Crisis Resolution Home Treatment Team (CRHTT) Service Specification (Assessment = Unscheduled Care) (Home Treatment = Scheduled Care)

Guidance for the operation of teams

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Brief Summary of Document:	This service specification provides the framework for the Crisis Resolution Home Treatment (CRHT) teams in Hywel Dda University Health Board. The service specification will describe the service aims, values and principles and standards.
Scope	This service specification covers all staff working within CRHTT teams within Hywel Dda University Health Board. This includes a range of professionals including nursing, medical, occupational therapists, social workers and healthcare support workers. The teams provide a flexible, responsive and integrated service to mental health service users and their carers in the most appropriate setting. The CRHTT will provide an assessment service to people with a range of mental health problems and intensive home treatment for individuals who are relevant patients under the Mental Health Measure (MHM). This service specification covers both the scheduled and unscheduled components of the service.

To be read in conjunction with:	HDUHB Lone Working Policy HDUHB Medicines Management Policy HDUHB Clinical Supervision Policy Mental Health Measure 2010 Code of Practice Inter-agency Protocol – S136 MHA 1983, Mentally Disordered Persons Found in Public Places

	Policing and Crime Act 2017 S17 Leave Policy MHA Code of Practice Armed Forces Priority Welsh Health Care Standards NMC Standards for Documentation National Confidential Inquiry Recommendations

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Reviews and updates		
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1	New SOP	

Glossary of terms

Term	Definition

Keywords	Mental Health, Assessment, Home Treatment, Unscheduled Care

CONTENTS

1. Aim of Service Specification

The provision of services is centred on the needs of individual users, their families and carers. The individual rights to dignity and choice are respected at all times. The service will offer an alternative to hospital admission for individuals presenting in an acute episode of mental health distress.

This service specification is to support CRHTT staff to undertake their work within the context of the following policy guidance.

- The Sainsbury Centre for Mental Health (2001) guidelines for the development of Crisis Resolution Teams.
- The Annual Operating Framework (AOF) Targets 2009/10.
- Unscheduled care: Developing a whole systems approach, Wales Audit Office (2009).
- Together for Mental Health WAG
- Mental Health Measure Wales (2010)
- Policing and Crime Act (2017)
- MHA Code of Practice
- Social Service and Wellbeing Act 2014
- Talk to Me 2 suicide and self harm for Wales 2015 - 2019
- Ask and Act Legislation
- NMC professional Code of Conduct

The teams are required to meet Welsh Government Tier 1 targets in relation to CRHTT services.

Target 1 - Admissions 9am to 9pm to be gate kept	95%
Target 2 - Non-gate kept admissions reviewed in 24hrs*	100%

The Team has a clear identity and ethos to ensure that the needs of individuals presenting in an acute episode of mental health distress are managed appropriately based on the following principles:

- Working in partnership
- Respecting diversity
- Practising ethically
- Promoting recovery
- Identifying peoples strengths and needs
- Providing service user-centred care
- Promoting safety and positive risk taking
- Personal development and learning

2. Service Objectives

To meet the needs of service users who are:

- Experiencing an acute episode of mental health distress.
- Likely to require inpatient treatment in the absence of intensive support/intervention.

- Need assessment and support and who may be at imminent risk of harm to themselves or others and require effective risk management interventions.
- In need of support, advice and education to family members or carers
- Who require positive risk taking through effective MDT working and collaboration with service user and family/carers.

And who:

- Are over the age 18. For individuals aged 16-18yrs there will be liaison with the Specialist Child & Adolescent Mental Health Service (SCAMHS) in hours or out of hours Carmarthen CRRHT
- Would meet the criteria for adult mental health services regardless of an upper age limit.

In order to:

- Provide a service which works closely with other mental health services, social services, police, primary care and the voluntary sector.
- Act as 'gatekeeper' to acute inpatient beds and facilitate early discharge when indicated as home treatment is the least restrictive option.
- Provide a service which is an alternative to hospital admission through the provision of home treatment.
- Provide a 24 hr mental health assessment service, seven days a week.
- Provides timely assessment and access to mental health services, and/or provides information, advice or support to access other relevant services.
- Provide an alternative to acute in-patient care through provision of home treatment for individuals indentified as a relevant patient under the MHM usually for no more than six weeks. There should be a clear rationale if continued involvement is required beyond this. This should be identified as part of an individual's Care & Treatment Plan.

