FY27 PROGRAM DESCRIPTION
HAMHDS PROGRAM: EMERGENCY SERVICES
CARF PROGRAM: CRISIS PROGRAMS

PHILOSOPHY OF PROGRAM
It is the philosophy of Emergency Services that:
Crisis Services must be available immediately to ensure maximum effectiveness and to ensure safety for the community and the individual.
Services should be offered in the least restrictive placement possible.
Safety of the individual and the community are the primary but not the only consideration.
The individual's family and natural support systems should be utilized as fully as possible to both understand the difficulties the individual may be facing as well as to formulate a treatment or crisis plan.
Both the individual's and the family's strengths and preferences should be considered in developing any service plan and when determining the level of clinical intervention that is appropriate.
Principles of recovery should be considered in all interactions with individuals and their families.
Barriers to service should be adequately addressed to ensure that the services are not only quickly available but also can be fully utilized by all individuals needing assistance.
Reasonable accommodation should be provided so that equity in services is preserved.
All individuals served shall be treated with dignity and respect.

DESCRIPTION OF SERVICES
Population Served/Admission Criteria
Emergency Services provides services to any individual physically located in the catchment area of Henrico County, New Kent County, or Charles City County who is experiencing a behavioral health emergency. Individuals who require services often experience intense levels of distress and often have limited personal and family resources to manage their distress. Additionally, utilizing healthy and safe coping mechanisms to manage their safety while experiencing a behavioral health crisis can be very challenging. These individuals need immediate attention to prevent further deterioration of functioning and/or injury to themselves or others. Individual and public safety concerns are considered, along with personal preference for treatment in the effort to arrange the most appropriate level of behavioral health intervention. Involuntary treatment may be recommended in situations where there is a personal or public safety concern.

Exclusion Criteria
There are no exclusionary criteria for initial screening and assessment. For ongoing services, the exclusions are as follows:
Individuals who are experiencing acute and/or life-threatening medical conditions.
Individuals who are deemed to be not in crisis following the initial assessment/screening; these individuals are referred to the appropriate service within the CSB or to another provider of their choosing.

Locations/Hours of Operation
Emergency Services provides services 24 hours a day, seven days a week to ensure timely, compassionate, and professional care to those experiencing crisis situations. Services are based out of the Woodman Road Office on site seven days a week 8AM to 9PM. Clinicians are also based at the East End Office 5 days a week from 7:30am to 5pm, and until 8pm on Monday and Thursday. Additionally, clinicians are stationed at the Crisis Intervention Team Assessment Center (CITAC) weekdays from 8am to 12am and have a dedicated response on the weekends. Coverage at all facilities may be affected by staffing levels. Clinicians respond to community locations 24 hours a day,

7 days a week as appropriate and requested. During overnight shifts from 9pm to 8am, clinicians work remotely utilizing the same resources as if they were in the office and respond to any location in the area for assessments. Ideally, assessments are conducted in person, however, telehealth assessments may be completed for the face-to-face evaluation as allowed by state code of law. Telehealth can be a valuable tool to increase the efficiency of the program particularly during periods of higher crisis volume and allow ESP clinicians to offer immediate consultation to first responders in the field.

Emergency Services Availability
Individuals in need of emergency services may call the 24-hour crisis number (804-727-8484) and can expect immediate access to an emergency services clinician within no more than 15 minutes. During regular onsite hours and most often after-hours, individuals will speak directly with a qualified clinician upon connection. Especially after regular business hours, if the clinicians are responding to other crisis requests, the crisis line will be promptly answered by professionals at Nexa, our answering service. The answering service will promptly contact the clinicians on duty. If they are not available within 5 minutes, the answering service will contact the on-call supervisor to respond to the individual in need with as minimal a delay as possible.

Supervisory Coverage An emergency services supervisor or manager is available either in the office or by phone 24 hours a day, every day for supervision and consultation (as well as for provision of services if needed). This schedule is maintained on the agency's intranet and revised as needed via a digital document available on SharePoint. The schedule is posted on SharePoint where staff may view their own shifts, as well as vacant shifts to be picked up, and other staff's schedules as well.

