

Mental Health Assessment Plan (MHAP)

By: Ryan Brown

Community Paramedic Captain

Ute Pass Regional Health
Service District



Disclosure



- I am not selling or endorsing any product or services
- Names, locations, and identifying details outlined in the cases are fictitious. Any correlation with real people or events are coincidental.



Ute Pass Regional Health Service District

- 3,000 sq miles
- 3 ALS Ambulances 24/7
- 2 Primary Community Paramedics 24/7
 - Can flex to 4 Community paramedics during daytime hours
 - 1 Contracted Community Paramedic to support another District
- 4000 calls for service in 2022
 - 1,000 CP calls
- 20% of all calls involved behavioral health or substance use disorder (SUD) crisis



Local numbers

- Primary Care Providers 1/7700
- Mental Health Providers 1/12,800
- Excessive Drinking Prevalence 18.9%
- Driving Deaths involving Alcohol 36.4%





Teller County Cause of Death

1 - Cancer

2 - Heart Disease

3 - Suicide * (fell to # 5 in
2018)

4 - Lower Respiratory
Disease

8 - Cerebrovascular
Disease



Training

- 520 hours of didactic training through Pikes Peak Community College
- Based on the biopsychosocial model of medicine
- Motivational Interviewing
- SBIRT
- Trauma Informed Care
- Crisis Intervention Training (CIT)
- Provider Resiliency
- Crisis Negotiation
- 40 hours of mobile crisis curriculum
- Mental health hold training
- Suicide ASIST training
- Bachelor's degree is preferred

What is a MHAP call????

All calls where the client reports substance use in the previous 72 hours

Any call where the client self-reports consumption of alcohol in the previous eight hours or use of non-prescription substances or where the client is deduced to be under the influence of non-prescribed substances or alcohol consumption

Any patient who reports experiencing anxiety or an increase in anxiousness as a result of an underlying behavioral condition

Any person with a primary or secondary behavioral health complaint to include but is not limited to:

- Suicidal Ideations
- Homicidal Ideations
- Gravely Behaviorally Disabled
- Non-compliance with behavioral health medications
- Schizoaffective disorder
- Schizophrenia
- Bi-polar
- Manic with or without depression
- Major depressive disorder
- Eating disorders
- Any other condition or disorder identified in the DSM-5

Any dispute involving a child or family

Persons with positive findings in a C-SSRS

Steps for a M.H.A.P. Response

De-escalation: Motivational
Interviewing

Medical Screening

Gather
information: SBIRT

Behavioral
evaluation: Tele-
behavioral Health

Seek alternative
destination

Safe transport

Paperwork



De-Escalation: Introduction to M.I.

- “Client sets the rules and time frame”
- Provider “**meets the client where they are**”
- Provider “**actively listens**” to client
- Provider passively accentuates “**change talk**”
- Providers taught “**resistance is a natural part of change behavior**”
- “Lean in”

De-escalation Techniques

Active listening

Personal space

Sense of control

Orientate them

Invite criticism

Agree if possible

Reiterate your support

Set limits



Maslow's Hierarchy of Needs

Medical Screening

MHAP Checklist

Preliminary
Breath Test
(P.B.T.)

