



Mental Health Crisis Response Triage Tool Training

A Collaborative Effort Between



Disclaimer Statement

The information provided in this training is not intended to be utilized as a clinical screener, a clinical decision tree, or a diagnostic tool. Rather this training intends to offer general guidance to be used in conjunction with the clinical supports/tools available to you to assist with connecting individuals in crisis with referrals to the appropriate level of care. You are advised to consult your supervisory or other clinical resources when making any clinical determination.

Training Objectives



INTRODUCE

Introduce basic concepts behind
Mental Health Crisis Response
Triage Tool



EXPLAIN

Explain application of the tool



GUIDE

Offer guidance on how you can
provide the most appropriate
level of care during a crisis.

Purpose of the Tool

Provides health professionals with adequate tools to identify and connect individuals who are in crisis with the appropriate level of care



A Crisis Response Framework



Someone To Talk To:

Crisis lines



Someone To Respond:

Mobile crisis teams



Somewhere To Go:

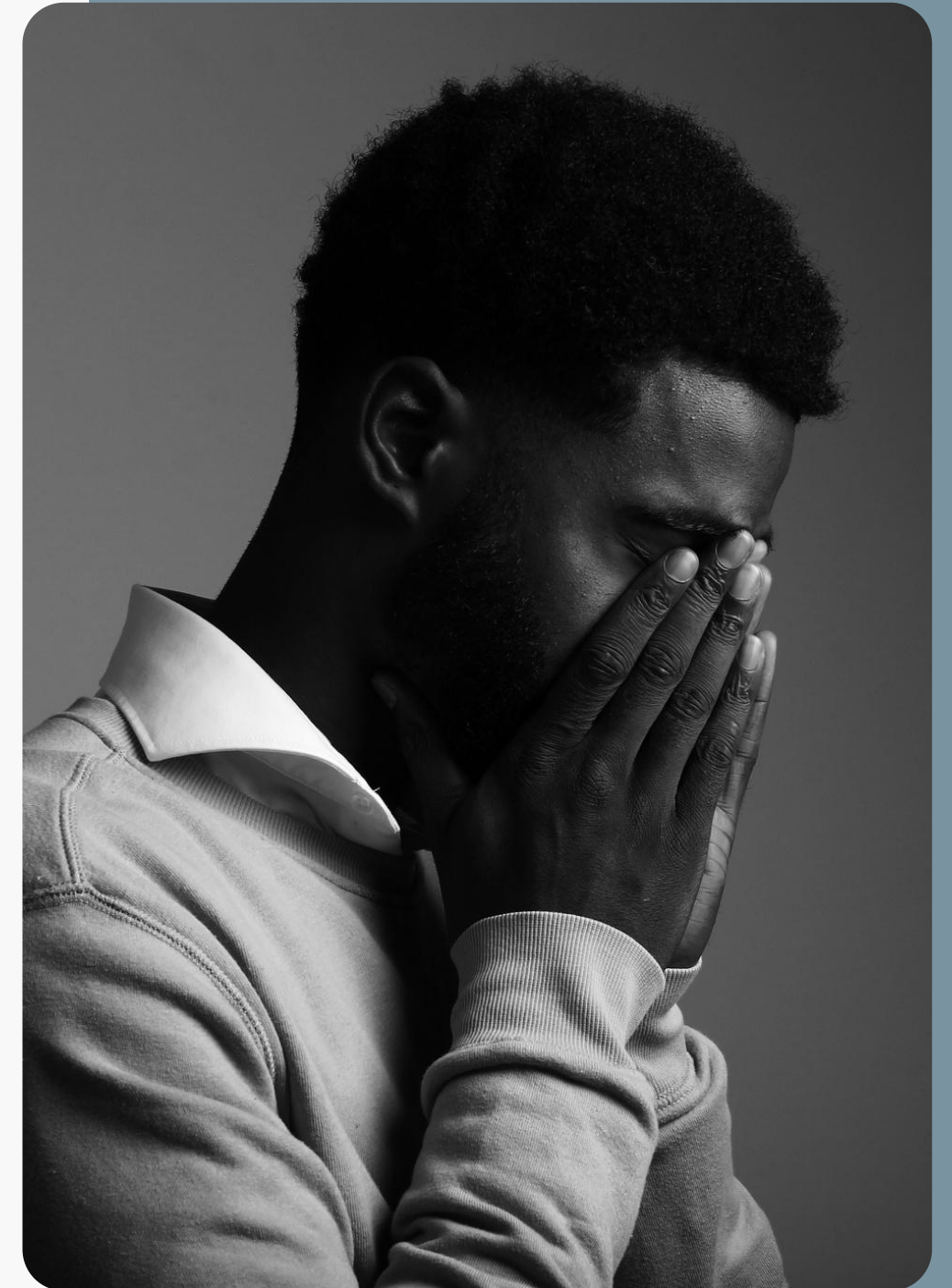
Crisis triage centers



Understanding a Crisis

What Is A Mental Health Crisis?

A mental health crisis is an intense state of confusion and anxiety where usual coping mechanisms no longer work, leaving individuals feeling vulnerable, anxious, fearful, and even helpless.