3. Scope

This procedure applies to CRHT teams within the Hywel Dda University Health Board Mental Health and Learning Disabilities Directorate. They provide a service to the population of the three counties of Carmarthenshire, Ceredigion and Pembrokeshire.

There are presently four teams:

- Carmarthen – based in Glangwili General Hospital, Carmarthen
- Ceredigion – based in Gorwelion Community Mental Health Team, Aberystwyth
- Llanelli – based in Prince Philip Hospital, Llanelli
- Pembrokeshire – based in Bro Cerwyn, Withybush General Hospital, Haverfordwest

Teams should be composed of a multidisciplinary skill mix of medical staff (psychiatrists), nurses, healthcare support workers, occupational therapists, psychologists and social workers. Where one professional group is not represented within the core team then there should be excellent links to another part of the mental health service where this input can be provided e.g. the Community Mental Health Team. All professionals will be required to have a current registration with their relevant professional body.

4. Hours of operation

The CRHT teams will operate 24 hours a day, 365 days a year. This will be achieved through shift work.

5. Relationships with other teams and agencies

Teams will maintain close working links with other services to promote continuity and consistency of care which can be provided to individuals and carers who use the service. This will include (and not be limited to) strong and effective links with:

- Community Mental Health Teams / Centres
- Mental Health Inpatient Units
- Substance Misuse Services
- General Hospital Teams, including A&E / MIU and AMAU / CDU
- Specialist Child and Adolescent Mental Health Services
- Integrated Psychological Therapies Service

Primary Care Services

- Police
- Ambulance Service
- Mental Health Triage Team (see process map appendix)
- Integrated Autism Service
- Locality Authority
- Local Third Sector Providers

Effective links will be maintained through:

- Attendance at regular 'Board Rounds' or similar MDT 'Review for Early Discharge' reviews
- Attendance at Community Mental Health Team meetings
- Attendance at regular inpatient MDT meetings or 'ward rounds'
- Working in line with statutory processes e.g. MAPPA, Safeguarding
- Maintaining links with the general hospital's A&E / MIU units overnight

Training and Education to meet statutory and best practice requirements

Core Mandatory Training
WARRN - Wales Applied Risk Research Network Training
STORM – Skills Based Training of Risk Management for suicide prevention and self harm
ECS - Emotional Coping Skills Training
Co-occurring Mental Health Substance Misuse Training
Psychological Mindidness Training

6. Operational Procedures

The following section describes a number of processes for the teams' successful operation.

6.1.1 Referral Process Map

Individuals referred to the CRHTT must have been seen by the referrer within the previous 48 hours.

A referral to the service must be undertaken in person or by telephone to a Registered Professional within the CRHTT.

A referral form will be completed and must include an agreed plan with the referrer in the event that if the CRHTT is unable to make contact.
The referral form will be completed by the CRHTT practitioner and as such will provide all the necessary information required to manage the referral appropriately.
Referral forms must be scanned into the patient's electronic record.
CRT will consider referrals from CMHT's to provide direct access to the CRT out of hours as part of a contingency plan to manage relapse. This must be detailed in the Care and Treatment plan.
Referrals are currently made through:
9-5, working days (Mon-Fri) – The locality Community Mental Health Team
Out of hours referrals are direct to the locality CRHTT or via A&E.

The CRHTT will be available as a point of contact to the police, out of hours, where practicably possible to offer advice when police are considering arrest under section 136 of the MHA. This is in line with the Policing and Crime Act 2017. The police will contact the appropriate CRHTT via Glangwili switchboard.

The CRHTT will not undertake assessments in police custody but will accept a referral from a healthcare member of staff from a general hospital of an individual under arrest. On completion of the assessment an outcome form will be completed and emailed to the Custody Sergeant who is responsible for that individual Appendix 1. There is an agreed pathway between HDUHB and Dyfed Powys Police Appendix 2.