Services Provided
Provide immediate mental health care, to assist individuals who are experiencing acute psychiatric dysfunction to the extent that it necessitates immediate clinical attention. Crisis intervention services must be available 24 hours a day, seven days per week. Clinicians are available to provide immediate intervention and to refer individuals to the appropriate level of care, which includes engaging the individual in treatment with HAMHDS when appropriate.
Provide 24-hour availability for telephone screening, face-to-face, and telehealth emergency evaluations to determine the need for emergency hospitalization or other intensive services, including after-hours coverage for jail, juvenile detention, and all other agency programs.
Coordinate grant funding, utilizing regional LIPOS funding, for individuals who are uninsured and unable to afford the cost of hospitalization.
Provide face-to-face follow-up within seven business days for individuals who have been LIPOS funded or treated at Region IV CSU.
Facilitate brief inpatient admissions at several community hospitals for individuals who meet clinical criteria for hospitalization. The Emergency Services Clinicians assess all individuals face to face prior to hospitalization, carefully monitor their care while they are in the hospital, and facilitate engagement with Same Day Access services upon discharge or in some cases, while they are still hospitalized.
Coordinate with state hospitals for treatment and discharge planning during the period of the TDO up until the commitment hearing for individuals who have been placed at a state facility under a temporary detention order.
Provide crisis intervention and risk assessment for individuals who walk into HAMHDS locations for Same Day Access services with urgent and emergent needs.
Refer to regional mobile crisis services when appropriate such as REACH, Crest, Mobile Crisis and Community Stabilization services, and regional 23-hour facilities for youth and adults.
Provide referrals to other regional and private community organizations to provide the individual with the most appropriate level of intervention for their unique situation.

Facilitate the Family Resource Group, which is a free group for those loved ones of individuals who need mental health treatment but are refusing it. It is described in more detail below.
Facilitate debriefings for all other departments and for community partners following a traumatic event when appropriate and requested. This includes providing on-scene support to first responders after traumatic events.
Provide consultation to clinicians and case managers when they are helping individuals who are open to services who may be experiencing a behavioral health crisis.
Provide crisis intervention via telephone and face-to-face emergency evaluation. The services offered are designed to provide immediate response to all crisis situations either by phone, face-to-face contact, or tele video via a HIPPA compliant telehealth platform. Services provided include offering telephone screening, conducting emergency evaluations, completing pre-admission screening evaluations for involuntary hospitalization, making referrals to other programs within this agency as well as to external community services, and coordinating linkages to community resources.
Coordination of grant funded hospitalization: Emergency Services has the capacity to arrange brief crisis inpatient admissions at several community hospitals for individuals who meet the clinical criteria for hospitalization. The Emergency Services Clinicians assess all individuals face to face prior to hospitalization, carefully monitor their care while they are in the hospital, and facilitate engagement with Same Day Access services upon discharge or in some cases, while they are still hospitalized.
Family Resource Group: This weekly group is for family members or significant others of individuals who are mentally ill or experiencing symptoms of a substance use disorder and are not willing to accept assistance. It serves as an educational as well as a support group; by providing the participants with tools, information, and realistic expectations. This group aims to help families care for themselves as well as the person they are concerned about.
Emergency Services clinicians do not carry a caseload of individuals.
The organization does not use artificial intelligence (AI) in service delivery or for health data analysis and processing.

REACH All emergency services staff members complete the DBHDS REACH training module created by DBHDS. For individuals who are living with a diagnosis of intellectual or developmental disability, or co-occurring developmental disabilities, who are being evaluated for involuntary hospitalization, Emergency Services Clinicians will contact and collaborate with REACH for problem solving, staffing and consulting prior to rendering a decision. While a REACH staff member does not replace the preadmission screening evaluator or relieve the evaluator of responsibility, it is expected that together, the Emergency Services clinician and the REACH clinician will identify the least restrictive options for treatment and care.

