

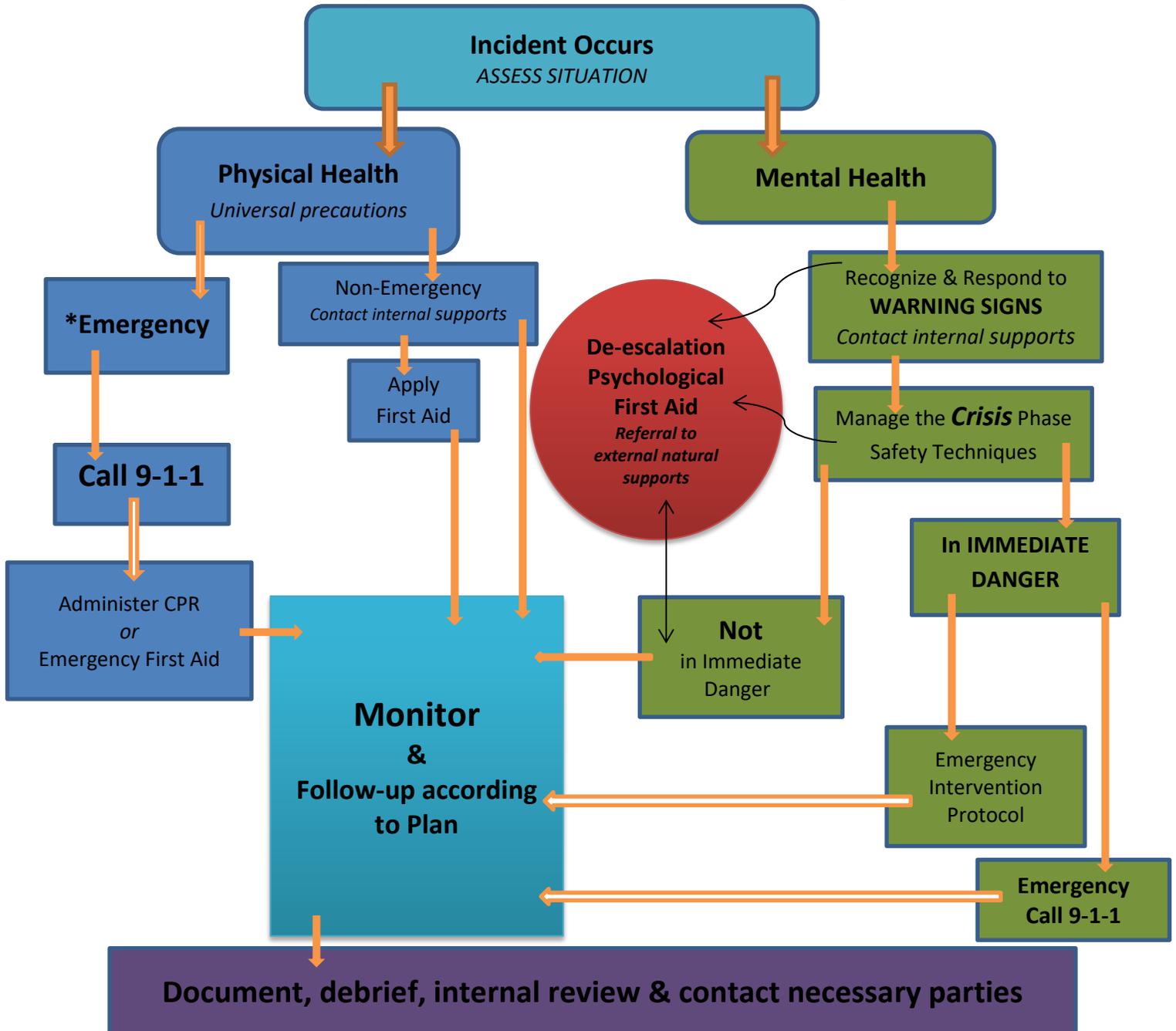
PERSON CENTERED INCIDENT MATRIX MANUAL

Community collaboration to implement person centered responses
to adults experiencing crisis and in need services and supports

*All emergencies are
a crisis, but not
all crises are an
emergency*

Person Centered Incident Matrix

Prevention: *Be proactive, recognize early warning signs, deescalate, active listening, work to understand the underlying need to help support the individual's well-being.*