Saliva drug
screening

Pregnancy

Antigen

Telehealth



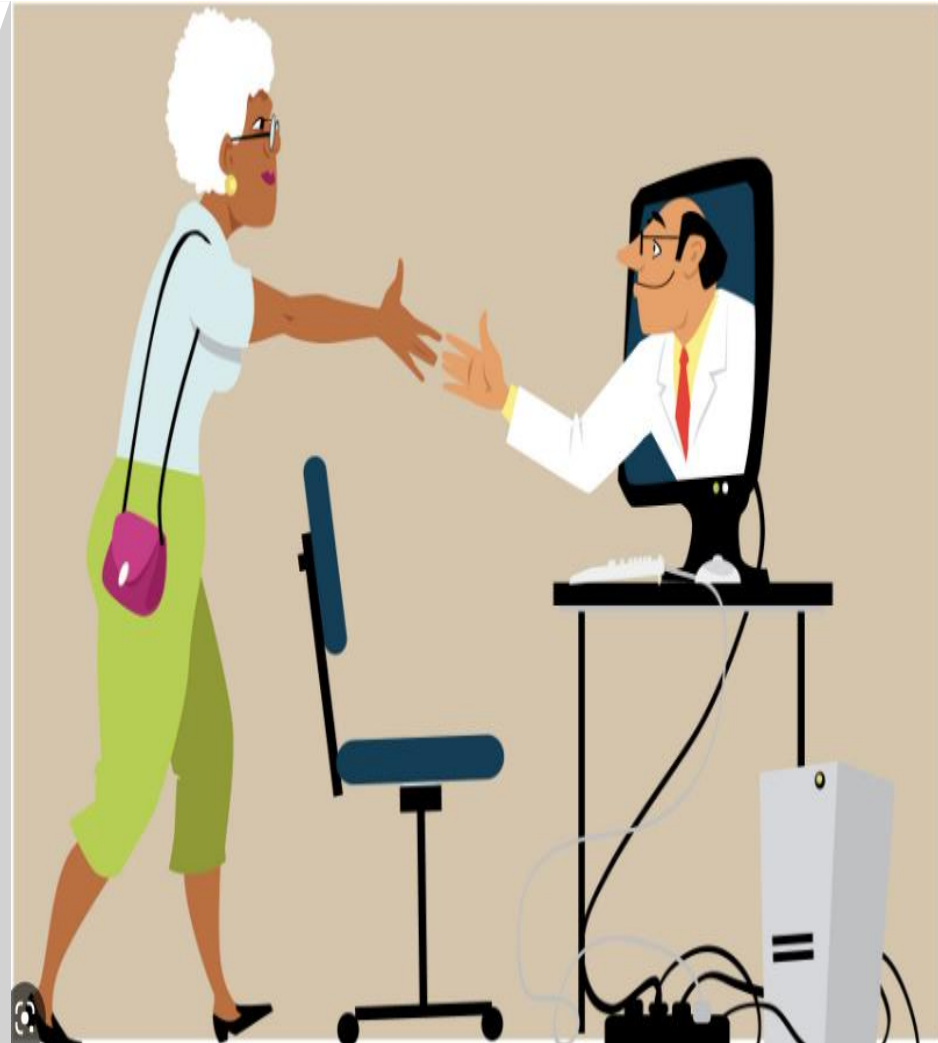
Point of Care Testing

- Saliva Drug Screen
- Preliminary Breath Test
- Complete Metabolic Panel
- Urine Pregnancy
- Medical urine analysis
- COVID, FLU, RSV
- Strep testing
- 12-lead EKG
- IV
- Medications



Tele Behavioral Health

- Ensure client selects in utilizing the MHAP Screener
- Tele Behavioral Health does not need to be done if client has already been evaluated by a Colorado State licensed counselor
- BAL must be ≤ 0.08
- Client must consent to Tele Behavioral Health Services
- Diversus Health consent must be completed and sent through PULSARA
- Call Diversus (719) 635-7000



Seek alternative destination



Clients at low risk:

Are offered Tele Behavioral Health or transport to CSU
Provided with other referral services



Clients at moderate risk:

Tele Behavioral Health
Referred to respite services
Case managers are consulted (as appropriate)



Clients at high risk:

Transport to CSU or DETOX
M 0.5
M1 Tele Behavioral Health or law enforcement
Write application for emergency commitment

Common MHAP Destinations

- Diversus Crisis stabilization unit
- Cedar Springs BH
- Peak View BH
- Denver Springs
- Highlands Behavioral Health
- El Paso Co DETOX
- Pueblo Co DETOX
- Hospitals





Secure Transport

- Allow client to smoke or use smokeless tobacco prior to transport and after arrival.
- Have client checked for dangerous items
- Consider RASS based medication
- Transport in secure vehicle
- Safely transition care