Crisis Intervention Team Assessment Center (CITAC): Emergency Services staff provide coverage 24 hours a day either on site or via a dedicated response at the Crisis Intervention Team Assessment Center (CITAC), located at Parham Doctor's Hospital at 7700 East Parham Road Richmond, VA 23294. The CITAC is a joint initiative between Henrico Area Mental Health and Developmental Services, Parham Doctor's Hospital, and Henrico County Division of Police. This service enables the provision of immediate intervention to individuals under emergency custody orders through integrated medical and mental health assessment. A certified Peer Recovery Specialist provides services to individuals who are receiving other services at the CITAC. Additionally, this service allows for the transfer of custody from law enforcement officers to off duty police officers. This program is operational 24 hours a day. When not on site, Emergency Services clinicians have capacity for rapid response during all hours of operation.

CONTRACT SERVICES

Emergency Services contracts with local hospitals to provide short-term acute inpatient care for residents of our catchment-area who are without means to afford this service. The contracts fall under a regional effort, RICHMOND AREA ACUTE CARE PROJECT (RAACP), to minimize admissions to the state hospital. The Emergency Services Program monitors all psychiatric admissions and ongoing inpatient hospitalizations for any individual of the agency who is admitted under a grant. This includes contact with the individual at least every other day and active participation in the treatment planning process. Regional Utilization representatives assist with maintaining consistent contact with these individuals while they are receiving inpatient treatment. The Regional Utilization management representatives manage the authorization requests and approvals, and aid in discharge planning.

STAFFING

Emergency Services full-time staff members are all licensed or licensed eligible (with board approved supervision). All clinicians are Certified Preadmission Screening Clinicians; the certification is overseen and authorized by DBHDS. Additionally, all Emergency Services relief staff have a master's degree or are licensed, and all are Certified Preadmission Screening Clinicians. All staff meet the annual minimum requirements for supervision and continuing education. Adequate staffing is maintained to ensure individuals are safe while receiving services and to assist as needed during evaluations.

Peer Recovery Specialist: Henrico Area Mental Health & Developmental Services, as part of their workforce, employ Certified Peer Recovery Specialists (PRS). PRS's have lived experience, training, and share their recovery with individuals served. They inspire and empower hope, wellness, resiliency, independence, and personal strength in others. As active members of various teams, support is provided in a mutual manner providing effective and positive strategies for developing coping skills. PRS's provide training, advocacy, linkage to resources, and educational/wellness tools such as Action Planning for Prevention and Recovery (APPR) to promote health, wellness, and recovery. Emergency Services employs a Peer Recovery Specialist who works out of our Crisis Receiving Center and a Peer Recovery Specialist who specializes in Veteran's Services.

PROGRAM GOALS

To assess the level of dangerousness and risk and to provide a disposition which minimizes the danger to the individual and/or community in the least restrictive safe environment
To provide effective "emergency response" as an integrated component of the continuum of services to all HAMHDS individuals
To support recovery of all citizens
To quickly return the individual to his/her pre-crisis level of functioning and prevent the exacerbation of symptoms by providing appropriate and effective services, while also facilitating linkages with other service providers
To ensure rapid response for mental health emergencies
To provide emergency services to those in need within the guiding framework of behavioral health equity principles

PROGRAM OBJECTIVES

On an annual basis the program will measure at least one objective around effectiveness, efficiency, or service access. These measures may consider three important factors: program quality, customer value and/or financial performance. See program specific performance improvement goals and objectives.

SKILLS ACQUISITION
It is the goal of Emergency Services to help individuals remain in the community in the least restrictive, safe environment. To achieve this goal, staff work with individuals and families in crisis to enhance:
Coping strategies
Developing crisis plans
Accessing formal and informal support systems

ATTENDANCE POLICY
Emergency Services staff do not provide ongoing services to individuals and typically only have one or two contacts with the individuals they serve. An Attendance Policy is therefore not needed for these services.