***Emergency:** *A time of a critical and dangerous circumstance requiring immediate assistance/action/relief due to imminent threat to life or health of a person or group of people.*

- *Health - relates to physical and psychological*
- *All emergencies are a crisis, but not all crises are an emergency.*

Prevention: *Be proactive, recognize early warning signs, deescalate, active listening, work to understand the underlying need to help support the individual's well-being.*

- **Proactive Efforts for Law Enforcement Interventions:**
 - *Have up-to-date and submitted Duluth Police Department Premise Form: City of Duluth ALARM RESPONSE DATA FORM*
 - Criteria for Police Officer Hold

- **Proactive Efforts for Hospitals/Emergency Room Interventions:**
 - Patient's face sheet (information of outpatient care team)
 - ✓ Clearly state who should be contacted to coordinate discharge (off hours and day shift/ if changes)
 - ✓ Guardian and county contacts
 - Behavioral Modification Care Plan
 - Dispensing MAR for the current and past months
 - Legal paperwork
 - ✓ Guardian contact and paperwork
 - ✓ Healthcare Power of Attorney or Advance Directive
 - ✓ Commitment information and paperwork
 - ✓ Jarvis order

PREVENTION (BEING PROACTIVE) OF UNDESIRABLE BEHAVIOR

"Optimal functioning" is the stage where the person is doing really well. They are feeling good about themselves and others around them. In this stage, the agitation level is very low, and the person's cognitive level and ability to rationalize is at its best; however, keep in mind that everyone's cognitive level will be different.

We obviously want to keep a person at this level as much as possible. This is where we want to use proactive techniques to change behaviors and prevent undesirable behaviors. We also want to do most of our teaching of skills during this time, as this is where the cognitive abilities and our rapport are at their best. During this time, focus on teaching the person skills that they can use if/when they become agitated. These skills might include relaxation skills, coping skills, and problem solving skills.

The goal is to maintain an optimal level of functioning so we can teach the skills necessary to function on a day to day basis in a manner that is productive and fulfilling to the individual. We need to spend most of our time supporting the person to maintain this optimal phase. Often times we end up spending the majority of our time and energy in the crisis phase rather than the proactive or preventative phase. Our priority is to teach those we work with, the skills to help them sustain this ideal level of functioning.

Incorporate Trauma Informed Care – Key Features:

- Valuing the individual in all aspects of care.
- Neutral, objective, and supportive language.
- Individually flexible plans and approaches.
- Avoid shaming and humiliation at all times.
- Awareness/training on re-traumatizing practices.
- Training and supervision in assessment and treatment of people with trauma histories.
- Focusing on what happened with the client instead of what is wrong with them.
- Asking questions about current abuse.
- One person sensitively asking questions.
- Noting that people who are psychotic and delusional can respond reliably to trauma assessments if questions are asked appropriately.

Person-Centered Practices include both “person-centered thinking” and “person-centered planning.”

To be person-centered means treating individuals with dignity and respect; building on their strengths and talents; helping people connect to their community and develop relationships; listening and acting on what the individual communicates; taking time to know and understand individuals and the things that make them unique. Person-centered thinking involves a deep respect for individuals and their equality. Person-centered planning involves a process and approach for determining, planning for and working toward what an individual with a disability or an older adult wants for his or her future.

DEFINITIONS:

Emergency: a time of a critical and dangerous circumstance requiring immediate assistance/action/relief due to imminent threat to life or health of a person or group of people.

- Health - relates to physical health and psychological (mental health)
- All emergencies are a crisis, but not all crises are an emergency.

Physical Health Crisis: A physical health crisis refers to a critical and dangerous circumstance of the physical body requiring immediate assistance/action/relief. This can be to the degree of an emergency if it reaches the level of imminent threat to life or health of a person or group of people and requires a 9-1-1 law enforcement or paramedic intervention. Or, non-emergency requiring immediate assistance/action/relief in the form of support and First Aid.

Mental Health Crisis: A mental health crisis is an intensive behavioral, emotional, substance use, or psychiatric situation which, if left untreated, would likely result in significantly reduced levels of functioning in primary activities of daily living, or could result in an emergency situation, and the placement of the person in a more restrictive, less appropriate setting, including, but not limited to, inpatient hospitalization.

A crisis is any situation in which a person's behaviors puts them at risk of hurting themselves or others and/or when they are not able to resolve the situation with the skills and resources available.