Understanding a Crisis

How Does It Present?

Each person identifies and experiences a crisis differently.

Some may recognize the problem and use familiar coping strategies, others may feel overwhelmed, lacking the skills to handle the situation, which can lead to poor decisions and potential harm.



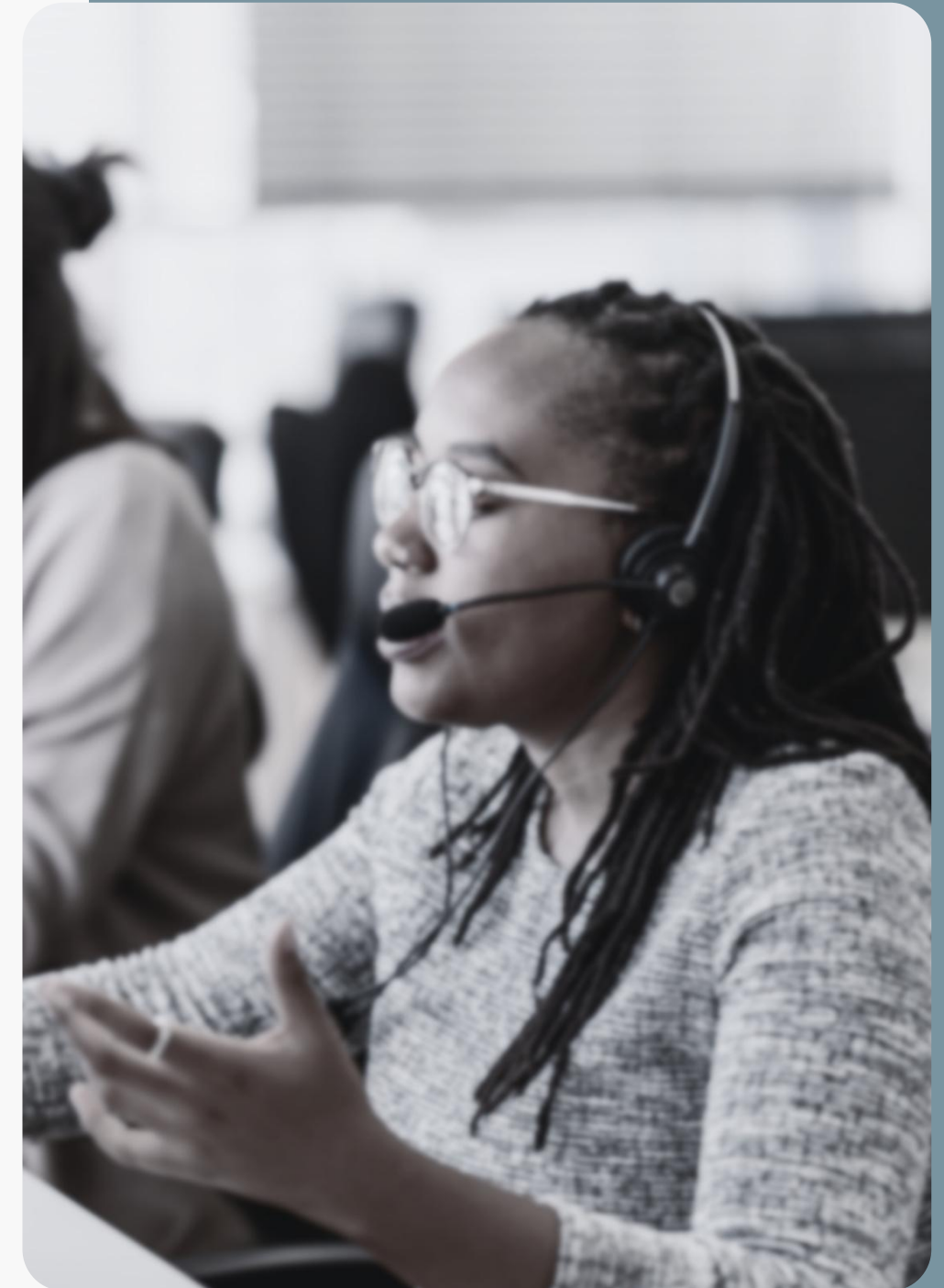
Understanding a Crisis

How to Respond?

A crisis often involves situations that exceed an individual's or family's ability to manage, requiring external intervention to prevent further harm or dysfunction.

An individual experiencing an acute mental health crisis may pose a risk to themselves or others.

In such instances, the New York State Mental Hygiene Law regarding involuntary transport may be applicable.



