

Behavioral Health Card Instructions

IMPORTANT INFORMATION IN A CRISIS	
	Date: _____
NAME _____	
Primary Language _____	
Mental Health Provider _____	
Phone# (_____) _____	
After Hours (_____) _____	
Primary Care _____	
Phone# (_____) _____	
In case of emergency _____	
Phone# (_____) _____	
Relationship _____	
<p>If you feel you or a loved one of any age are having a mental health crisis and need immediate service:</p> <p>STEP 1: Please call your mental health provider</p> <p>STEP 2: Please call your primary care doctor (during business hours)</p> <p>STEP 3: Helpful telephone numbers: Suicide Prevention/Crisis Line (916) 368-3111; Parent Support Line 1-888-281-3000; 24 hour Mental Health Access line 1-888-881-4881 WEAVE Crisis Line (916) 920-2952</p> <p>STEP 4: Go directly to the Emergency Room of the nearest hospital or children's facility to get help</p> <p>STEP 5: Call 911- ask for ambulance or police to assist you to the nearest hospital</p>	

1. **Date:** Update this card when there are changes to information or re-authorization period
2. **Name:** If client is not comfortable listing full name, suggest first name; last initial
3. **Behavioral Health Provider:** List both agency name and assigned staff or contact person specific to client
4. **Phone #** and **After Hours #:** List numbers that are to be used when client is in a behavioral health crisis/emergency situation
5. **Primary Care:** Only use this if client has a regular primary care physician
6. **In case of emergency:** List a person who is appropriate, available and able to provide support, stabilization and additional mental or physical health information for the client
7. **Phone#:** Include a phone number were the emergency contact could be reached easily.
8. **Relationship:** What is the relationship of the emergency contact to the client
9. **Review the steps listed with the client and support person(s) so that they are informed about the resources and when and/or how they would put them to use**

Medications	mg	a.m.	noon	p.m.	Bed time
Injectables					
Drug Allergies:					
Name of Prescribing Doctor:					
Phone #:					
Pharmacy:					
Phone #					
Other Information:					

1. **Medications:** List the name of the medications that are administered orally
2. **Injectables:** List the name of the injectable medications
3. **mg:** # of milligrams per dose of either injectable or orally administered medications
4. **a.m., noon, p.m., bedtime:** number of pills or dose at each time period
5. **Drug Allergies:** List only allergies to medications
6. **Name of Prescribing Doctor and Phone #:** List the doctor that prescribes and has the most knowledge of client's medications and/or health history
7. **Pharmacy and Phone #:** List the primary pharmacy where client picks up their prescriptions
8. **Other Information:** This area is available to list other health issues, allergies, and additional information that the client feels is important to note including if client has an advance directive or crisis plan on file.

Memo

Subject: Behavioral Health Card

As the first step in Sacramento County's Workforce Education and Training (WET) implementation plan the Division of Mental Health established a Training Partnership Team that included the Sacramento County Sheriff Department, the Sacramento Police Department, family member, consumer, and National Alliance on Mental Illness (NAMI) representation. This team was brought together to create an initial Crisis Responder Training to address the reduction in available mental health crisis resources.

One common gap identified by consumers, family members, law enforcement, physical health, and mental health providers alike is that there is a disconnect between mental/physical health providers and law enforcement that lead to unnecessary hospitalization, incarceration and distress to the individual and support person(s). The plan is to provide law enforcement officers with:

1. Information about what behaviors and situational factors would indicate that an individual may be experiencing a mental health crisis.
2. What steps they should take to assist the individual and/or support person(s) in directing them to the appropriate level of care or resources.

The information to be provided will be a subset of a larger Mental Health Triage Scale. This scale will be used as a basis for trainings that will be developed to address other topics identified during the WET planning process.

The document that will be the key to the success of this training will be the **Behavioral Health Card**. This card will not only provide the individual and/or support person(s) with easy access to their own resources in an emergency situation, but will also allow the law enforcement officer on the scene to assist the individual and/or support person(s) in accessing those resources if needed. The hope is that this will allow for the mental health and/or physical health providers to provide the support necessary to stabilize the situation and avoid any further action on the part of law enforcement.

The Division of Mental Health is requiring all contracted service providers to collaborate with the client and their identified support person(s) to complete this card.

See attachments for card and instructions.

Any comments or ideas that may make this card more valuable in our community may be sent to Alex Rechs, Program Coordinator in the Division of Mental Health at rechsa@saccounty.net

Crisis Responder Training and Behavioral Health Card Implementation Project

As the first step in Sacramento County's Workforce Education and Training (WET) implementation plan the Division of Mental Health established a Training Partnership Team that included:

1. Division of Mental Health Staff (Quality Management, Cultural Competence, Program, MHSA, and MHTC)
2. Sacramento County Sheriff Department
3. Sacramento Police Department
4. Family member representation
5. Consumer representation
6. National Alliance on Mental Illness (NAMI) representation.

November – December 2009

- Team had 4 meetings to discuss the creation of a Crisis Responder Training to address the reduction in available mental health crisis resources.
- The outcome of those meetings was a plan that included:
 - Providing a tool (Behavioral Health Card) to assist in communication between clients/consumers, family members/support person(s), law enforcement officers, and service providers. Training for card utilization is a part of the implementation process.
 - The development of a Mental Health Triage Scale (currently in process)
 - Training law enforcement officers and county providers focusing on:
 1. Information about what behaviors and situational factors would indicate that an individual may be experiencing a mental health crisis.
 2. What steps they should take to assist the individual and/or support person(s) in directing them to the appropriate level of care or resources.

January 2010

- Creation of the Behavioral Health Card including review and input from multiple stakeholder groups.
- Creation of a letter for consumers, family members, and/or caregivers as well as clear instructions for the service providers. The letter for the client/consumer focuses on the purpose of the card, highlights the benefits and reaffirms that the card is the property of the client/consumer. The instructions for the service provider also clearly states that the client/consumer is to be the individual that drives the information listed on the card.

January – February 2010

- Placed initial order of 16,000 cards to cover the current identified client/consumers in our system
- Introduction of the card to Adult and Children's Providers at their respective County Provider Meetings.
- Orientation and distribution of the cards to Adult Providers, program, medical directors, and staff.

March 2010

- Presentation of card to Mental Health Board
- Orientation and distribution of cards to Children's Providers (currently in process)
- Placed additional order of 10,000 for new clients/consumers that come into our system.

The next steps of the Crisis Responder Training are to:

1. Complete the Mental Health Triage Scale by including existing community resources at each tier.
2. Provide an opportunity for stakeholders to give feedback on the Mental Health Triage Scale.
3. Complete training video of Mental Health Triage Scale – Urgent through High Risk Levels and Behavioral Health Card.
4. Present training video to Sacramento County Sheriff Department and Sacramento Police Department officers, supervisors, administrators, etc.
5. Identify other training needed to enhance partnership between behavioral health providers, client/consumers, family members and law enforcement.