NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES (NNAMHS)
POLICY AND PROCEDURE

SUBJECT: MANAGING THREATENING BEHAVIOR IN THE OUTPATIENT SETTING

NUMBER: NN-PC-SF-05

ORIGINAL DATE: 1-17-13

REVIEW/REVISE DATE:

APPROVAL:____________________Cody L. Phinney________, Agency Director
~~~~~~

I. PURPOSE

To establish outpatient procedures for responding to threats, verbal abuse, intimidation or harassment by consumers

II. POLICY

NNAMHS will provide a safe outpatient environment for staff, consumers, and visitors.

III. REFERENCES

1. NN-PC-SF-02 Behavioral Emergencies
2. NN-PC-SF-01 Crisis prevention and response training (CPART)
3. NN-EC-12 Campus Lockdown Procedure
~~~~~~

IV. DEFINITIONS

1. Violence – An intentionally harmful assertion of power that may or may not be physical in nature.
2. Threatening – A statement of intention to harm someone or something which may be overt and clearly understood, or may be veiled or subtle.
3. Intimidation – Use of fear to coerce or bully someone to get them to do something against their will, or to attempt to control that person's behavior.
4. Threat Assessment Team (TAT) – A group of professionals convened for the purpose of assessing the likelihood a threat will lead to action b y the threatening individual resulting in harm to others or property. The core team is comprised of: Agency Director, Community Services Director, Director of Psychological Services, Performance Improvement/Patient Safety Officer, and Education Coordinator. Other members may include the Medical Director, outpatient prescriber, Personnel Analyst, and a representative from the Attorney General's office

V. PROCEDURES

A. In cases where a consumer's behavior in the outpatient setting is violent or threatening, with imminent harm, please refer to references.
B. In cases where a consumer engages in threatening, intimidating, verbally abusive, or harassing behavior, the consumer will be directed to leave the campus.
    1. If the consumer does not leave campus, but moves to a location outside of the office where the incident occurred and becomes and remains calm, campus security will be immediately notified to shadow the consumer and no further action may be necessary.

2. If the consumer does not leave and continues the threatening, intimidating, verbally abusive or harassing behavior, procedures for the Behavioral Emergency (code orange) are to be followed.
3. If (when) the consumer does leave, once the environment is secured, staff will:
    a. Notify campus security of the incident immediately.
    b. Notify their supervisor of the incident and/or incidents.
    c. Complete a serious incident report (SIR), including all relevant information from the incident.
    d. Document incident and outcome in the consumer's record.
4. The staff supervisor will then notify the clinical team members and the Director of Psychological Services of the incident. The team members and supervisors in all programs to which that consumer is currently open will meet to review the case. The supervisor of any open program may request to convene a meeting to review the consumer's case.
5. A Consumer Care Monitor will be completed to:
    a. Determine ongoing risk factors
    b. Make a recommendation of how to best intervene therapeutically with the consumer, keeping safety as a primary focus.
    c. Establish specific parameters for consumer to return to campus i.e. report only to service coordinator, have security present at appointments, etc.
    d. A determination of consumer's diagnosis and current state at the time of incident will be considered in recommendation and intervention.
6. If determined that consumer has a documented history of previous violence or threats toward staff, consumers or property, a recommendation to discharge may be made to TAT.

a. TAT will convene to include TAT core team members (see definitions), clinical team members, support staff as appropriate, and anyone else the TAT deems appropriate based on the specific situation i.e., AG office representative, Personnel Analyst, etc.
b. TAT will review the consumer case, past history, current situation including stressors and triggers, interventions, and all information pertinent to make a decision on the next course of action.
c. If TAT determines that the consumer remains a high risk, and supports closing the consumer to the agency, then the consumer will be contacted by letter and/or phone call.
d. Referrals for alternative follow-up care will be made to minimize any interruption in consumer care.
e. All agency staff will be alerted to the consumer's potential risk for violence thru e-mail providing identifying information, including picture when available, with instructions on what to do if the consumer is encountered.

7. Recommendation from TAT for continued treatment at NNAMHS will include
    a. Specific provisions/parameters that consumer must follow for continued care at NNAMHS outlined in the treatment plan and reviewed by all service providers (i.e., security present when on campus for appointments, contact with identified staff to escort to appointments, cessation of any and all threatening behaviors)
    b. Evaluation fort he Forensic Mental Health program as appropriate.
8. Early Warning Status: If consumer is closed to agency services following decision by TAT, and e-mail to the AG office, Director of MHDS will be sent outlining findings and decision to close.

9. Any consumer who is closed to the agency or slated for closure under this policy will have the right to appeal the decision. The appeals process will be the same as for consumer complaints in which the outcome is appealed by the consumer.
10. Any consumer closed as a result of actions outlined in this policy may reapply for services in the future and will be evaluated by TAT for appropriateness. The consumer may be opened to limited services until sufficient evidence exists suggesting the previous threatening behaviors are now being appropriately managed and no longer appear to pose an ongoing risk to safety of staff on campus.