| SUICIDAL IDEATION | | | |
|--|--|--|---|
| <p>Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes," ask questions 3, 4, and 5. If the answer to question 1 and/or 2 is "yes," complete "Intensity of Ideation" section below.</p> | | | |
| <p>1. Wish to be Dead Subject endorses thoughts about wishing to be dead or not existing, or a wish to fall asleep and not wake up. How you wished you were dead or wished you could go to sleep and not wake up? If yes, describe:</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Lifetime Time Has the Past Month</p> |
| <p>2. Non-Specific Active Suicidal Thoughts General non-specific thoughts of wanting to end one's life without suicidal ideation (e.g., "I've thought about killing myself") without thoughts of ways to kill oneself (suicidal ideation, intent, or plan during the assessment period). How you actually had any thoughts of killing yourself? If yes, describe:</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Lifetime Time Has the Past Month</p> |
| <p>IF YES to 2, ask questions 3, 4, and 5. IF NO go directly to question 6.</p> | | | |
| <p>3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place, or method (which would not be a specific plan). Includes person who would say: "I thought about taking an overdose but I never made a specific plan as to when, where, or how I would actually do it, and I would never go through with it." How you been thinking about how you might do this? If yes, describe:</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Lifetime Time Has the Past Month</p> |
| <p>4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I wouldn't tell you anything about them." How you had these thoughts and had some intention of acting on them? If yes, describe:</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Lifetime Time Has the Past Month</p> |
| <p>5. Active Suicidal Ideation with Specific Plan and Intent Thoughts of killing oneself with details of plan (time, place, or method) and subject has some intent to carry it out. How you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan? If yes, describe:</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Lifetime Time Has the Past Month</p> |
| <p>6. Preparatory Acts or Behavior: Acts or preparations towards intentionally making a suicide attempt. This can include anything beyond a verbalization or thought, such as acquiring a specific method (e.g., buying pills, purchasing a gun or preparing for one's death by suicide (e.g., giving things away, writing a suicide note). How you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)? If yes, describe:</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Lifetime Time Has the Past Month</p> |
| <p>INTENSITY OF IDEATION</p> <p>The following features should be rated with respect to the most severe type of ideation (4, 5, or 6) from above, with 1 being the least severe and 3 being the most severe. Ask about time the last was feeling the most suicidal.</p> | | | |
| <p>Lifetime - Most Severe Ideation: Time + Description of Ideation</p> | <p>Most Severe</p> | | |
| <p>Recent - Most Severe Ideation: Time + Description of Ideation</p> | <p>Most Severe</p> | | |
| <p>Frequency: How many times have you had these thoughts? (1) Less than once a week (2) Once a week (3) 2-5 times a week (4) Daily or almost daily (5) Many times each day</p> | <p>Most Severe</p> | | |
| <p>Duration: When you have the thoughts how long do they last? (1) Briefly, less than a minute (2) Less than 1 hour/once of the time (3) 1-4 hours a lot of time (4) 4-8 hours of day (5) More than 1 hour/persistent or continuous</p> | <p>Most Severe</p> | | |
| <p>Controllability: Could you stop thinking about killing yourself or wanting to die if you want to? (1) Easily able to control thoughts (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty (4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (6) Can't control thoughts with some difficulty (7) Doesn't attempt to control thoughts</p> | <p>Most Severe</p> | | |
| <p>Deterrers: Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of suicide? (1) Deterrers definitely stopped you from attempting suicide (2) Deterrers probably stopped you (3) Deterrers definitely did not stop you (4) Deterrers most likely did not stop you (5) Deterrers less likely to not stop you (6) Deterrers that deterrers stopped you</p> | <p>Most Severe</p> | | |

