

Telephonic Triage Service Protocols Kentucky Jail Mental Health Crisis Network

Background

The Telephonic Behavioral Health Triage for Jails provides immediate access to a Qualified Mental Health Professional for clinical consultation to assess the potential risk of suicide and the risk related to symptoms of mental illness. Because 90% of the nation's jails do not have access to the services of a mental health professional, and between 6-16% of inmates have a mental disorder, this service offers an opportunity to respond to the needs of the increasing influx of inmates who have mental illnesses. The telephonic triage is completed by asking clearly defined questions culminating in the identification of a designated level of risk. The risk level is titrated to jail management protocols that the jail is responsible for implementing. The triage instrument for this service has been carefully developed to include the risk variables that are particular to jail environments.

The success of this program is dependent on immediate responsiveness and careful documentation. The following protocols therefore explain and define the operational details of this service.

Phone calls to the 800 line

When a participating jail has an inmate who answers *yes* to the recommended booking and screening questions or has a flag on their booking/screening instrument, they are instructed to call the Bluegrass 800 line. The caller will need to identify the jail they are calling from, identify themselves, the inmate in question, and then be coached through the triage questions.

Use of the Jail Triage software

During the day, the CSC will use the Jail Triage software to enter the Telephonic Triage data from the jail triage directly into the data base. Second and third staff use the Jail Triage software as well from their lap tops.

The JT assessment form will be directly e-mailed or faxed to the jail, and to the local Community Mental Health Center. Training on the use of this software will be scheduled for all staff using the new program.

Use of the Customer Service Software

In the Bluegrass Region, the documentation of the request for follow up service includes using the Customer Service software so that the record of the call and the assessment can be sent to the jail. This is completed by Crisis Line Counselor after-hours. During the day, the CSC documents the request for follow up in the Jail Triage software itself. In the jails in the Bluegrass Region, it is also good clinical practice to search the database to see if the inmate is a current client. Documentation of the jail's call in the client's call record gets forwarded to the therapist, which will add continuity to our client's care. During the day, the Clinical Specialists in Customer Service provides the QMHP triage, for after-hours calls, the Crisis Line Counselor patches the call to the QMHP on-call.

The procedure for documenting the call after hours in the call log software is as follows.

- Ask which County Jail is calling
- Open the jail contract file in the software –In the problem description, put the name of the inmate and the disposition of the call. (i.e. “Inmate is John Doe, Triage form completed”, Level of risk is High or “Inmate is Jane Doe, call patched to on-call _____ QMHP”.
- When appropriate, search the database to see if the inmate is a client. If yes, document that the client is in jail and is being triaged for SI/MH risk. This call log is accessible to the clinician when call logs are printed. It may be appropriate to get the treating clinician or psychiatrist involved in the consultation or care of the client/inmate, which should also be documented in the call log.

QMHP duties

A group of select QMHPs. who are specifically trained and experienced working with jails will provide this mental health triage. During day, the Customer Service Clinical Specialists provide this service. After-hours, there are t on-call QMHPs scheduled to cover the jail contract. For ease in scheduling, QMHPs on-call for 202.A will also provide the jail service. If needed, there may be additional people who are not 202.A on-call QMHPs included in the rotation.

Duties include:

- Respond immediately to phone calls or requests for service. Cell phones will be provided to ensure a prompt response.
- Conduct the triage assessment for all requests for service, completing the triage documentation form for each call.
- The Triage forms are faxed to the calling jail same day or next day if the call comes in after-hours.
- Provide this service, after-hours, in a week rotation beginning on Tuesday afternoon at 5PM and ending on Tuesday morning at 8AM.

Telephonic Triage Protocols for QMHP

The attached Telephonic Behavioral Health Triage software must be used for each call. The objective of the triage is to identify potential risk due to suicidal behavior, history, or intent and to determine if there is risk related to other symptoms of mental illness, Acquired brain injury and MR-DD. The risk triage includes assessment of several domains that are pertinent to jail environments including:

- IDD or ABI
- Risk related to the reaction to the charges
- Risk related to substance toxicity,
- Suicide risk,
- Risk related to symptoms of mental illness.
- History of treatment, hospitalization, and psychotropic medications

All of the risk variables are integrated into a final risk assessment of critical, high, moderate or low. The QMHP makes a designation of the level of risk, and the jail is responsible for implementing the triage protocols that correspond to this level. The attached Data Dictionary defines the terms used on the Triage form and details the risk level designations.

Triage protocols:

- Answer the telephonic request for service immediately.
- Ask the triage questions to the jail custodial staff person who makes the call.
- Ask to speak to the inmate as well. A direct conversation with the inmate in question is necessary and requested particularly if the risk level is high, more information is needed or the custodial staff person is uncertain or unable to get the information.
- Consistently utilize the Data Dictionary terms and the defined risk levels to assure internal consistency in clinical judgment
- Complete all Triage documentation
- Email/Fax the completed triage form to the jail, as soon as completed. Second and third shift staff will utilize the Crisis Line for assistance in this process.

Mental Health Referrals

The triage assessment offers a first level review that can identify the behavioral health needs of inmates. The Triage QMHP will make recommendations for follow-up/video services based on the risk level.

- 3 hour response for Critical,
- 12 hour response for High a

24 hours response if Moderate.

The funding for this program is specifically targeted to the Regional Boards across the state to provide follow-up services within the specified time periods. The documentation must include who the Triage QMHP talked to at the local CMHC so it is clear that the handoff to the local office has been made for a follow up.

Examples of referral and/or consultation recommendations that may be made include:

- Inmate meets the criteria for a 202A evaluation – recommend that the jail initiate the process and call the local CMHC for face to face/video services
- Inmate needs referral for medical evaluation – recommend referral
- Inmate symptoms indicate possible need for medical treatment or evaluation due to possible drug toxicity.
- Recommendation for medical treatment should only be made when there is clear indication of concurrent medical symptoms. Since it is not a QMHP's area of expertise, this needs to be carefully stated.
- Inmate needs to be referred to a Forensic facility for further assessment or treatment.
- Consultation with the treating clinician or psychiatrist is indicated.

Documentation Trail

Good documentation is essential to add value to this program. The success of this program hinges not only on excellent service as demonstrated by the quality and expertise of our clinical responsiveness, it is also demonstrated through our professional business practices in documentation.

The documented and completed triage form must be faxed to the jail as soon as possible. The triage form also needs to be sent to Regional Office for quality review.

The details of the documentation expectations are as follows.

- The QMHP must email/fax the Triage form to the jail as soon as completed.
- In Bluegrass The QMHP tally's of the number of completed Triages each month is submitted on a Telephonic Triage Reimbursement form (found in the H drive in the After Hours Crisis Line file) and submitted to the Service Area Administrator at the end of the month. The Service Area Administrator can add this documentation to the other monthly QMHP On-Call reimbursement requests.

Quality Control

The completed triages will be regularly reviewed for quality control. They will be reviewed randomly, as needed and as part of any annual evaluation. Feedback will be given as needed to ensure consistency in assessment and documentation. Call logs will be evaluated to ensure that all the necessary data elements are present and the protocols are being consistently followed. The QMHPs providing the service will meet periodically for follow up review and training.