FEES
The agency accepts most insurance for assessment and treatment. If an individual is not covered by an insurance policy, they will be billed on a sliding scale fee. Emergency Services are provided to those in need, regardless of the ability to pay.

PROCEDURES FOR REFERRAL, SCREENING, ADMISSION, AND RE-ADMISSION
There are no formal procedures for a referral for emergency services. Any individual or agency can call the crisis phone line 24 hours a day or come into any HAMHDS office during regular business hours to request emergency services. At that time a screening process occurs to determine the nature of the crisis and the most appropriate clinical response. All Emergency Services staff are trained on the use of the Columbia Suicide Severity Rating Scale, which is routinely used as part of this screening process. Depending on the severity and the potential for dangerousness, the response can range from an immediate face-to-face emergency evaluation, a recommendation to transport the individual to a medical emergency room including the CITAC, a scheduled appointment, or a referral to the non-emergent services in this agency or to another appropriate community service. For individuals who present for emergency evaluation, all Emergency Services utilize the state-wide standardized Uniform Preadmissions Screening Assessment, which integrates clinical data including a risk assessment, ICD 10, demographic, and financial information. This standardized tool assists in determining the individual's immediate needs, available resources, and identification of risk factors.

Since Emergency Services staff are available 24 hours a day, they can respond to all individuals, including pregnant and parenting women with substance use disorders, intravenous drug users, and individuals with developmental and intellectual disabilities.

ORIENTATION OF INDIVIDUALs TO THE PROGRAM/SERVICE
While it is not possible to provide formal orientation to individuals during emergency situations, there are a series of steps that are taken, whenever possible, to allow the individual and their family to better understand and make informed decisions about the care they are receiving:

During emergency contacts, either on the phone or face to face, the clinician attempts to explain the services that are available as well as the legal processes of the involuntary hospitalization process whenever appropriate.
For individuals who are being hospitalized involuntarily, the individual and the family (when involved) are explained the legal process, their rights, and what they may expect at the hospital.
Emergency Services clinicians inform the individuals in crisis of the requirement to convey to their family member or personal representative limited information relevant to their current crisis. Information may include the individual's location and general condition.

Documentation is completed mostly on ESP Contacts, Case Coordination Notes, Uniform Preadmission Screening Forms, TDO Forms, and Commitment Hearing Disposition Forms.

EMERGENCY CLINICAL CONSULTATION
Emergency Services provides emergency clinical consultation 24 hours a day 7 days a week, including all holidays. The program serves as primary back up for emergency clinical consultation for the entire agency when the primary clinician or unit supervisor is unavailable. Emergency Services also provides emergency clinical coverage for the Jail Mental Health team after regular business hours for those clinicians as well. Emergency Services can be reached at 804-727-8484.

TELEHEALTH
A HIPAA compliant telehealth platform, most often WebEx, may be used to assist in response time to some of the farther sections of our coverage area, such as in New Kent and Charles City counties. Telehealth is also helpful to our first responders when they are out in the field and would like to consult with a certified pre-admission screener. Clinicians can communicate face-to-face via telehealth both with the individual experiencing a crisis and with the officer on scene. This process may prevent a more restrictive alternative at times by providing quick on-scene access to a clinician who can provide crisis intervention almost immediately. Telehealth may also be used as a more efficient method of managing high volume shifts.

MEDICATION MANAGEMENT
Emergency Services does not provide medication management or medication monitoring to the individuals served.

SECLUSION/RESTRAINTs/EMERGENCY HOLDS
Seclusion and restraint are prohibited and are not used in any agency programs. Brief physical holds are used only by staff trained in Therapeutic Options in an emergency.

TRANSFER/DISCHARGE PROCEDURES
Emergency Services does not open individuals to ongoing services in the agency. Crisis intervention is offered to anyone physically located within the catchment area regardless of their treatment status or ability to pay.