoughts or came close to acting on them?</i>	Yes	No

Assessing for Impulsivity



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Assessing for Impulsivity

ASSESSING FOR IMPULSIVITY		
<i>Have you ever done something to put yourself or others at risk without thinking twice about it?</i>	Yes	No
*If the person responds YES: <i>Can you tell me what happened?</i> <hr/> <hr/> <hr/>		

Children and Youth



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Children and Youth

CHILDREN AND YOUTH		
<i>School:</i>	<i>Grade:</i>	<i>Teacher:</i>
<i>Educational Needs (e.g., special education, support/services, etc.):</i>		
<i>Social Emotional/Behavioral Concerns (e.g., bullying, support services in place, etc.):</i>		

Assessing for Substance Use



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Assessing for Substance Use

ASSESSING FOR SUBSTANCE USE

Is the person in crisis currently impaired due to substance use (direct questioning and observation)?

Yes

No

Tell me a little about your drug use.

How do you take them? How often?

What's positive about these drugs for you? And what's negative?

Tell me what you've noticed about your drug use. How has it changed over time?

Recent Hospitalizations and Relationships with Mental Health Providers



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Recent Hospitalizations and Mental Health Providers

RECENT HOSPITALIZATIONS/CURRENT RELATIONSHIPS WITH MENTAL HEALTH PROVIDERS			
Have you been hospitalized in the past 30 days for mental health care?		Yes	No
If YES, gather date of discharge and if any medications have been issued, started, or changed.			
Date of Discharge	Medications Issued		
/ /			
/ /			
/ /			
Name of Mental Health Provider	Date of Last Appointment		
	/ /		
	/ /		
	/ /		

Medications



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Medications

MEDICATIONS		
<i>Are you currently prescribed any supplements or medications (prescribed for you or someone else) for mental health? If so, which ones?</i>	Yes	No
Medication(s)	Dosage(s)	
<i>Are you taking your medications as prescribed?</i>	Yes	No
<i>When was the last time you took medication? What was the <u>dose</u> and did you take the medication as prescribed?</i>		

Medical History



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Medical History

MEDICAL HISTORY

What illness(es) or disease(s) have you experienced that may be impacting your situation today?

Protective Factors, Strengths, and Resources



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Protective Factors, Strengths, and Resources

PROTECTIVE FACTORS, STRENGTHS, AND RESOURCES (e.g., strong sense of cultural identity, feeling connected to others, support from family and friends)		
<i>Do you have a support system in place, such as friends or family?</i>	Yes	No
<i>What are some people, activities, spiritual beliefs, pets, etc., that keep you going when you are having a hard time?</i>		
<i>What typically works to help you cope with stress or anxiety?</i>		
<i>What are your reasons for living?</i>		

Determination of Safety



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Determination of Safety

DETERMINATION OF SAFETY		
After the initial crisis assessment, is the individual no longer at imminent risk?	Yes	No
Did the individual in crisis experience relief or find alternative solutions to the crisis?	Yes	No
Is the individual able to remain safe in the community?	Yes	No
Is the individual in crisis able to meaningfully engage in a safety plan?	Yes	No
Note: if they respond in a manner or presentation that you are unsure of, seek consultation.		

- If the responses are "**NO**" to the questions above, then the person in crisis may not be able to maintain safety in the community and may require further treatment. Seek consultation, as necessary.
- If the responses are "**YES**" to the above, then it is clear the crisis has been resolved. Create a safety plan with the person in crisis and any appropriate supports available. Work towards providing any resources or linkages that are necessary and appropriate, make sure to discuss scheduling the follow-up check in, and coordinate with any other delivery systems as necessary (i.e., ongoing therapist)

Consultation, Concerns, and Notes



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Consultation, Concerns and Notes

CONSULTATION

CHILD OR ADULT SAFETY CONCERNS

NOTES

Strategies for Engaging Collateral Sources



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Strategies for Engaging Collateral Sources

- » People supporting other people in crisis are affected and need support too.
- » Collateral information can be very helpful when trying to work towards providing relief and resolution of the crisis.
- » Collateral supports can be key in effective safety planning, when appropriate.
- » Supporting them can help resolve the crisis more quickly with better outcomes.



Summary

- » The training provided an overview of Crisis Assessment Part 1, which laid foundational framework for a transformed crisis assessment.
- » Participants reviewed the BHIN guidance that any qualified mobile crisis team member who has been trained in crisis assessment can complete the crisis assessment.
- » The presenter summarized the rationale behind the development of the DHCS standardized crisis assessment template.
- » Participants learned about the additional prompt questions provided in the Companion Prompt Guide that can help teams gather information from diverse populations during the initial face-to-face crisis assessment.
- » The trainings walked through each section of the DHCS standardized crisis assessment template and explained the importance for assessing each element for risk and safety.
- » Participants learned how asking about and/or observing warning signs will help them understand if someone is imminently at risk of suicide.
- » The session included guidance on how engaging others on site (collaterals) during mobile crisis encounters can support resolution of the crisis and provide additional opportunities to learn more about the crisis event and all factors leading to it.

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Questions?



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Your feedback is important to us!

Post-Survey, attendees need to opt into the 90-day survey so we can collect your emails to send out the Certificates of Completion

The completion of this survey is vital to our quality control and to the future funding of this project, as it allows us to provide you with training and technical assistance at no cost. In addition, it allows us to continually improve our services and provide the information and resources you need in the field.

**Please take a few minutes to complete the survey!
Your time and feedback are greatly appreciated and valued!**

Thank You!



M-TAC

Contact Us



For General Questions

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