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Frequently Asked Questions - Mobile Crisis

1) Is mobile crisis involvement required for all individuals in need of hospitalization?

A: Typically, yes; however, during times of high call volume prioritization may be given to publicly funded individuals (TennCare and uninsured). This does not affect the crisis system's ability to provide phone or telehealth consultation anytime another professional has completed an assessment and feels the client needs hospitalization. Unless requested, mobile crisis does not have to be involved with commercially insured individuals, with the exception of the need for admission to a state funded hospital.

2) Is mobile crisis required to come to my location to complete a face to face assessment every time I call them?

A: No. Upon receiving a call, mobile crisis will ask a series of questions to determine the most clinically appropriate response. The person calling may be provided information for outpatient services, be directed to the walk-in center, the emergency room or 911 might be dispatched, depending on the circumstances of the call. A face to face assessment may not be conducted if the person's condition is sufficiently stable to seek non-emergent behavioral health care.

Additionally, if the person in crisis is in the presence of a physician or psychologist with HSP designation, mobile crisis may provide telephonic consultation to the physician or psychologist during times of high call volume.

3) Does mobile crisis involvement apply to both voluntary and involuntary hospitalizations?

A: Typically, yes; however, during times of high call volume prioritization may be given to publicly funded individuals (TennCare and uninsured). This does not affect the crisis system's ability to provide phone or telehealth consultation anytime another professional has completed an assessment and feels the client needs hospitalization. Unless requested, mobile crisis does not have to be involved with commercially insured individuals, with the exception of the need for admission to a state funded hospital.

4) What is the standard response time for mobile crisis?

A: The TDMHSAS's contractual expectation is that face to face response occur within 2 hours of receipt of the call requesting assistance at least 90% of the time, never to exceed 4 hours. Some

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flexibility is provided to account for circumstances beyond the control of the crisis provider (for example inclement weather, call volume that exceeds the capability of staff on duty, etc.). TDMHSAS believes telehealth is a viable option for access to behavioral health services and enhancing the efficiency of the crisis service delivery system.

5) Does the recommendation made by mobile crisis have to be followed by the emergency department physician?

A: No. Mobile crisis staff will provide treatment recommendations which may or may not be followed by an emergency room physician. However, due to the expertise and knowledge of the system, physicians are encouraged to follow the recommendations made by mobile crisis.

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¹Frequently Asked Questions – Emergency Involuntary Admission Process

1) Is a Certificate of Need (CON or 6404) required to detain an individual in need of psychiatric assessment?

A: No, a certificate of need is not required to detain an individual in need of psychiatric assessment. Individuals posing an **immediate** substantial likelihood of serious harm due to mental illness or serious emotional disturbance may be detained using the emergency involuntary admission process.

2) What is a 6401?

A: A process used to detain an individual for mental health examination.

3) When should the 6401 process be used?

A: When an individual is posing an **immediate** substantial likelihood of serious harm due to mental illness or serious emotional disturbance and needs to be detained until examination can occur.

4) Who is authorized to detain an individual under a 6401 until a psychiatric assessment can be completed?

A: Law enforcement officers authorized to make an arrest, physicians, psychologists or designated professionals (Mandatory Prescreening Agent). Detainment under a 6401 can be implemented in any setting, including hospitals, medical facilities, residences, etc.

5) How do I initiate a detainment under a 6401?

A: There is no legal form for initiation of detaining under this title; however, a sample form has been made available on the TDMHSAS website. Documentation justifying the need to detain an individual for examination can be made in the form of a progress note, doctor's order, assessment form or other but must indicate why the person is believed to have a mental illness or serious emotional disturbance and how they are posing an **immediate** substantial likelihood of serious harm.

6) When does a 6401 expire?

¹ There is a separate process for non-emergency admissions. i.e. when the substantial likelihood of serious harm is NOT immediate.

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A: Title 33 indicates that the person is to be immediately examined. TDMHSAS has concluded that examination should occur as quickly as possible but not before the person is reasonably able to participate in examination. For example, the individual who comes in too intoxicated to participate in examination (but there is reason to believe there may be a mental illness or serious emotional disturbance and an **immediate** substantial likelihood of harm) may be detained until such time that he/she can participate in examination but no longer than is reasonable or necessary to get an examination completed.

7) What is a 6404 or Certificate of Need (CON)?

A: A certificate of need or 6404 is a legal document used in the involuntary commitment process for individuals posing an **immediate** substantial likelihood of serious harm due to mental illness or serious emotional disturbance based on the face to face examination of the person by a qualified professional.

8) Who is authorized to complete a CON or 6404 for Involuntary Hospitalization?

