

**NEW YORK STATE DEPARTMENT OF HEALTH**  
**NEW YORK STATE OFFICE OF MENTAL HEALTH**

Resources to Assist Hospitals in Effectively Addressing Patient Emergency Mental Health Needs: Guidance for Assessing and Addressing Risk of Interpersonal Violence

**July 2018**

**Resources for Clinical Information**

Valuable clinical information on individuals with a history of mental health treatment can be obtained by accessing PSYCKES, the Psychiatric Services and Clinical Knowledge Enhancement System. PSYCKES is a Health Insurance Portability and Accountability Act (HIPAA)-compliant, web-based portfolio of tools designed to support clinical decision-making. Developed by OMH, PSYCKES uses administrative data from the NYS Medicaid claims database to generate quality indicators and summarize patient-specific treatment histories. This administrative data is collected when providers bill Medicaid for services, and is integrated with other NY state health databases, including NIMRS (OMH's incident reporting system). Providers with access to PSYCKES can access valuable information that can inform patient assessment and result in more effective treatment planning; clinical information is updated weekly. DOH and OMH strongly recommend that ED providers access a PSYCKES report when any patient presents to the emergency department. Examples of clinical information available in PSYCKES includes:

1. History of medical, psychiatric and substance use disorders;
2. Treatment history including providers and medications;
3. Care coordination information and contacts (Health Homes and Care Management Teams, Assertive Community Treatment Teams, Assisted Outpatient Treatment);
4. Suicidal ideation or history of suicide attempts and Safety Plans;
5. Quality flags, including treatment non-adherence, and high utilization of inpatient and emergency room services;
6. Provider communication alerts, including lost to follow-up from State Psychiatric Hospitals, Medicaid restrictions, and specific program eligibility.

Additional information on PSYCKES, including how to access the system, obtain consent and search the data, is available on the OMH website at the following link:

[https://www.omh.ny.gov/omhweb/psyckes\\_medicaid/about/](https://www.omh.ny.gov/omhweb/psyckes_medicaid/about/).

## Screening, Assessment, and Discharge Planning for Interpersonal Violence

In the ED, screening and assessment for risk of violence to self or others is most specifically focused on determining whether there is an immediate need for the safety and structure of inpatient care. However, even if the criteria for inpatient hospitalization are not present, it is still important to identify risk, if any, and to arrange for continued outpatient evaluation and treatment.

### Screening

When an individual with a history of, or presentation with, mental health symptoms is treated in the ED, it is critical to perform an adequate screening to assess whether the individual is a risk to themselves or others and to determine a course of treatment and discharge. An individual presenting with paranoia, delusions of control, and agitation may be at increased, immediate risk for violence. However, a basic screening for violence should be a universal part of the ED intake evaluation. Questions to ask related to **screening** for risk for violence should include:

- Does the patient have any history of recent (e.g. within the last 6 months) violent behavior or ideation? Does the patient have any history of serious violent behavior, at any time?
- Does the patient have any history of arrest for a violent charge? If yes, get specific details about when and what? Has an order of protection been obtained? If yes, why?

### Assessment

Should screening yield a history of violent behavior or recent ideation, a risk **assessment** should be conducted. Risk assessment assists in the characterization of acuity and identification of areas of need. The assessment must include enough detail such that a safe discharge plan can be put into place; however, it may be necessary for a more comprehensive risk assessment to be completed in the community. Categories for consideration when conducting a risk assessment include:

- Details of the violent behavior or ideation including severity, context, and use of weapons
- Risk factors that increase the level of a patient's dangerousness, such as
  - Interpersonal conflict, unstable relationships, poor social support;
  - Employment or financial problems;
  - Substance use, whether due to active intoxication, withdrawal, or craving;
  - Psychiatric conditions or active symptoms, including those related to personality disorder;
  - Treatment noncompliance or lack of insight;
  - Criminal behavior;
  - Ongoing access to weapons.
- Protective factors that mitigate risk, such as
  - Outside monitoring (court, AOT)
  - Mental health outreach teams (e.g., ACT teams)
  - Treatment efficacy and compliance
  - Stable social support, work, and/or housing.

## Discharge Planning

When risk has been identified, and the individual does not meet criteria for inpatient admission, the hospital must ensure a safe discharge, consistent with existing regulation Part 10 NYCRR 405.9 (f) and 405.19. Actions to address identified risks must be reflected in the discharge planning process and discharge plan, including:

- Identification of warning signs indicative of imminent or increasing risk, and a discussion with the individual regarding actions to take when the warning signs are present. A plan to address identified risk factors and warning signs, if they emerge, should be documented in the discharge plan.
- Identify and notify available supports and providers currently involved with the individual, with reference to the warning signs, risks and plan delineated above.

## **Learning Collaborative: Development and Implementation of Best Practice Protocols**

OMH, DOH, GNYHA, and HANYS will sponsor a learning collaborative to support implementation of PSYCKES and best practice protocols for managing the high-risk patient in 2018. The collaborative will work with hospital emergency departments, academic and clinical experts, and other stakeholders over the coming year to develop and implement best practice protocols for assessing and managing risk in hospital emergency departments. Participation information will be sent in the coming month.