| Reason for Ideation | | | | | | |
|--|--|--|---|--|--|---|
| <p>What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (the other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge, or a reaction from others? Or both? (1) Completely to get attention, revenge, or a reaction from others (2) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (3) Mostly to get attention, revenge, or a reaction from others (4) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (5) Does not apply</p> | | | | | | |
| <p>SUICIDAL BEHAVIOR (Check all that apply, so long as these are separate events; must ask about all types)</p> | | | | | | |
| <p>Actual Attempt: A potentially self-inflicted act committed with at least some wish to die, as a result of suicidal ideation. Behavior was in part thought of as a method to kill oneself. Intent does not have to be 100%. If there is any intent to die associated with the act, then it can be considered an actual suicide attempt. There does not have to be any injury or harm, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt. Intentional. Even if it is a failed attempt, it is still considered an attempt. If someone does intend to die, but they thought that what they did could be lethal, intent may be inferred. How you made a suicide attempt? How you done anything to harm yourself? How you done anything dangerous where you could have died? What did you do? Did you... as a way to end your life? Did you want to die (even a little) when you...? Were you trying to end your life when you...? Or did you think it was possible you could have died from...? Or did you do it purely for other reasons, without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)? Self-inflicted behavior without suicidal intent</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Lifetime Time Has the Past Month</p> | | | |
| <p>Has subject engaged in Non-Suicidal Self-Harmful Behavior?</p> | | | | | | |
| <p>Interrupted Attempt: When the person is interrupted by an outside circumstance) from starting the potentially self-inflicted act (if not that, actual attempt could have occurred). Completed: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Stinging: Person has gun pointed toward self, gun is silent away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is prepared to jump, is grabbed and taken down from ledge. Hanging: Person has some around neck but has not yet started to hang, is stopped from doing so. Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything? If yes, describe:</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Lifetime Time Has the Past Month</p> | | | |
| <p>Aborted or Self-Interrupted Attempt: When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else. Has there been a time when you started to do something to end your life but you stopped yourself before you actually did anything? If yes, describe:</p> | | | | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Lifetime Time Has the Past Month</p> |
| <p>LETHALITY</p> | | | | | | |
| <p>Actual Lethality/Medical Damage: When the person is interrupted by an outside circumstance) from starting the potentially self-inflicted act (if not that, actual attempt could have occurred). Completed: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Stinging: Person has gun pointed toward self, gun is silent away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is prepared to jump, is grabbed and taken down from ledge. Hanging: Person has some around neck but has not yet started to hang, is stopped from doing so. Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything? If yes, describe:</p> | | | | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Lifetime Time Has the Past Month</p> |
| <p>Potential Lethality: Only Answer if Actual Lethality=0 Likely lethality of actual attempt if no medical damage (the following examples, while having no actual medical damage, had potential for very serious damage: put gun in mouth and pulled the trigger but gun fails to fire or no medical damage, lying on train tracks with oncoming train but pulled away before train over). 1 = Behavior not likely to result in injury 2 = Behavior likely to result in injury but not likely to cause death 3 = Behavior likely to result in death despite available medical care</p> | | | | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Lifetime Time Has the Past Month</p> |

- Columbia Suicide Severity Risk Score

Paperwork

MHAP Screener

Mental Health Assessment Plan Medical Screening Tool

(Not a medical clearance form. Only to be utilized by credentialed MHAP agencies and providers.)

ICS

Date of Birth:

Age:

Sex:

Address:

City:

State:

Zip Code:

Insurance:

by

/Surg/Psych/Social History:

indications:

allergies:

Vital signs (at least 2 sets of vitals required. 2nd BAL required if 1st is > 0.000)

See PULSARA for vital signs ☐

| Time | Heart Rate | BP | Resp. | SpO2 | Temp | BGL | BAL | RASS | MSI |
|------|------------|----|-------|------|------|-----|-----|------|-----|
| | | | | | | | | | |
| | | | | | | | | | |

Screening Questions

*A **YES** answer to any of the below questions requires a physician medical clearance*

| | Yes | No |
|---|-----|----|
| Does the patient have any medical complaints or need/request evaluation for chronic medical conditions? | | |
| Has the patient had seizure activity outside their normal baseline or been non-compliant with seizure medication? | | |
| Does the patient have a new or changed ambulation issue? | | |
| Has the patient had any falls, trauma, or injuries that have not been evaluated by a physician? (Other than non-infected superficial cutting) | | |
| Does the patient have, or has been reported to have had, altered mental status, or GCS <15? | | |
| Has the patient required any RASS-based pharmacological management or any EMS medications or interventions? | | |
| Does the patient have an indwelling catheter, colostomy, or PEG tube? (If yes, ED transport due to no direct accepting facilities) | | |
| Does the patient have a RASS >+1 or <-1 after verbal de-escalation? | | |
| Is the patient pregnant or possibly pregnant? | | |
| Does the patient have a preliminary alcohol/breathalyzer (BAL) reading > 0.040 or is the number increasing? | | |
| Is the patient showing signs of withdrawal, have any hx of complicated withdrawal, or required hospitalization for withdrawal? (If yes, complete and attach MINDS in addition to physician evaluation) | | |
| Is the patient on home oxygen? | | |
| Has the patient taken or potentially taken any overdose or ingestion, including over the counter medications and/or has taken any additional doses above their standard prescribed dose of prescription medications, for which the patient has not been evaluated by a physician? | | |
| Does the patient have a SBP >180 mmHg or <90 mmHg, decrease in SBP ≥ 40mmHg from baseline, or outside of age-appropriate cutoffs? | | |
| Does the patient have a DBP >110 mmHg? | | |
| Does the patient have an abnormal MSI/PSI? | | |
| Does the patient have a heart rate <60 or >120, >100 on rate controlling medication, or irregular heartbeat? | | |
| Does the patient have a blood glucose level >200 mg/dl or <60 mg/dl? | | |
| Does the patient have a SpO2 <90%, increased work of breathing not resolved with verbal deescalation, or any respiratory complaints? | | |
| Does the patient have any dysrhythmias or new EKG abnormalities? (12-lead EKG is required on patients ≥ 35 yrs or with a concern for potential ingestion, a diagnostic 3-lead EKG is required on all other patients) | | |
| Does the patient need any POC EMS labs or completed labs that require physician interpretation? (infectious disease, pregnancy, and toxicology screen along with PBT/breathalyzer are laboratory & diagnostic data for the alternative destination, they do not require telehealth) | | |
| Does the patient have a temperature > 100.4°F (> 38° C)? | | |
| Does the patient take HIV or TB medications or have active TB? | | |
| Does the patient have preexisting venous access or indwelling ports? | | |
| Is the patient on chemotherapy or dialysis? | | |
| Does the patient wish to be evaluated by a physician? | | |
| Is the EMS provider uncomfortable with alternative transport for the patient? | | |

