

SAN MATEO COUNTY HEALTH SYSTEM
BEHAVIORAL HEALTH AND RECOVERY SERVICES

Attachment A: Management of Threatening and Potentially Violent Behavior

This protocol applies to, but is not limited to, the following situations:

1. A client who displays ongoing behavior of a potentially violent or sexually aggressive nature which creates a high safety risk for staff and/or other clients in that clinical setting.
2. A client whose current behavior is so inappropriate and disruptive to the clinical setting that alternative approaches, providers, and/or treatment locations must be considered to determine what is in the best interest of the client, other clients served in that setting, and staff.

PROCEDURE:

Incident Immediate Response

1. As soon as a high-risk safety situation involving a client is identified, an immediate clinical assessment of the client must be conducted to determine immediate disposition (which may include a 5150 or contacting police for other legal action).
2. When the immediate threat to client or staff safety has been resolved, the following steps must be taken:
 - a. In the case of staff injury, the employee will be sent for immediate treatment and a Workers' Compensation Form completed and submitted;
 - b. A Critical Incident Report form will be completed and sent to Behavioral Health and Recovery Services (BHRS) Quality Management; An urgent care notification will be placed in Avatar; should the situation change, the urgent care alert will be updated to reflect this;
 - c. Supervisors/Managers/Deputy Directors will be notified of the high-risk incident and immediate disposition
 - d. A plan for immediate follow-up care for the client should be made within one business day of the incident with input from the treatment team and approval from the supervisor.

Incident Follow Up Within Two Business Days: coordinated by the site manager

1. If the treatment team believes the client cannot be safely maintained at the current treatment site, a meeting will be held within two business days to review the case and make a short term disposition determination. This meeting should include the CSA Manager, Unit Chief, and Program Specialist, Medical Chief, and staff members of the treatment team.
2. If the larger team discussion results in agreement that the client can be safely maintained with the current team and treatment site, the review process ends at this point and the treatment plan is updated to include any additional safety goals/actions that have been recommended

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3. If the larger team determines that the client's needs cannot be safely addressed by the current treatment team or the current treatment site the matter will be referred to an ad hoc Case Disposition Committee for further discussion and determination of appropriate treatment disposition. The committee will be called by the site manager.
4. If the larger team is unable to reach consensus regarding their ability to safely address the client's needs within the current team or site, the matter will also be referred to a Case Disposition Committee for further discussion and determination of appropriate treatment disposition.

Incident Follow Up: Case Disposition Committee

1. The Case Disposition Committee will be convened by the site manager within 5 business days of the incident.
2. The Disposition Committee will be comprised of supervisors and managers of all county and contracted provider programs working with the client, representatives from the client's treatment team, the Deputy Director of Adult or Youth Services, as applicable, and the BHRS Medical Director.
3. Both the staff person directly involved in the incident and the client will be offered an opportunity to present a statement to the disposition committee if they so wish.
4. The Case Disposition Committee will review the case and attempt to reach consensus on a recommended course of treatment, providers, and locations. If the team reaches a consensus decision on the client's disposition, the review process ends and the decision is then implemented.
5. If the Case Disposition Committee is unable to reach consensus on a recommended course of action, the BHRS Medical Director will be the final decision maker.
6. If the final decision is to transfer the client to another treatment team and/or location, the receiving team will be provided with a plan, timeline and conditions that must be met in order for the client to be able to return to the current treatment team/location, if desired by the client.
7. The disposition plan will be communicated to the treatment team and the client within one business day of the final decision.
8. Case opening remains with the original treatment team until such time as an alternate outpatient treatment site is determined or it is appropriate to close the case to outpatient services.

When client is recommended to be treated at Psychiatric Emergency Services (PES) or Youth Services Center

On rare occasions, it may be prudent to see an adult, youth or a family member in a more protected location than a clinic setting. In such circumstances, it may be appropriate to see a potentially threatening adult client at PES or a youth at the Youth Services Center.

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1. The Medical Director must be consulted for approval prior to any client receiving outpatient treatment at PES. In these cases, the outpatient team would continue to be the BHRS service provider for the client with PES being the treatment site. If psychiatric services will be provided by the outpatient psychiatrist at PES, the psychiatrist must have appropriate medical staff privileges to treat patients at PES.

2. For youth, the decision to move the location of the treatment is one that must involve the Unit Chief of the team where the youth/family member is being assessed/treated, staff members from the treatment team and also the Unit Chief at the Youth Services Center. In addition, the Lead Child Psychiatrist must be consulted about the appropriateness of the decision.