

Calling an Inpatient Hospital or Intensive Treatment Program

Before the Phone Call:

1. *Do you think your client needs inpatient treatment or just something more intense than outpatient therapy? How to determine this...*
 - a. Inpatient
 - i. Suicidal- they've made suicidal statements in the last 24 hours, they have made some kind of gesture or threat, they've started preparing (notes, saying goodbye, organizing their affairs), or they've made some kind of attempt.
 1. Caveat- if they actually attempted and then called you in crisis afterward, they probably need to go to the nearest ER to check for medical issues ESPECIALLY if they overdosed.
 - ii. Homicidal- threats, gestures, or statements about hurting others
 - iii. Gravely Disabled- psychosis or inability to function
 - b. Partial Hospitalization or IOP:
 - i. High depression, anxiety, frequent sub-crisis situations, needing a med change and don't have access to a psychiatrist in a reasonable time frame, struggling to function at work, home, school, etc. Individual therapy just isn't enough anymore.
 1. Caveat- some clients need really specific treatment. For example, if they need treatment specific to OCD or PTSD, depending on severity, maybe a specialized group would be better than a general mental health program. Borderline personality disorder usually works best in a DBT specific group. If you think your client might need one of these types of program, ask about that early on in the phone call so the intake counselor can let you know if it's even available.
 - c. Chemical Dependence (CD)
 - i. If they are chemically dependent (or if they attempted suicide with medication), they need to go to a CD location before mental health (MH) inpatient care.
 - d. Welfare Check
 - i. If you are uncertain about your client's safety, you can call the police department and request a CIT officer to do a welfare check. You can also request a call back with the outcome. (CIT = Crisis Intervention Team)
 - ii. Currently, Amanda Throckmorton is on Castle Rock's CIT

Making The Phone Call

1. Let the Intake Counselor know that you are an outpatient therapist and want to discuss getting your client an assessment.

2. They will probably ask a general question about what's been going on with the client. This is where you let them know that they likely need inpatient because they're _____ (suicidal, homicidal, gravely disabled) OR they likely need partial/IOP because they're _____ (highly depressed, anxious, etc. and failing at current level of care). DON'T give them a recap of the last 6 months of therapy. They want to determine whether or not an assessment would be appropriate. They're NOT creating a treatment plan with you. Furthermore, they will ASK you for any additional information they need.

e. Here is what the Intake Counselor will need to know:

- i. **How old** are they and what **gender**? Even if they need inpatient, the facility may not have a bed.
- ii. What insurance do they have? Generally, Medicaid clients have to be assessed at an ER or a community mental health center walk-in clinic. If they have Medicaid, save yourself the time of the phone call and send the client to one of those places.
- iii. The criteria I mentioned above. WHAT exactly have they said/done that's concerning you?
- iv. WHEN did the concerning events occur? If it was last week, they probably don't need inpatient today. And you probably should've called last week.
- v. HOW OFTEN are these things happening? Are they cutting daily? Have they attempted suicide 3 times before? That info can be helpful. Honestly anything else is too much information unless the intake counselor asks for it.

3. OK, so at this point they Intake Counselor likely has already determined whether or not your client is a good fit for what they have to offer. It's important that you keep it brief and can give factual evidence for the client's behavior because if the facility you called isn't going to be the most helpful, it's better for you to find that out 3 minutes into the call rather than 15 minutes into it. And then the Intake Counselor can give you other resources and you can be on your way to help your client.

4. So now let's say your client is going to potentially be a fit for that facility's services. Here's what you'll need to know:

- a. Demographics- date of birth, age, address, phone number, insurance (they probably don't need the policy number just the company)
- b. Current medications- not only is it important to know psych meds, but some facilities can't handle certain medical meds, so try to have all of them.
- c. Medical issues- again, different facilities can handle different levels of medical needs.
- d. Do they have a history of violence?
- e. Do they also abuse drugs or alcohol?
- f. Do they have any legal issues?
- g. When could they come in for an assessment?

5. Finally, you need to know if your client is on board with this referral. If it's Partial or IOP, those are voluntary programs. If the client doesn't want to go to the assessment, you can't force them. If they need Inpatient but are unwilling to go, you may ask family to take them to the ER or you could call the police for a welfare check and they could take the client to an ER from there.
6. PLEASE CALL FIRST. ERs and walk in clinics are on a walk-in basis, but psych hospitals generally have fewer staff around and are already dealing with transfer patients and other appointments. PLEASE make an appointment if possible. If the facility is completely booked for that day and you truly believe they're in danger and if they're on their own that long, get them to a walk-in facility.
7. FAQ: "But I'm not going to drive my client there personally, how can I ensure they'll show up?" Get their license plate number and make of their car and let them know you'll call the police if they're not there in ____ minutes (however long you think is reasonable) and tell them to call you or have the facility call you when they arrive. I have called therapists for this purpose as an Intake Clinician and as an ER assessor. And if they don't show up, follow through with the police. Don't worry about whether it'll make them mad.
8. Mental Health Holds – If your client is unwilling to be hospitalized, you can fill out a M-1 form (only if you are licensed). These are located in the top drawer of the file cabinet in the work room (and also in this Emergency Binder). Call 911 and give the officer the information. Also be sure to give the client a "Client Rights" form (also in this binder)
9. Calling the Police – If your client is in Castle Rock, call the Castle Rock police department. If your client is in unincorporated Douglas County, call the Sheriff.
 - a. Let the officer know you are a mental health professional
 - b. Give the client name, date of birth, address
 - c. Give the client's diagnosis
 - d. Let them know if the client is taking medications as prescribed
 - e. Tell them what makes your concern imminent
 - f. Say why you need a police officer (e.g. not safe, not cooperative...)