Applying the Tool

MENTAL HEALTH CRISIS RESPONSE TRIAGE TOOL



Mental Health Crisis Response Triage Tool

Code Descriptions	Defined As	Typical Presentations	Mental Health Service Action/Response	Responses and Where To Go	Additional Actions to Consider
A Severe Risk	Imminent Risk of harm: <ul style="list-style-type: none">• Danger to self or others• Severe behavioral disturbance • IMMEDIATE REFERRAL and response	<ul style="list-style-type: none">• Overdose• Possession of a weapon• Suicide attempt/serious self-harm in progress• Other medical emergency	Call 911 first, then Crisis Services, 988, or CARES (under 18 yrs. old)	24/7 Response: Ambulance, Crisis Services, CIT Officer or Law Enforcement, CARES (under 18) 24/7 Places: ECMC CPEP or WNY VA (Veterans)	<ul style="list-style-type: none">• After calling 911, link to crisis services in your county to ensure additional support is provided as needed• Keep caller on line until emergency services arrive or as long as possible
B High Risk	Urgent mental health response: <ul style="list-style-type: none">• Very high risk of imminent harm to self or others• Emergency Service Response • IMMEDIATE REFERRAL to Crisis Team (response within 2-3 hours)	<ul style="list-style-type: none">• Violent behavior/extreme agitation• Weapons readily available• Self-destruction• Acute suicidal ideations or risk to harm others with clear plan and means and/or history of self-harm or aggression• Impaired impulse control intoxicated or under the influence• Required restraint	<ul style="list-style-type: none">• Triage clinician to notify ambulance and/or police• Urgent assessment from mobile outreach program or law enforcement per Mental Hygiene Law Section 9.45/9.41• Call crisis hotline/mobile team to consult as incident is occurring• If needed mobile outreach team will respond (via phone or face to face), assess situation and conduct a mental health assessment• Mobile team member will advise if 911 should be called based on lethality concerns.	24/7 Response: Ambulance, Crisis Services, CIT Officer or Law Enforcement, CARES (under 18) 24/7 Places: BestResponse Intensive Crisis Center Not 24/7 Places: ECMC Help Center, Endeavor Health EAST Haven, East Buffalo Rapid Access Center, and MAP Clinic or Renewal Center	<ul style="list-style-type: none">• Call security or police if staff safety is compromised• Provide safe environment for patients• Provide or arrange support for consumer and/or caregiver while awaiting face-to-face response from mobile outreach or police
C Moderate Risk	Semi-urgent mental health response: <ul style="list-style-type: none">• Possible danger to self or others• Moderate behavioral disturbance• Significant distress, especially in absence of capable supports	<ul style="list-style-type: none">• Suicidal ideation with no plan and/or history of suicidal ideation• Rapidly increasing symptoms of psychosis and/or severe mood disorder• High risk behavior associated with perceptual/ thought disturbance, delirium, dementia, or impaired impulse control• Unable to care for self or dependents or perform activities of daily living• Known consumer requiring intervention to prevent or contain relapse• Significant client distress associated with serious mental illness (including mood/anxiety disorder) but not suicidal	<ul style="list-style-type: none">• If licensed clinician on staff, he/she can assess situation.• Provider devises crisis/safety plan as part of treatment and monitoring client behaviors• If a licensed clinician is not available:<ul style="list-style-type: none">• Call crisis hotline to have mobile outreach program assess the situation and determine plan of response (phone/face to face visit, safety planning, monitoring etc.)• Call warm line for peer support	24/7 Response: Crisis Services or CARES (under 18) Not 24/7 Response: Behavioral Health Teams- Buffalo Police, Cheektowaga Police, Hamburg Police and Niagara Frontier Transportation Authority FTA 24/7/ Places: BestResponse Intensive Crisis Center or ROME-Refreshing Waters Not 24/7/ Places: Endeavor Health EAST Haven, Renewal Center, ECMC Help Center, Endeavor Health EAST Haven, East Buffalo Rapid Access Center, and MAP Clinic	<ul style="list-style-type: none">• Refer to existing mental health professional and/or provide after hour peer support• Link to clinics with rapid response• Obtaining additional information from relevant sources• Link to respite services
D Low Risk	Non-urgent mental health response: <ul style="list-style-type: none">• Moderate distress• No danger to self or others• No acute distress• No behavioral disturbances• Response: continue to monitor	<ul style="list-style-type: none">• Stable and at low risk of harm in waiting period• No agitation or restlessness• Irritable without aggression• Cooperative• Gives coherent history• Symptoms of mild to moderate depression, anxiety, adjustment, behavioral and/or developmental disorder• Early cognitive changes in older person	<ul style="list-style-type: none">• Develop crisis/safety plan with client. This plan should include the crisis hotline phone number as a tool for the client to use if they need support• Designated mental health provider to monitor lethality at each visit and determine a response plan if the crisis/safety plan is not followed• Provide formal or informal referral to an alternative service provider as needed• Provide consultation, advice and/or brief counseling if required and/or mental health service to collect further information	Not 24/7 Response: Contact outpatient provider, Family Help Center, Mental Health Advocates, Mental Health Peer Connection, NAMI or ROME 24/7 Places: ROME-Refreshing Waters	<ul style="list-style-type: none">• Facilitate appointment with alternative provider• Follow-up phone contact as deemed appropriate• Referral or advise to contact alternative service provider (e.g., respite and/or peer programs)• Call warm line for peer support

Purpose:

- Increase efficiency for identifying and connecting individual with the right level of care during their crisis
- Engage individual with solutions that influence behaviors by providing the information needed to make informed decisions, better understand their mental health status, and know when to seek which level of care. .