The CRHTT will also be available as a point of contact for the Welsh Ambulance Services Trust where an individual may be in need of a mental health assessment but does not require any other form of medical assessment or intervention.

The CRHTT will be a point of contact for the Mental Health Triage team should the need for an inpatient bed be required.

6.1.2 Assessment – can take place in a range of settings including the persons home, however between the hours of 10pm and 8am assessments will be undertaken in the locality DGH emergency departments

All assessments will be completed on a V5 Initial Assessment form and will;

- Determine whether the service user has a mental health problem which will result in imminent admission to the acute in-patient services
- Determine the level of risk to self or others
- Determine what immediate action is required.
- Determine if the service user requires a further period of assessment of up to ten days, at which point the initial assessment will commence.
- Determine if the client can be signposted/connected to an appropriate service or referred back to the referrer with advice

The Triage assessment will be completed on the agreed template (currently Care Partner Triage Assessment).

The assessment will incorporate:

- Mental health history and history of involvement with services.
- The person's views and beliefs about current problems and needs.
- Personal history.
- Social circumstances.
- Pre-morbid personality.
- Physical / health issues.
- Current medication.
- Use of alcohol / non-prescribed drugs.
- Forensic history.
- Information from other sources.
- Belief / faith / cultural issues.
- Mental State - profile, general behaviour and appearance, rapport.
- Speech - form and content.
- Affect (as reported by the service user / observed by the interviewer).
- Thought process and content.
- Perception, Cognition – (concentration, memory, orientation), Insight.
- Risk Assessment inclusive of suicidal ideation and self-harm
- Person's expectations of service.
- Carer's expectations of service.
- Formulation: Synthesis of the significant factors, which have contributed to the development of the crisis.
- Guidance on the management of the crisis.
- Indicators for hospital admission.
- Psychological distress
- Risk to others due to mental illness / distress

For a CRHTT assessment to be concluded, one of the following options must have been achieved:

- A crisis contingency plan is in place with home treatment.
- The service user has been admitted to hospital or another appropriate agency
- Intervention is not required but other appropriate support from other parts of the service has been arranged / will be arranged. In this case the CRHTT will ensure that interim support is in place that meets the individual's needs.
- No further action or intervention is required.

The outcome of the assessment will be communicated to the referrer and relevant others by writing and a copy scanned to the patients electronic clinical record. This will be an individualised letter and outline any essential clinical information and include risk.

6.1.3 Home Treatment Caseload Management

Where an individual is accepted for home treatment they will be managed under Part 2 of the Mental Health Measure Care and Treatment Planning (CTP). A referral should be considered at this time to CMHT for Care Coordination. The Care and Treatment plan will be commenced for those service users not known to the service by an identified CRHTT practitioner. This will reflect all domains of a Care & Treatment Plan with specific reference to:

- Engagement/ assertive engagement
- Crisis Management
- Medication management.
- Social support and practical help.
- Psycho-social interventions.
- Education on maintaining good mental health and recognizing signs of relapse.
- Crisis & Contingency Planning, including working with carers and families.

The above will be contained in a personalised CTP in line with the statutory requirements of the Mental Health (Wales) Measure 2010. Individuals who are receiving care from secondary mental health services will have a CTP.

People who have newly presented to mental health services will need to be assessed for up to a period of 10 days, within this time an initial assessment will be completed on the agreed template (currently Care Partner Initial Assessment). WARRN assessment and a standard CTP template can be completed. However, even during an initial assessment period, the CRHTT should always work to a plan of care that is agreed with the service user and carer.

Where indicated a safety plan to be completed based on the STORM principles and this is to be given to the service user to keep, a record that this has been completed is to made on the initial care plan.

When a patient is accepted for treatment as a “relevant patient” a Wales Applied Risk Research Network (WARRN) risk assessment is completed and appropriate management plan agreed with the MDT to manage any identified serious risks.