Satisfaction Question

1. Satisfied are you with the overall services provided today?

1.....2.....3.....4.....5

Mental Health Holds

- M0.5 transport hold
- Emergency Commitment Hold (EC)

| M-0.5 TRANSPORTATION FOR IMMEDIATE SCREENING | | Date: | Time: |
|--|-------------------|---|--------------------------|
| File: | | Case/Incident/Event No: | |
| Address (Street, City, County, State, Zip Code): | | Date Of Birth: | Race: |
| Contact: | Primary Language: | Sex: | Gender Id: |
| Of Person Reporting Individual's Condition to Undersigned: | | | |
| Next Relative (Name): | | Relationship: | |
| Address (Street, City, County, State, Zip Code): | | Phone: | |
| Pursuant to the provisions of SECTION 27-65-107, C.R.S. as amended, the individual was taken into protective custody by the undersigned and transported for an immediate screening at (name of facility): | | | |
| The undersigned has probable cause to believe the individual is experiencing a behavioral health crisis or is gravely disabled and, as a result, without professional intervention the individual may be a danger to the person's self or others. Signs and/or symptoms consistent with this probable cause is/are: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| <input type="checkbox"/> Check if restraint intervention used during transport <input type="checkbox"/> By checking this box, I acknowledge I advised the individual of their rights during this transportation hold. (M-0.51) | | | |
| Examples may include: <i>Feelings of paranoia</i> <i>Agitated</i> <i>Non sensical speech</i> <i>Bizarre Complaints</i> <i>Confusion</i> <i>Hearing Voices</i> <i>Seeing Things</i> <i>Homicidal Thoughts</i> <i>Suicidal Thoughts</i> | | | |
| Individuals Or Pets the Individual Is Responsible For (names/locations): | | | |
| SIGNATURE: | | TITLE: | BADGE/CERTIFICATION NO.: |
| This Emergency Transportation Hold must not last longer than 14 hours, except that when a person is transported to an emergency medical facility the involuntary transportation hold expires upon receipt by the receiving facility for screening. The intervening professional must screen the individual immediately when received by the facility. If an intervening professional is not immediately available, the individual must be screened within eight (8) hours after the individual's arrival to the facility, per Section 27-65-107(3)(a)-(b), 4(a)(i), C.R.S. | | | |
| NOTICE TO INDIVIDUAL: Section 27-65-107(1)(a), C.R.S., authorizes your immediate transport to an outpatient mental health facility, a designated facility, or other clinically appropriate facility. If such facilities are not available, you may be taken to an emergency medical services facility. | | | |
| Issued by: Behavioral Health Administration Effective: 09/2023, Transportation Hold | | Required Distribution: <input type="checkbox"/> Facility <input type="checkbox"/> Respondent <input type="checkbox"/> Res. Record | |

UPRHSD Front Range Clinic Collaboration

- Medication Assisted Treatment (MAT)
- Alcohol
- Opioids
- Services in community every Thursday
- Rides to and from clients house to clinic
- Services regardless of ability to pay
- Highest level of success



Questions