Level A: The individual is in need of immediate intervention; police are called to the scene or in route and crisis services assistance has been requested.

Level B: The individual is in need of immediate intervention due to significant risk to harm self or others. The individual is verbalizing threatening, suicidal or homicidal thoughts and demonstrating furtherance of such thoughts.

Level C: The individual is in need of timely intervention due to the inability to cope with current stressors. Risk of harm to self or others is not pressing at the time of contact due to the presence of other reliable supports or due to lack of plan or intent.

Level D: The individual is in need of intervention due to subjective and/or mild level of dysfunction or difficulty in coping with current stressors. The individual would not seem to require hospitalization but may benefit from consideration for additional short-term formal services.

Crisis Hotlines:

Adults 18+ -

- 988
- 716.834.3131

Youth Under 18

- 716.882.4357

Addiction Hotline

- 716.831.7007

Warmlines/Peer Support:

Warm Line Peer Support

- 1.844.749.3848

Mental Health Advocates

- 1.716.886.1242



Note: Response times noted above are guidance and should be left to the responding clinician to appropriately determine need after a clinical assessment is complete. The information provided is not intended to be utilized as a clinical screener, a clinical decision tree, or a diagnostic tool. Rather this tool intends to offer general guidance to be used in conjunction with the clinical supports/tools available to you to assist with connecting individuals in crisis with referrals to the appropriate level of care. You are advised to consult your supervisory or other clinical resources when making any clinical determination.

Level A - Severe Risk

The individual is in need of immediate intervention and appropriate crisis team assistance has been requested.

DEFINED AS Imminent risk of harm

- Definite danger to life (self or others)
- Severe behavioral disturbance
- Total inability to care for oneself as a result of mental health crisis

TYPICAL PRESENTATION

- Overdose
- Possession of a weapon
- Suicide attempt/serious self-harm in progress
- May include other medical health concern(s) as a result of a mental health crisis



MENTAL HEALTH SERVICE ACTION/RESPONSE

- Call 911 first, then call the appropriate crisis team
- Crisis Services
 - Spectrum CARES



ADDITIONAL ACTIONS TO CONSIDER

- After calling 911, link to the crisis team to ensure additional support is provided as needed
- Keep caller on the line until emergency services arrive or as long as possible

Level B - High Risk

The individual is in need of immediate crisis intervention due to significant risk of harm to self or others.