Supporting Carers

Carers are in many situations fundamental to the success of home treatment for a service user experiencing mental health distress.
CRHTT staff are expected to support Carers by;
Sharing information about the person they are caring for including Risks, management plans and contact information. (within the Confidentiality framework)
Providing Carers with written information that is pertinent to the service users case for example – signs and symptoms of depression.
Provide information on medication management as appropriate.
Carers are to be included in crisis/contingency plans reviews, and invited to attend CTP reviews. Their views and opinions are to be recognised and recorded appropriately.

Caseload Management

Case discussions will be held on a daily basis including meetings to facilitate early discharge (FED) from hospital or 'Board Rounds'.

There is a Red / Amber / Green (RAG) caseload management system in operation within the service which determines the CRHTT caseload capacity on a daily basis. Where team caseload pressures are indicated, discussion with the appropriate clinicians/managers, both within and out of hours, will occur in order that priority is given to those clients who present with the highest level of clinical need. The "RAG" is a blunt instrument and is only to be utilised in reference to the overall perception of the likelihood of an individual requiring admission and should not be used to attempt to identify Clinical Risk ,although is likely to reflect this. The RAG rating can be amended at any time by an individual clinician or during Team handovers.

Case load management is colour coded as follows;

Red ~ High likelihood of Admission
Amber ~ Possible Admission
Green ~ Admission unlikely and discharge from CRHT is being worked towards

The service will operate a team working system which, in effect means that every member of the team will be aware of the issues concerning each client on the case load and have a working understanding of the care plan and risk assessment for each client. The home treatment component of the team will operate a Care Coordinator system, whereby each case will be allocated to a mental health practitioner. If the service user is already has a care coordinator in a CMHT the CRHTT practitioner will act as a deputy CC whilst the service user is having home treatment.
All Multi Disciplinary Team discussions and RAG ratings must be recorded on Care Partner.

Use of Telephone calls

Mental health assessment by CRHTT will only take place face to face.
The treatment plan is delivered predominantly by face to face contact within the community setting. This may be supplemented by telephone calls, in order to provide information and / or confirm appointments.
The patient must be given an a date and time for the next contact at the conclusion of assessment or following each CRHTT visit or intervention. This may be confirmed by telephone call from CRHTT. Any changes to planned visits must be documented including the reasons why or if there is a reason why a pre planned visit cannot be arranged this must be documented.
Telephone contact alone will only occur in exceptional circumstances and on these occasions the reason for the appropriateness and rationale of this type of contact will be clearly documented in the care plan / risk assessment and management plan.

Follow up after discharge from inpatient services

Following discharge from in-patient services to the community a follow up assessment will be undertaken by the CRHT within 72 hours, or by the existing care coordinator if the individual is active to secondary care mental health services. This is in accordance with the recommendations from the National Suicide & Homicide Inquiry.

Medication Management

A current list of service user medication will be obtained from the GP as soon as practicably possible.
Any medication prescribed at the time for Mental Health is clearly explained as to its purpose and any side effects to the patient and the patients family/carers as appropriate A leaflet describing commonly used medications that will inform of any expected outcomes/side effects to be give out as appropriate. Any medication should be prescribed at the earliest opportunity in the case for home treatment and delivered promptly. Medication adjustments will be addressed by the Psychiatrist or the GP. CD medication that is stored specifically for CRHTT use is to be kept stored and administered according to the Health Boards medication management Policy.

6.1.4 Facilitating Early Discharge from Hospital

Prolonged hospital stay is likely to have an adverse effect on the service user leading to them becoming disconnected from social support systems therefore having a detrimental effect on recovery.

The CRHTT role in expediting early discharge from hospital is met by engaging with in-patients who may benefit from home treatment rather than a prolonged hospital stay. The team has regular input into the in-patient care plans and daily collaboration with the inpatient multi-disciplinary team to facilitate this. The FED or 'Board Round' process is the mechanism to ensure that individuals are identified as being appropriate for home treatment and early discharge.