Assessing Suicidality

Suicidal Desire: When a person has a wish to die, feels that death is the only way out of his or her struggles. Making statements of not wanting to live any more or that they aren't going to be around much longer.

Suicidal Capability: Individuals with suicidal capability are not scared to attempt suicide and are capable of doing so. They have clearly planned and prepared for the attempt. They also have any materials necessary at their disposal, and they have an opportunity to go through with their plan. Suicidal capability relates to no fear of suicide, and a clear and impending plan to make the attempt.

Suicidal Intent: Suicidal intent is different from suicidal desire or suicidal capability because individuals who have intent are likely to act upon it. Individuals who have intent are in immediate danger and they no longer feel ambivalent about dying, have a clear plan of how they are going to commit suicide, and often begin preparing for the attempt. For instance, they may start giving their most valuable possessions away, because they "no longer need them."

Suicide Hotline

DULUTH (Arrowhead Region – Northeast)
24-Hour Crisis Line – 24 hours / 7 days
(218) 723-0099 – 1-800-720-3334

TXT4Life

TXT4Life is a suicide prevention resource for residents in Minnesota funded by the Minnesota Department of Human Services. We can help you with relationship issues, general mental health, and suicide.

Text "Life" to 61222 to be connected to trained, compassionate counselors.
We are free, confidential, and here for you 24/7/365.
If you believe a person's life is in imminent danger, call 911.

Incident Occurs
ASSESS SITUATION

Take a moment to discern what type of incident is occurring, **physical health** or **mental health**, and, if it is an emergency or a non-emergency situation.

Physical Health Incident

→ *Identified physical health crisis*

Universal precautions:

- Using disposable gloves and other protective barriers while examining all patients and while handling needles, scalpels, and other sharp instruments.
- Washing hands and other skin surfaces that are contaminated with blood or body fluids immediately after a procedure or examination.
- Changing gloves between patients and never reusing gloves.

Emergency	Non-Emergency
<ul style="list-style-type: none"> ✓ Identified as a time of a critical and dangerous circumstance requiring immediate assistance/action/relief due to imminent threat to life or physical health of a person or group of people. ✓ Immediately call 9-1-1 ✓ Administer CPR or Emergency First Aid 	<ul style="list-style-type: none"> ✓ Contact Internal Supports <ul style="list-style-type: none"> ○ Consult with on-site colleagues or call a supervisor or other built-in support if you have a question. ✓ Apply First Aid

Mental Health Incident

→ *Identified mental health crisis*

Recognize & Respond to WARNING SIGNS

What are the Warning Signs of a Crisis?

Sometimes changes in a person’s behavior can be identified that may indicate an impending crisis, while other times the crisis occurs suddenly and without warning. You may be able to de-escalate or prevent a crisis by identifying any early changes in a person’s behavior, such as an unusual reaction to daily tasks or an increase in their stress level. It may be useful to keep a journal or calendar documenting what preceded the behaviors that are of concern.

Some warning signs of a mental health crisis may include:

Inability to cope with daily tasks
Deterioration of personal hygiene
Refusal to eat or eats too much
Change in sleeping patterns
Rapid mood swings
Suddenly depressed, withdrawn
Increased agitation
Making verbal threats
Culturally inappropriate language
Minor Self-injurious behavior
Thoughts that "everyone would be better off if I weren't around," feeling that they "can't cope anymore", that they are worthless or that they are a burden to their family and friends etc.

Abuse of alcohol or drugs
Loss of touch with reality (psychosis)
Confusion and disorganization
Seeing or hearing things that are not there
Isolation or absence from school, work, family, friends
Decreased interest in usual recreational activities
Changes in friendships
Unexplained physical symptoms
Facial expressions that look different
Complaints that they don't feel well
Inability to stay still, pacing

National Alliance on Mental Illness MN, Mental Health Crisis Planning for Adults guide:
<http://www.namihelps.org/NAMI-MHCrisisPlannforAdultFeb2016.pdf>

Contact internal supports

Contact any of your agency's internal supports. Consult with an on-site senior colleague, or call your manager, supervisor or business owner. Develop a process for an internal support plan for employees to always have available internal resources in times of crisis.