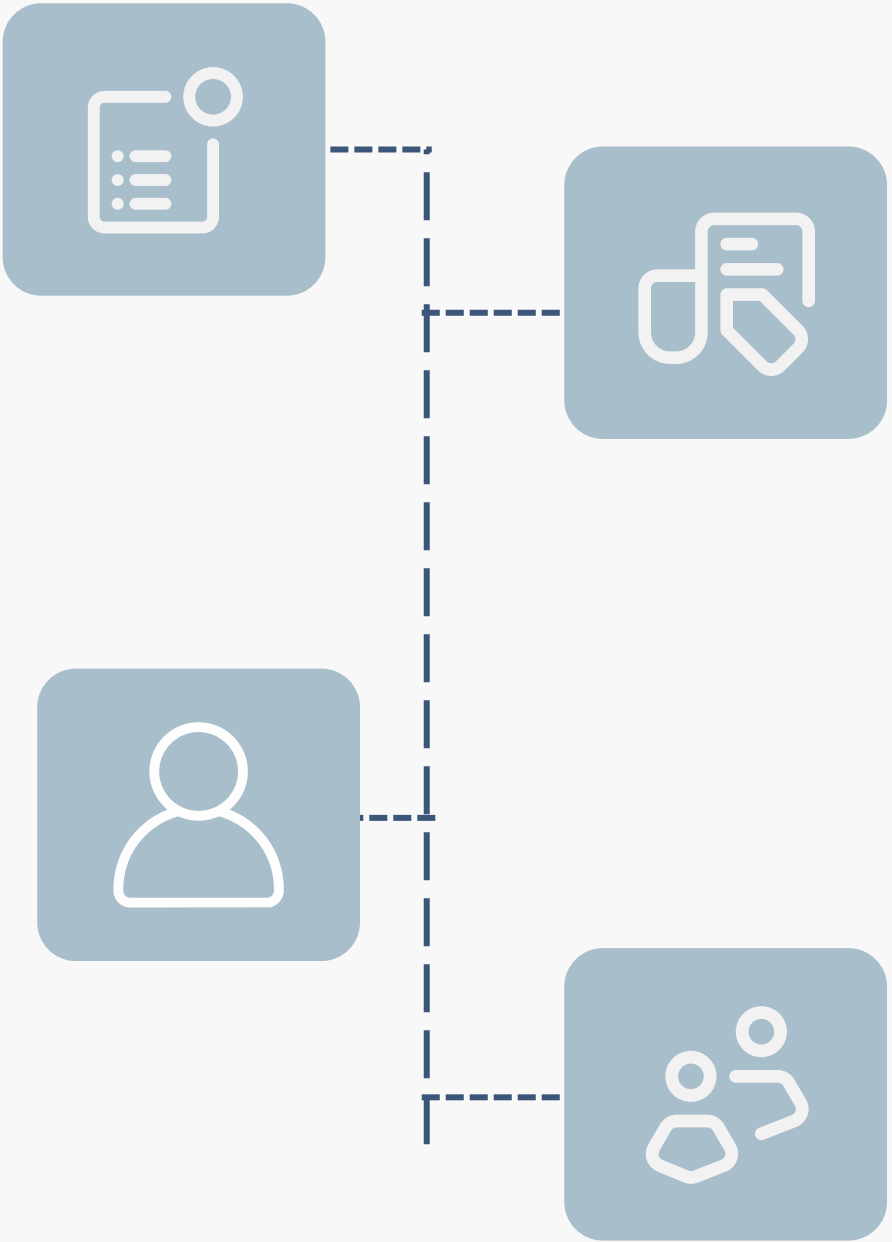
DEFINED AS

Urgent mental health response

- Very high risk of imminent harm to self or others
- Acute suicidal or homicidal ideations present with plan, means, and intent
- Total inability to care for oneself as a result of mental health crisis

TYPICAL PRESENTATION

- Violent behavior/extreme agitation
- Weapons readily available
- Impulsive or reckless behavior
- Acute suicidal ideations or risk to harm others with clear plan and means and/or history of self harm or aggression
- Impaired impulse control intoxicated or under the influence
- Requires restraint



MENTAL HEALTH SERVICE ACTION/RESPONSE

- Triage clinician to notify ambulance and/or police
- Make immediate referral to Crisis Service
 - Urgent assessment from mobile outreach program or law enforcement
 - Mobile outreach team will respond (via phone or face-to-face), and conduct a mental health assessment

ADDITIONAL ACTIONS TO CONSIDER

- Call security or police if staff safety is compromised
- Provide safe environment for patients
- Provide or arrange support for consumer and/or caregiver while awaiting face-to-face

Level C - Moderate Risk

The individual is in need of timely intervention due to the inability to cope with current stressors, but risk of harm to self or others is not pressing at time of contact.

DEFINED AS

Semi-urgent mental health response

Possible danger to self or others

Moderate behavioral disturbance

Significant distress, especially in absence of capable supports

TYPICAL PRESENTATION

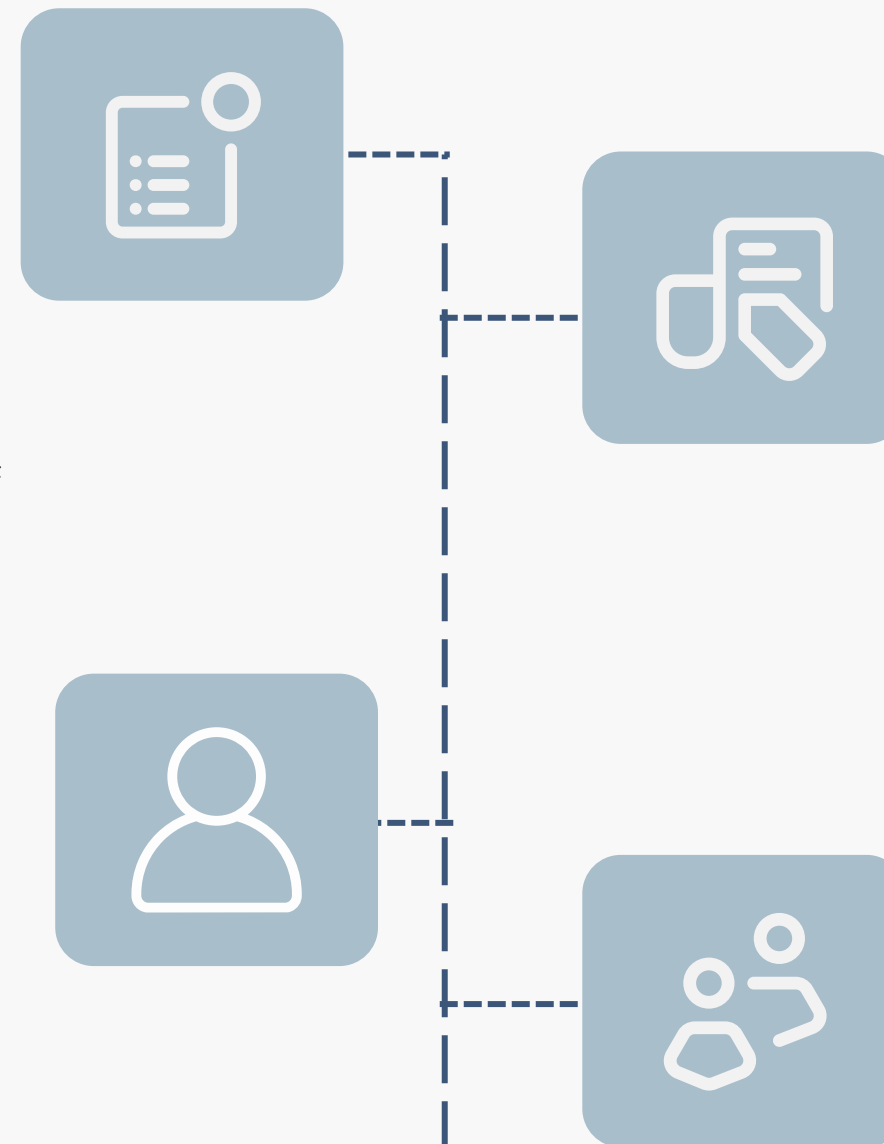
Suicidal ideation with no plan or history of suicidal ideation