Record Keeping

The Record keeping policies relevant to each profession to be read by staff understood and adhered to. This includes medical staff. All patient records are administered via the electronic Care partner system
Staff are reminded to not use abbreviations or acronyms in the patients clinical record.
Any paper records such as GP referrals must be scanned into the patients electronic record.
All entries by Health Care Support Workers must be countersigned in line with the Health Boards Nurses and Midwives record keeping policy to ensure high quality entries. In line with effective supervision
Staff are to be reminded that demographic information is a standard requirement especially next of kin details and these must be recorded into the electronic record. Where there is no next of kin this must be clearly stated in the record.

Safeguarding.

Staff have a statutory duty to report if they suspect an adult is at risk of abuse or neglect to the safeguarding team. To assist with this decision making process staff have access to a

Safeguarding Process Map for decision making and reporting. This will prompt staff on the appropriate action to take to report any concerns raised.
There is a Welsh Government requirement that any children details that the service user responsibility for are recorded in the service users electronic record.

6.1.5 Gatekeeping

Informal inpatient admission is facilitated via the CRHTT as the gatekeeper to the in-patient service. This is to ensure that all treatment options have been offered or considered to meet the principle of least restrictive option for providing assessment and care as described in the MHA Code of Practice

6.1.6 Interface with the Mental Health Act

This section should be read in conjunction with the Inter-agency Protocol for Section 136 - Mentally Disordered Persons and the Policing and Crime Act 2017 and The MHA Code of Practice

Wherever a police officer encounters an individual who appears to warrant the provision of Section 136 of the Mental Health Act, they should first attempt to contact an appropriate mental health professional as described in appendix 3 to seek advice.

If the officer deems that an arrest under the powers of S136 is still required then the officer must alert the Approved Mental Health Practitioner (AMHP). The AMHP will contact the CRHTT to ensure that they are aware and involved where possible of the assessment being undertaken (for further information refer to the Inter-Agency s136 Protocol).

Where admission to hospital is indicated, it is the responsibility of the assessing medical practitioner to identify an inpatient bed for the patient, assisted by the local CRHTT.

The AMHP is responsible for arranging the transportation of the patient to the identified admission bed. The CRHTT will offer and advice and assistance where practicably possible.

6.1.7 Conveyance

It is important to balance patient autonomy with patient safety at all times. Service users should always be conveyed in a manner which is most likely to preserve their dignity and privacy whilst managing any risk to their health and safety or to other people. Police transport should only be used in extreme cases where this is necessary for the safety of all concerned.

Conveyance following appropriate risk assessment can include:

- Taking patients to hospital for assessment or treatment;
- Transferring patients between hospitals;
- Taking CTO patients and conditionally discharged patients who have been recalled to hospital.
- Taking and returning patients who are subject to guardianship to the place their guardian requires them to live;

- Taking patients to and from court;
- Taking patients into the community as part of their CTP.

A variety of factors need to be taken into account when deciding on the most appropriate method for conveying a patient, these include:

- The availability of transport;
- The distance to be travelled;
- The wishes and views of the service user and their carer / family;
- Any medical condition and / or physical disability;
- Any risk to the health and safety of the service user and any need for support, supervision, clinical care or monitoring during the journey. (This is particularly important where sedation has been, or may be used)
- The nature of the service users mental disorder and their current mental state;
- The likelihood of the service user behaving in a violent or dangerous manner;
- The health and safety of people conveying the service user and anyone else accompanying them;
- The likelihood that the service user may abscond and the risk of harm to the service user or other people in that event.

The care coordinator/ AMPH is responsible for arranging the conveyance of admitted service user to inpatient services during scheduled hours, supported by the CRHTT. Forms of transport will vary, dependant on the service user's needs and level of distress. They may include:

- Travelling with family members
- Travelling with a mental health professional(s)
- Use of St. John Cymru transport (from Bronglais)
- Use of the twilight service
- Ambulance
- Secure patient transport (where risks deem this necessary)
- Police vehicle (only where other options are not appropriate and urgency is required)
-

An appropriate risk assessment will be completed by the practitioner involved prior to the service user being conveyed with known risks highlighted. The least restrictive or distressing options must always be considered.