A: A physician, psychologist or designated professional (Mandatory Prescreening Agent) may complete the first (1st) Certificate of Need for Involuntary Hospitalization. See MPA FAQ for type of professional eligible for MPA designation. Please note, per TCA. 33-4-107 that, for private facilities, one of the two certificates of need must be completed by a disinterested professional who is not an employee of the admitting psychiatric hospital. Only the admitting physician of the receiving psychiatric hospital or treatment resource has the authority to complete the second (2nd) Certificate of Need for involuntary hospitalization.

9) Is screening by a Mandatory Prescreening Agent (MPA) required for all hospitalizations?

A: No. Screening by a MPA is required for anyone being referred for hospitalization at a state owned or operated hospital or treatment resource and any publicly funded person being admitted or committed to a private hospital. If a MPA is not available within two (2) hours of the request, then a licensed physician or psychologist with health service provider designation, in consultation with a member of the crisis response service, may provide one of the certificates of need for involuntary hospitalization.

10) Do Certificates of Need (6404s) expire?

A: No. Title 33 is silent on the issue; thus, the TDMHSAS interpretation is that CON's DO NOT expire.

As a matter of best practice, it is recommended that the person be re-assessed to ensure this level of care is still required if more than 24 hours has passed since the initial CON was written but this can be documented in a progress note, physicians' order, assessment form or other.

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11) Can a Certificate of Need (6404) be rescinded?

A: Yes. Title 33 is silent on the issue but it is the TDMHSAS interpretation that yes, CON's can be rescinded. The decision to rescind a CON shall always be based on a new face to face assessment.

It is recommended that an attempt be made to consult with the original CON writer about the decision anytime possible. If consultation is not possible, it should not prevent a revision to the persons' plan of care. The re-assessment and decision to rescind the original CON shall be documented but this can be in the form of a doctor's order, progress note, assessment, etc. The original CON should not be shredded or destroyed and should remain a part of the clinical record with the documentation of the reassessment that justifies why it was not executed.

12) Who is responsible for transportation once a Certificate of Need (6404) has been completed?

A: It is the law of this state that people with mental illness or serious emotional disturbance who are determined to be a danger to themselves and in need of physical restraint or vehicular security be transported by the sheriff or secondary transportation agents designated by the sheriff. People with a mental illness or serious emotional disturbance who do not present themselves as a danger to themselves or are not in need of physical restraint or vehicular security may be transported by one (1) or more friends, neighbors, other mental health professionals familiar with the person, relatives of the person or a member of the clergy; provided, that these persons are willing and able to provide such transport.

13) Does the second CON have to be written within a certain timeframe from completion of the 1st CON?

A: Title 33 is silent on this matter, however TDMHSAS recommends examination as soon as reasonably practicable. Once the individual has been evaluated by the receiving psychiatric hospital, though it may result in a non-admit decision, the first certificate of need cannot be reused.

14) Are CON's reviewed by a Judge?

A: Yes, upon admission the two completed certificates of need required for involuntary hospitalization are sent to the general sessions court where the hospital is located.

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If the judge is not available and all other requirements have been complied with, the admitting facility may hold the defendant for not more than twenty-four (24) hours pending a court order under § 33-6-413, and the staff may render only necessary emergency treatment.

15) Can I admit the person who arrived at my hospital with a CON voluntarily?

A: Yes. The admitting physician at the receiving psychiatric hospital or treatment resource shall examine the person upon arrival to determine whether the person meets criteria for an involuntary hospitalization. If the person is willing to receive treatment, the person could sign in for voluntary services. If admitted voluntarily, a second CON is not required.

16) When should I administer a telehealth assessment?

A: TDMHSAS believes telehealth is a viable option for access to behavioral health services and enhancing the efficiency of the crisis service delivery system. A determination must be made whether telehealth is a viable means of conducting the assessment based on the individual's behavior and psychiatric condition. If the individual's presenting condition is inappropriate for a telehealth assessment or if visual or sound quality is inadequate, the professional should proceed with an on-site, face-to-face assessment. This option is available for admission to a Regional Mental Health Institute. Telehealth connections to the Regional Mental Health Institutes will only occur with the involvement of a TDMHSAS designated crisis service provider.

17) What if the person I admitted voluntarily decides to leave against medical advice (AMA) but presents a risk of harm to self or others?

A: If the person who signed in voluntarily chooses to leave but poses an **immediate** substantial likelihood of serious harm due to a mental illness or serious emotional disturbance, the person may be detained for examination under an emergency involuntary admission process.

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Frequently Asked Questions- Mandatory Prescreening Agents

1) Who is qualified to be a Mandatory Prescreening Agent?

A: To be considered for eligibility for designation as an MPA you must be licensed to practice in Tennessee and be a Qualified Mental Health Professional (QMHP). MPA designation is limited to Qualified Mental Health Professionals (QMHP) who is employed to provide crisis services by a state provider.