Rapidly increasing symptoms of psychosis and/or severe mood disorder

High risk behavior associated with perceptual/thought disturbance, delirium, dementia, or impaired impulse control

Unable to care for self or dependents as a result of the mental health crisis

Significant distress associated with serious mental illness



MENTAL HEALTH SERVICE ACTION/RESPONSE

If licensed clinician available: assess situation

- Clinician assesses situation
- Clinician devises crisis/safety plan as part of treatment and monitors client behavior

If a licensed clinician not available:

- Call crisis hotline to assess situation and determine a plan of response
- Call warm line for peer support

ADDITIONAL ACTIONS TO CONSIDER

Refer to existing mental health professional and/or provide after hours peer support

Link to clinic with rapid response/open access

Obtaining additional information from relevant sources

Link to respite services

Level D - Low Risk

The individual is in need of interventions due to subjective distress and/or low level of dysfunction or difficulty in coping with current stressors but does not seem to require hospitalization.

DEFINED AS

Non-urgent mental health response

Low levels of distress

No danger to self or others

No acute distress

No behavioral disturbances

TYPICAL PRESENTATION

Stable and at low risk of harm

No agitation or restlessness

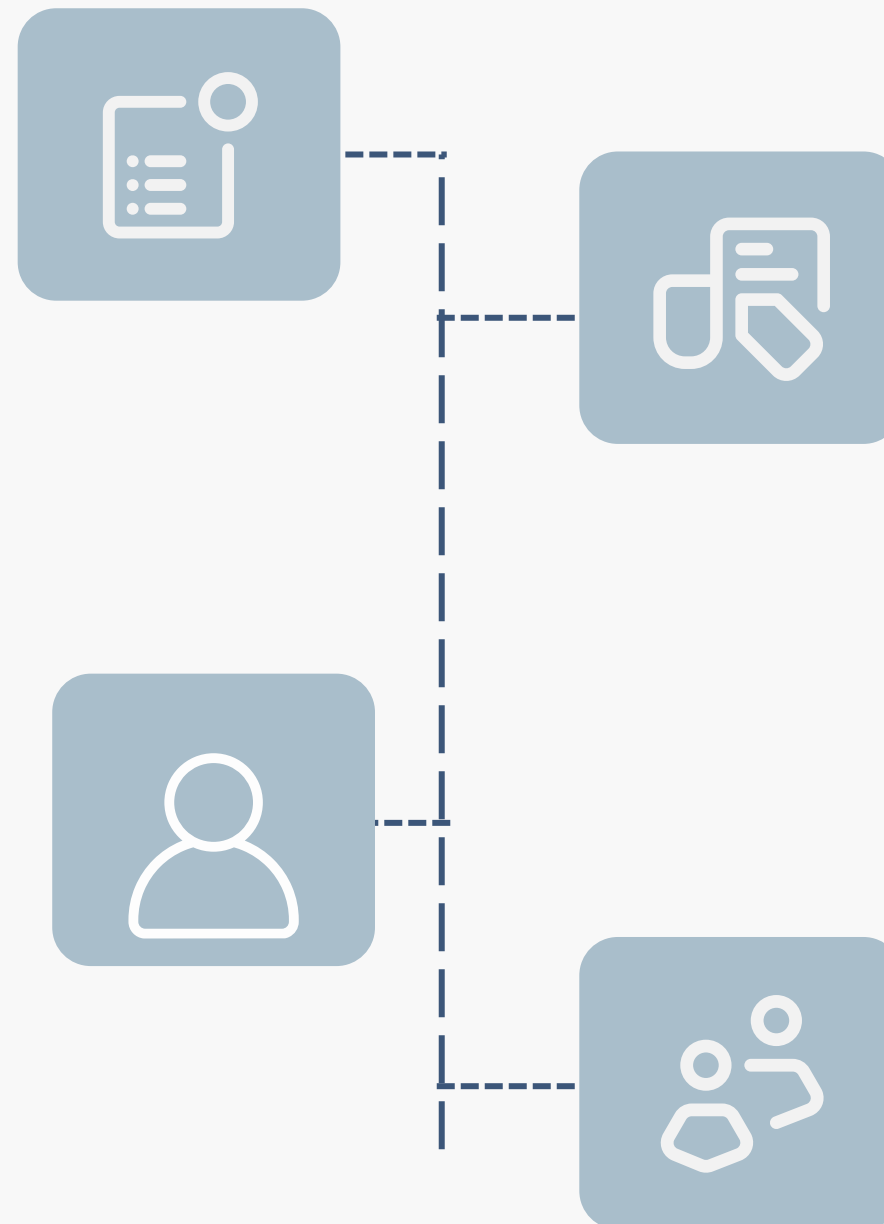
Irritable without aggression

Cooperative

Provides coherent history

Symptoms of low levels of depression, anxiety, adjustment, behavioral and/or developmental disorder

