

## County of Onondaga

## Department of Children & Family Services

Child Welfare • Mental Health Services • Juvenile Justice • Youth Bureau • School Based Initiatives

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Onondaga County Division of Mental Health Services

## Name: Contingency Protocol for Non-Executed Emergency Admission "Pick-Up" Orders

Purpose: This protocol is meant to be in response to the following event: A Emergency Admission "Pick-Up Order" (including 9.39, 9.41, 9.43, 9.45, 9.55, 9.57, 9.58, 9.60) has been signed, the police have responded in conjunction with the Mobile Crisis Team and the team has determined that a tactical withdrawal is necessary. The protocol reflects the need for an intense collaborative process to ensure that the person has access to supports and services to best meet their mental health needs in the least restrictive manner.

Designee and Designee Agency Responsibilities

- Exhaust all community engagement techniques and supports in getting the "Individual" help prior to filling out a 9.45 Emergency Pick-Up Order. For instance a mobile crisis eyes on for initial assessment prior to 9.45 being written if it is felt not to cause greater risk to "individual" and others.
- 2. Ensure the 9.45 order and supplemental documentation has been filled out in accordance with Onondaga County Training and protocols.
- 3. As indicated in the supplemental form, identifies a point person who understands the needs of the "Individual", history of the case and is able to continuously participate in the "Contingency Planning Team" to communicate and participate. (May be more than one person)
- 4. Ensure agency participation in "Contingency Planning Team" and contribute to the implementation of the plan the team establishes.
- 5. Report back to the "Contingency Planning Team" the results of efforts to implement the plan.

Law Enforcement Responsibilities

- 1. Respond to the 9.45
- 2. Partner with a Mobile Crisis team to be on scene and support the engagement of the "individual"
- 3. At point determined that the order in not enforceable, either Mobile Crisis or Law Enforcement reach out to the Reporting Source to notify and make a plan.
- 4. Define method of determining tactical withdrawal and communicate to the DCS

- 5. Contact the DCS to request implementation of the "Contingency Planning Team"
- 6. Ensure agency participation in "Contingency Planning Team" and contribute to the implementation of the plan the team establishes.
- 7. Report back to the "Contingency Planning Team" the results of efforts to implement the plan.
- 8. Create joint Crisis plan with the responding Mobile Crisis Team for the first 12 hours before meeting can occur. (assess ongoing risk level and identify and utilize available/necessary supports) and communicate the plan to the DCS at time of notification of need for "CPT"

Mobile Crisis Team Responsibilities:

- 1. Serve as mobile crisis in person response to support Designee and Agency in an initial assessment to determine if a 9.45 Emergency Pick-Up Order should be written.
- 2. Respond to request for assistance from Law Enforcement
- 3. At point determined that the order in not enforceable, either Mobile Crisis or Law Enforcement reach out to the Reporting Source to notify and make a plan.
- 4. Ensure agency participation in "Contingency Planning Team" and contribute to the implementation of the plan the team establishes.
- 5. Report back to the "Contingency Planning Team" the results of efforts to implement the plan.
- 6. Create joint Crisis plan with the Law Enforcement Agency responding for the first 12 hours before meeting can occur. (assess ongoing risk level and identify and utilize available/necessary supports) and communicate the plan to the DCS at time of notification of need for "CPT"

Director of Community Services Responsibilities

- 1. Annually Train Designees in Common procedures in filling out a 9.45 Emergency Pick-Up orders
- 2. Within 12 hours of notification of the tactical withdrawal from Law Enforcement agency, email/text the team and schedule a Contingency Planning Team Meeting.
- 3. Ensure agency participation in "Contingency Planning Team" and contribute to the implementation of the plan the team establishes.
- 4. Report back to the "Contingency Planning Team" the results of efforts to implement the plan.

Contingency Planning Team makeup:

- Director of Community Services "DCS"
- Designee
- Responding Law Enforcement Agency
- Mobile crisis team that originally responded
- Peer
- Person(s) with relationship with the patient (housing staff, case manager)

Response Protocol:

- Police Agency and/or mobile crisis contact DCS via cell phone (text or call 315-256-7391) between hours of 8 am at 10 pm notify that a tactical withdraw is necessary and request to implement the protocol.
- Within 12 hours the DCS to will email/text the team and schedule a Contingency Planning Team Meeting.
- The team will meet daily to plan and make decisions as to next steps
- The Following Agenda will be established for "Contingency Planning Meetings":
  - i. Exploration or Update of the situation
  - ii. Create community safety plan and assess for frequency of support. (assess risk of person leaving scene and determine how to keep person and community safe, what are community resources and who can be pulled in to support the person)
  - iii. Review an existing safety plan and determine any necessary changes to implement
  - iv. Plan for creatively and safely getting the person to the emergency room/CPEP

Lines of Communication and Information flows:

Phase 1 Communication: the initial notification to LE, MC, DCS and the person signing the order should be made right away via text with no PHI included. The team is reviewing secure platforms to be used (e.g. QLIQsoft HIPAA compliant texting popular product amongst hospitals)

Phase 2: The Contogency Planning Team meeting and planning process: The team will avoid using PHI in any emails and will use encrypted email if PHI in needed in the communciation. Emails should be focused mainly on logistical activities.

Inorder to ensure maximum affective partnership, communication flows should occur at the meeting and team members should not make decisions outside of the meeting for the "plan" unless absolutely necessary.

**Confidentiality requirements**. Any enforcement of an order issued under Article 9 of the NYS Mental Hygiene Law (MHL) that requires the communication of highly sensitive, protected information under HIPAA and the more strict MHL must ensure that information relayed to non-treating providers and the responding law enforcement agents is the <u>minimum necessary</u> to reasonably support the effort to get the individual assessment and any needed treatment. MHL 33.13(9)(v) provides, in pertinent part, that sensitive information from an individual's clinical record may be shared with "appropriate persons and entities when necessary to prevent imminent serious harm to the patient or client or another person, provided, however, nothing in this subparagraph shall be construed to impose an obligation to release information pursuant to this subparagraph."