Manage the Crisis Phase – Safety Techniques

The crisis phase is when the person's behavior puts them at risk of hurting themselves or others. It can be an intense behavioral, emotional, substance use, or psychiatric situation. The person may also exhibit violent, out of control behavior, yelling, swearing, hitting, kicking, throwing things, destroying property, inflicting harm upon themselves, attempts to harm self, or suicidal desire, intent or capability. The agitation level is very high, and the person's ability to think rationally is extremely low. This is not a good time to try to reason with the person.

What to do in a mental health crisis:

Promoting the safety and emotional stability of individuals with mental illness or emotional crises is the goal.

When a mental health crisis occurs, it can be a very upsetting and alarming situation to everybody involved; housemates, staff, loved ones, and especially to the person experiencing the crisis. The priority is to minimize further deterioration of individuals with mental illness or emotional crises. The behaviors of a person experiencing a crisis can be unpredictable and can change dramatically without warning.

Don't hesitate to take action and seek assistance. Assess the situation before deciding what to do or who to call. Is the person in danger of hurting themselves, others or property? Do you need emergency assistance? Or do you have time to start with a phone call for guidance and support? Most importantly – safety first! In a crisis situation, when in doubt, seek the assistance of 911.

De-escalation
Psychological First Aid
Referral to external natural supports

The goal of **Psychological First Aid** is to create and sustain an environment of:

- 1) Safety
- 2) Calm & Comfort
- 3) Connectedness
- 4) Self-Empowerment, and
- 5) Hope

Psychological First Aid addresses basic needs and reduces psychological distress by providing a caring comforting presence, and education on common stress reactions. It empowers the individual by supporting strengths and encouraging existing coping skills. It also provides connections to natural support networks, and referrals to professional services when needed.

De-escalation:

A person in the midst of a mental health crisis cannot always clearly communicate their thoughts, feelings or emotions. They may find it difficult to understand what others are saying. It is important to empathize and connect with the person's feelings, stay calm and try to de-escalate the crisis. If these strategies do not work, seek outside resources or help.

De-escalation techniques that may help resolve a crisis:

- Keep your voice calm
- Avoid overreacting
- Listen to the person
- Don't make judgmental comments
- Don't argue or try to reason with the person
- Express support and concern
- Avoid continuous eye contact
- Ask how you can help
- Keep stimulation level low

- Move slowly
- Offer options instead of trying to take control
- Avoid touching the person unless you ask permission
- Be patient
- Gently announce actions before initiating them
- Give them space, don't make them feel trapped

If you haven't been able to de-escalate the crisis yourself, you will want to seek additional help from mental health professionals who can assess the person to determine the level of crisis intervention required.

Remain as calm as possible and continue to seek guidance and support until the crisis is resolved. Most importantly—safety first! In a crisis situation, when your safety is in doubt, back off or get out.

In Immediate Danger	Not In Immediate Danger
<ul style="list-style-type: none"> ✓ Follow emergency intervention protocol ✓ Determination of Need for Higher Level of Care or Involvement of Law Enforcement: When all of the methods described above have been exhausted and the client is becoming increasingly agitated, making continuous threats to self or others, or anytime a client has a weapon call 9-1-1 to involve law enforcement. 	<ul style="list-style-type: none"> ✓ If you do not believe the person you are supporting is in immediate danger, call a psychiatrist, clinic nurse, therapist, case manager or family physician that is familiar with the person's history. This professional can help assess the situation and offer advice. The professional may be able to obtain an appointment or admit the person to the hospital. If you cannot reach someone and the situation is worsening, do not continue to wait for a return call. Take another action, such as calling your county mental health crisis team. If safety is a concern, call 911. However, be sure to tell them this is a mental health crisis.

Monitor & Follow-up according to Plan

Whether the person in crisis that you are supporting remains in your care or an intervention and removal is necessary, it is critical to monitor their status and follow-up accordingly. Please refer to your agency's policies and protocols for what to do in this type of situation.

Document, debrief, internal review & contact necessary parties

Be sure to complete the required documentation outlining the crisis situation and outcome. Take time to debrief and conduct an internal review of what occurred in order to:

- receive necessary support;
- identify anything that could be implemented to prevent this in the future;
- assess if there was the potential for this to have been prevented if managed differently;
- discuss any solutions or other interventions that may be needed;
- and, contact necessary parties to inform them of the incident (guardian, case manager, licensor, health care providers – physician, psychologist, psychiatrist, etc.)