Early cognitive changes in older person



MENTAL HEALTH SERVICE ACTION/RESPONSE

Develop crisis/safety plan with client. This plan should include warm line number as a tool for the client to use if they need support

- If symptoms worsen call 988 or Crisis Services

Monitor lethality at each visit and determine a response plan if the crisis/safety plan is not followed

ADDITIONAL ACTIONS TO CONSIDER

Facilitate appointment with additional provider if needed

Follow-up via phone if deemed necessary

Referral to:

- Respite, peer programs, and/or warm line for peer support



Community Resources





Someone to Call

Crisis Lines-phone numbers to call who someone is in a behavioral health crisis.



Someone to Respond

Mobile Response-Trained personnel who respond to a behavioral health crisis.



Somewhere to Go

Walk-in centers that are accessible to community members and work with people at all phases of a crisis.

Can operate as a step down from hospitalization

Understanding Local Resources

Shifting to community-based care, individuals in a behavioral health crisis can get support, be assessed and have access to immediate treatment for psychological needs.



Crisis Stabilization Centers are effective at providing suicide prevention services, addressing behavioral health treatment, diverting individuals from entering a higher level of care and addressing the distress experienced by individuals in a behavioral health crisis.



Expanding the options for Behavioral Health Crisis Care benefits individuals in crisis as well as the community.

Local Resource

Someone to TALK to

24/7 Crisis Hotline

- [988](#)
- [Crisis Services](#): 716-834-3131
- [Spectrum Health C.A.R.E.S.](#)
716-882-4357 (Youth under 18)

Non 24/7 Warm line Support

- [Erie County Warm Line](#): 1-844-749-3848
- [Mental Health Advocates](#): 716-886-1242

Someone to RESPOND

24/7 Mobile Response

- [Crisis Services](#): 716-834-3131
- [Spectrum Health C.A.R.E.S.](#)
716-882-4357 (Youth under 18)
- 911

Non 24/7 Response

- [Buffalo Police Behavioral Health Team](#) (BHT)
- Cheektowaga BHT
- Hamburg BHT
- Niagara Frontier Transportation Authority (NFTA) BHT
- West Seneca BHT
- Town of Tonawanda BHT

Somewhere to GO

24/7

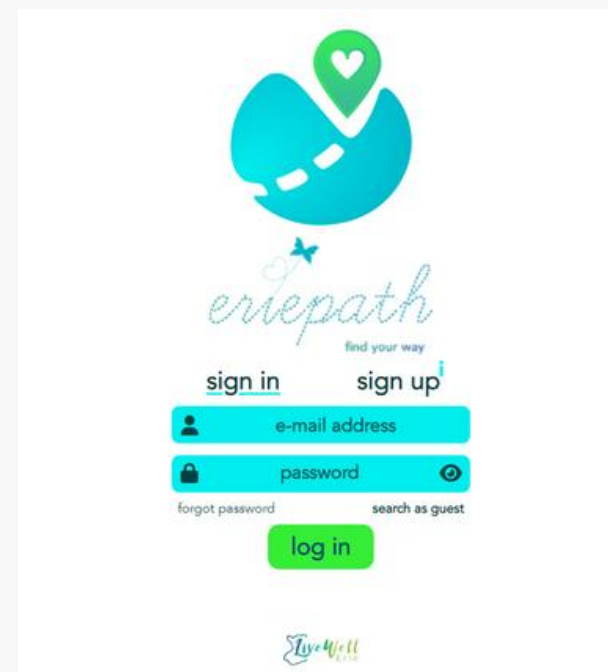
- [ECMC CPEP](#)
- [WNY VA Hospital](#)
- [BestResponse](#) Intensive Crisis Center
- [Refreshing Waters Respite](#)

Non 24/7 Crisis Sites

- [ECMC Help Center](#)
- [Endeavor Health EAST Haven](#)
- [East Buffalo Rapid Access Center](#)
- [Renewal Center](#)



Informational Web-Based Platforms





*Discuss ways to use this
information*



A solid blue square graphic located on the left side of the slide.

Story

Amy is a 32-year-old who comes to her regular counseling session at 4:30pm. Amy is a single mother of a 4-year-old medically complex child.

Amy is teary eyed, stating she is incredibly overwhelmed, she lacks a support system and is feeling burnt out. Amy denies suicidal and homicidal ideations but “can’t keep going like this.”

Questions

What do you notice?

Amy is teary eyed, stating she is incredibly overwhelmed, she lacks a support system and is feeling burnt out.

Amy denies suicidal and homicidal ideations but “can’t keep going like this.”

What level would you classify Amy to be in?