Qualified mental health professionals:

- Psychiatrist
- Physician with expertise in psychiatry
- Psychologist with health service provider designation
- Licensed psychological examiner
- Licensed senior psychological examiner
- Licensed master's social worker with two years of mental health experience
- Licensed clinical social worker
- Licensed or certified marital and family therapist
- Licensed professional counselor
- Licensed nurse with a master's degree in nursing who functions as a psychiatric nurse
- Licensed Physician's Assistant with a master's degree and expertise in psychiatry as determined by training, education or experience

2) I work for a private psychiatric hospital. Can I become designated as a Mandatory Prescreening Agent?

A: Currently, the Commissioner has set designation limits, in accordance with Tennessee Code Annotated §33-6-104, to professionals working for a state contracted crisis provider. Tennessee Code Annotated §33-6-104 allows the commissioner to set limits on an agent's authority, decline to

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designate a person who satisfies the requirements of § 33-6-427, and/or remove authority as a mandatory pre-screening agent from a person without cause.

3) Does a Mandatory Prescreening Agent have to be involved for voluntary and involuntary hospitalizations?

A: Yes. A review of a previous Attorney General's opinion (No. 01-078), indicates that a publicly funded or potentially publicly funded person with mental illness or serious emotional disturbance cannot be voluntarily admitted or involuntarily committed to inpatient treatment without the approval of a mandatory prescreening agent.

4) Is a Mandatory Prescreening Agent required to screen an individual in need of hospitalization at a private facility?

A: It depends. If the person being admitted to a private facility is publicly funded (TennCare or state grant funded), a Mandatory Prescreening Agent would need to be involved. If a mandatory pre-screening agent cannot examine the person within two (2) hours of the request to examine the person, then a licensed physician or a licensed psychologist with health service provider designation may examine the person and may provide one of the certificates if the physician or psychologist, in consultation with a member of a crisis response service designated by the commissioner to serve the county, determines that all available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person.

5) Does designation as Mandatory Prescreening Agent ever expire?

A: Yes. Mandatory Prescreening Agents are required to renew their designation every two years as their professional licenses are renewed. Every two years, existing MPA's are required to complete an online refresher course and to provide updated status reports regarding current place of employment and contact information. Failure to complete the required activities, results in expiration of designation.

6) Are MPA's required to complete any special training before being designated?

A: Yes. Before initial designation, professionals are required to attend a 6 hour, in person training. Training is designed to ensure MPAs carefully consider all less drastic alternatives to hospitalization appropriate to meet the needs of the individual.

7) Do I have to wait for 2 hours for a Mandatory Prescreening Agent to arrive?

A: No. As long as you get a verbal confirmation that a MPA will not be available within 2 hours then a licensed physician or a licensed psychologist with health service provider designation may examine the person and may provide one of the certificates if the physician or psychologist, in consultation with a member of a crisis response service designated by the commissioner to serve the county. This

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applies to individuals who are uninsured, receiving TennCare or in need of admission to a state hospital (regardless of payer source).

8) Are all crisis responders an MPA?

A: No. However, it is the TDMHSAS expectation that every crisis team have an MPA available at all times. Availability may occur in person or by utilizing telehealth, a viable option for access to behavioral health services.

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Frequently Asked Questions – Crisis Stabilization Units

1): What is a Crisis Stabilization Unit?

A: A Crisis Stabilization Unit (CSU) is a twenty-four hour per day, seven day per week community based service that offers an inpatient like experience for individuals at risk of hospitalization who are willing to receive services. The average length of stay is three (3) days and is free of charge.

The staffing ratio for a CSU is 1:5 and a registered nurse is on duty twenty-four hours a day to administer meds. Groups specific to the needs of the milieu are provided daily and a prescriber is available to provide medication management services.

2): How are referrals made to the CSU?

A: Anyone considering the CSU as an option can contact crisis to make a referral.

3): Are there any exclusionary criteria for admission to the CSU?

The most common reasons a CSU may be unable to meet the needs of someone in need of service are listed below.

- Medical acuity
- Complex detox
- Too aggressive

4): How long can a person stay in the CSU?

A: Ninety-six (96) hours with the ability to extend the stay for one additional twenty-four (24) hour period if complications in discharge planning occur.

5): What do I need to bring with me if I'm being admitted to the CSU?

A: It is encouraged to bring all prescribed medications that you are currently taking, including any rescue inhalers, any equipment necessary to ensure health and safety (i.e. CPAP, walker, etc.) and at least three days' worth of clothing. However, it is not necessary to have these items to be considered for admission to a CSU.

6): There is not a CSU in my area, are there other resources?

A: Check with your local crisis provider to determine all available resources in your area.