Community Resources:

South St. Louis County

Birch Tree Center (218) 623-1800

The Birch Tree Center is an accredited, non-religious, residential mental health center where adults in crisis go to find stability. We accept Medical Assistance and many other sources of funding.

While the primary purpose of Birch Tree Center is to provide residential mental health stabilization care, we are also a hub for the community. Stop in and talk with one of our friendly staff. We can help you identify and connect with resources to get the appropriate care you need for yourself, or someone you care about. No matter your financial or health insurance situation, Birch Tree Center can help you find your pathway to healing.

Birch Tree Center is a community and regional collaboration providing mobile crisis services and residential crisis stabilization to adults experiencing a mental health crisis or emergency. This includes programming designed to enhance psychiatric stability, personal and emotional adjustment, and the necessary skills to return to a more independent setting.

- **Mobile Crisis** 218-623-1800

The mobile crisis team consists of two mental health staff members who are available 24/7 to respond to mental health crisis in our community. Mobile crisis interventions are face-to-face, short term mental health services to help an individual:

- Cope with stress
- Identify and use available resources
- Avoid unnecessary hospitalization
- Avoid the loss of independent living
- Develop action plans

- Return one to baseline level functioning

These services are provided at a number of locations including:

- The individual's residence
- A friend or relative's residence
- The Birch Tree Crisis Stabilization Center
- The emergency room
- Other community settings

North St. Louis County

Crisis Stabilization: Merritt House Intensive Residential Treatment Services (IRTS)

Intensive residential treatment services are time-limited services provided in a residential setting to consumers who need a more restrictive living setting, or who may be at risk of significant functional deterioration if they do not receive these services. This program is designed to develop and enhance psychiatric stability, personal and emotional adjustment, self-sufficiency, and skills to live more independently. A wide varieties of services are provided while the individual is a resident of the IRTS.

IRTS is designed for those 18 and older, who are eligible for MA, and who meet the admission criteria. 24-hour staff supervision is provided. The facility can house up to 16 individuals at any one time. The facility is located in Virginia, MN. For further information, please call (218) 741-9630.

Wellstone Center for Recovery

The RMHC Wellstone Center for Recovery is a community-based program designed to assist adults experiencing a mental health crisis or emergency. The program offers individualized services that meet the unique needs of those being served.

The program is licensed by the Minnesota Department of Human Services and is staffed around the clock by highly trained mental health practitioners and skilled nursing staff. Each resident has a private room. Most insurances, including Medicaid, is accepted.

The program utilizes evidence-based, recovery-oriented services including:

- Individualized Assessment and Treatment
- Psychiatry Medication Management
- Onsite Diagnostic Assessment
- Onsite Alcohol and Drug Assessments (Rule 25)
- Illness Management and Recovery
- Integrated Mental Health and Substance Abuse Program
- Family Psychoeducation

- Holistic Skills Training focusing on Prevention, Wellness and Self-Care
- Discharge Planning and Referrals to ongoing/follow-up services and resources

Admission Criteria

- Experiencing a mental health crisis
- Minnesota resident
- Between ages 18 and 65
- Medically stable
- No imminent danger to self or others
- No substantial alcohol/chemical impairment
- Comply with a medical screening
- Bring a two-week supply of prescription medications in bottles

Admissions are taken 24 hours a day, 7 days a week, 365 days a year. For more information, call (218) 471-4327.

Mobile Crisis

The Mobile Crisis Team began in September of 2014 as an additional service out of the Wellstone Crisis Stabilization Center. The mobile crisis team serves adults and children, seven days a week. The mobile crisis team provides an on-site assessment at a common entry point in the community to persons experiencing a mental health crisis.

The geographic area served is Northeastern Minnesota. This area includes Northern St. Louis County, Koochiching County, Lake County, Cook County, and within the vicinity of the three tribes including but not limited to Bois Forte and Nett Lake. You can contact the Mobile Crisis team by calling (218) 288-2100 or (218) 749-2881 option #2.

24 Hour Crisis Line Services

The crisis line is accessed by calling (218) 288-2100 which is answered by trained crisis line staff. If the situation cannot be handled over the phone, other community services are offered to try to meet the caller's needs.

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Available on-line:

<https://www.stlouiscountymn.gov/departments-a-z/public-health-human-services/adult-services/adult-foster-care>