- A. Sever Risk
- B. High Risk
- C. Moderate Risk
- D. Low Risk

(D) Low Risk- Amy is having a hard time coping with her current life circumstances and could benefit from support.

You could connect with ROME and see if they have respite beds available. Amy needs intervention to relieve her current stress but is not actively going to harm herself or others.

Resources that are appropriate?

Facilitate appointment with outpatient or alternative provider, get them warmline numbers or link them to peer support agencies

Story

You are home sitting on your front porch. It is Friday morning, and you see a man, mid-thirties you estimate, running down the street completely naked. He appears scared and yelling that people are out to get him. The man proceeds to jump onto a car roof on the street and crouch down. The man continues screaming non sensical things and it is scaring other people in the neighborhood.

Questions

What do you notice?

Man, mid-thirties you estimate, running down the street completely naked

He appears scared and yelling that people are out to get him

The man continues screaming non sensical things.

What level would you classify Sabrina to be in?

- A. Severe Risk
- B. High Risk
- C. Moderate Risk
- D. Low Risk

(A) Sever Risk – Requires immediate intervention, severe behavioral disturbance. While no direct threats have been made (suicidal or homicidal), he is inadvertently a threat to himself/others due to lack of insight.

Resources that are appropriate?

After calling 911, link to crisis services in your county to ensure additional support is provided as needed, stay on the line until emergency services arrive or as long as possible

A solid blue square containing the word "Story" in a white, italicized serif font, centered within the square.

Story

Janice, 47 (mom) and Stephanie, 19 (daughter) presents today to your urgent care. Mom reports Stephanie started college at UB last year and is dorming. Stephanie was always a grade A student, with a close group of friends and that mom and her talk every day. Mom reports visiting Stephanie today after not hearing from her in a few days.

Mom finds the dorm to be filthy with tin foil on the windows. Stephanie tells mom she kicked her friends out because they are out to get her. Stephanie has not been going to class as she believes the FBI is watching her.

When spoken to, Stephanie takes long pauses before answering questions. Stephanie will occasionally look over your shoulder and giggle. Mom says, “I made her come here today because something is clearly wrong.”

Questions

What do you notice?

Mom finds the dorm to be filthy with tin foil on the windows.

Stephanie tells mom she kicked her friends out because they are out to get her.

Stephanie has not been going to class as she believes the FBI is watching her.

What level would you classify Stephanie to be in?

- A. Severe Risk
- B. High Risk
- C. Moderate Risk
- D. Low Risk

(B) HIGH RISK, while no threats directly to self or others, Stephanie lacks insight for caring for herself and is making decisions that will harm her in the long run (ie not going to classes, cutting off relationships due to delusions, etc.

You can call 716-834-3131 and request a mobile outreach team to evaluate Stephanie under NYS Mental Hygiene Law. ECMC offers a great program for first psychotic breaks (OnTrack that outreach can make a referral or if (likely when) Stephanie is transported to ECMC, they can link her as well.)

Resources that are appropriate?

Call security or police if staff safety is compromised, provide safe environment for individual, provide or arrange support while awaiting face-to-face response from police or mobile outreach

A solid blue square containing the word "Story" in a white, italicized serif font, centered within the square.

Story

Sabrina, 18-year-old female, is your patient. Sabrina's mom brought her in for a same day visit during the school day. Mom reports "I don't know what to do with her. It's not that big of a deal. She won't go to school."

Sabrina has been dating her boyfriend, Scott for the last 4 years, since freshman year of high school. Sabrina shares that Scott went on a family vacation and "ghosted her" last week. Scott had been posting on social media but not answering Sabrina. Scott texted her last night, "I don't think this is going to work anymore. I'm breaking up with you." Then proceeded to not say anything else.

Sabrina is unable to effectively cope, she states "I've done everything for him, we're supposed to be end game. He was my future." Sabrina reports this is life altering for her and she doesn't know how she can possibly continue. Sabrina refuses to go to school as she states, "she can't bear to see him".

Questions

What do you notice?

Scott texted her last night, “I don’t think this is going to work anymore. I’m breaking up with you.” Then proceeded to not say anything else.

Sabrina is unable to effectively cope, she states “I’ve done everything for him, we’re supposed to be end game. He was my future.”

Sabrina reports this is life altering for her and she doesn’t know how she can possibly continue.

What level would you classify Sabrina to be in?

- A. Severe Risk
- B. High Risk
- C. Moderate Risk
- D. Low Risk

(C) Moderate Risk – possible danger to self, significant distress especially in absence of capable supports.

Mom has invalidated the distress Sabrina is experiencing. Sabrina is making vague statements of not being able to continue but does not have means or a specific plan. Sabrina could benefit from talking to a mental health professional. If a licensed professional is on staff, they can provide supportive counseling and safety planning if necessary. If no clinician on staff, you can utilize “someone to call,” i.e., the Warm Line, 988. If further intervention is required, the clinician can make a plan.

Resources that are appropriate?

Refer to existing mental health professional, provide after hour peer support, link to clinic with rapid response/open access services or respite services

Reminder Note

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Thank You For Your time!