6.1.8 Case closure (including follow up arrangements)

The CRHTT will refer the service user to the appropriate mental health services / connected to other services where this is appropriate, before they are discharged from the service.
When further care coordination is required preparation for discharge will include a handover with the appropriate CMHT at their weekly meeting.
A discharge summary will be written and copies forwarded to the care coordinator / GP as appropriate.

Where a person has disengaged from the service without the agreement of the CRHTT then the following should be arranged:

- Team review of their illness and current problems. Review any concerns about potential relapse.

- Assess risk history and any future concerns as a result of disengagement
- MDT discussion to review what further clinical actions are required e.g. contact family / carers / friends if appropriate
- MDT discussion to decide whether any concerns necessitate informing others e.g. police, social services
- All decisions must be recorded on the service user's Care Partner notes.

All service users who have been eligible to receive care under part 2 of the Mental Health (Wales) Measure 2010 must be informed of their rights to a future assessment under part 3 of the Measure.

6.1.9 Management and coordination

The Team will be managed and coordinated by the CRHTT Manager. In their absence, the day-to-day co-ordination of the service will be carried out by a nominated mental health practitioner in the team. All shifts should have a nominated coordinator to organise visits required by home treatment and who will facilitate referrals for assessment.

6.2 Supervision

Clinical supervision will be in accordance with the Hywel Dda University Health Board Health Board's policy on clinical supervision. Formal management supervision will take place at agreed intervals with regular review of PDRs. In addition to this standard process, staff will use shift handover periods as a learning and development opportunity and for support. Staff will be expected to make their own arrangements for clinical supervision as per Health Board Policy. Teams are encouraged to also include regular group supervision and formulation meetings with other relevant professionals such as psychologists. The NMC professional Code of Conduct will underpin the supervision to ensure that relationships between service users and staff are conducted within appropriate professional boundaries.

6.2.1 Safety of staff

Professionals working in the area of mental health crisis in the community need to have a number of safeguards in place in order to minimise the risks to themselves and others in all circumstances. This process begins with good preparation for the role, a rigorous triage system, and a set of procedures within the team, especially around lone-working and the development of a culture within the team of safety first and support for colleagues. Some of the features of this are set out below:

- Staff will be equipped with mobile phones when working in the community.
- A copy of the log of visits is left at base so that incoming teams are aware of others' whereabouts.
- The management on call system provides support to services delivered outside of scheduled hours of operation where indicated.
- All new assessments will be carried out In line with the lone working policy.
- All service user contact will be organised to take account of the clinical risks identified within the risk assessment and management plan.

Quality Assurance

Spot checks on documentation will be undertaken by members of the quality assurance team and results will be fed back to relevant team leaders with actions if needed.

Supervision is key to improving staff skills knowledge and confidence as well as helping manage staff wellbeing. Service Manager to review sample of Supervision records during 1-1 meetings with team leaders.

CRHTT team leaders are to ensure that all staff have read and understand the service specification and that care to service user is being delivered accordingly, this will be evidenced though signatory sheet which will be retained with the service specification by the Team Leader

All staff are to know where to access the service specification electronically and paper version to refer to as required.

All members of staff will be knowledgeable regarding the requirements of 'Putting things Right' Guidance Wales, this will be evidenced through the pdr process as a core objective for all staff.

All members of staff will be knowledgeable regarding the process following a Serious Incident, and their responsibilities, this will be evidenced through the pdr process as a core objective for all staff.

7. References

UK Government (2007) *Mental Health Act 1983 (with 2007 amendments).* HMSO. London.
UK Government (2017) *Policing and Crime Act 2017*. HMSO, London.
Welsh Government (2005) *Policy Implementation Guidance on the development of Crisis Resolution/Home Treatment (CR/HT) services in Wales.* Welsh Government. Cardiff.
Welsh Government (2010) *The Mental Health (Wales) Measure 2010.* Welsh Government. Cardiff.
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Welsh Government (2016) *The Mental Health Act 1983 Code of Practice for Wales.* Welsh Government. Cardiff.

8. Appendix 1 – Gatekeeping Assessment Outcome

GATEKEEPING ASSESSMENT OUTCOME

Name: **DOB:** **Address:**	**GP Surgery:** **Date of Assessment:**

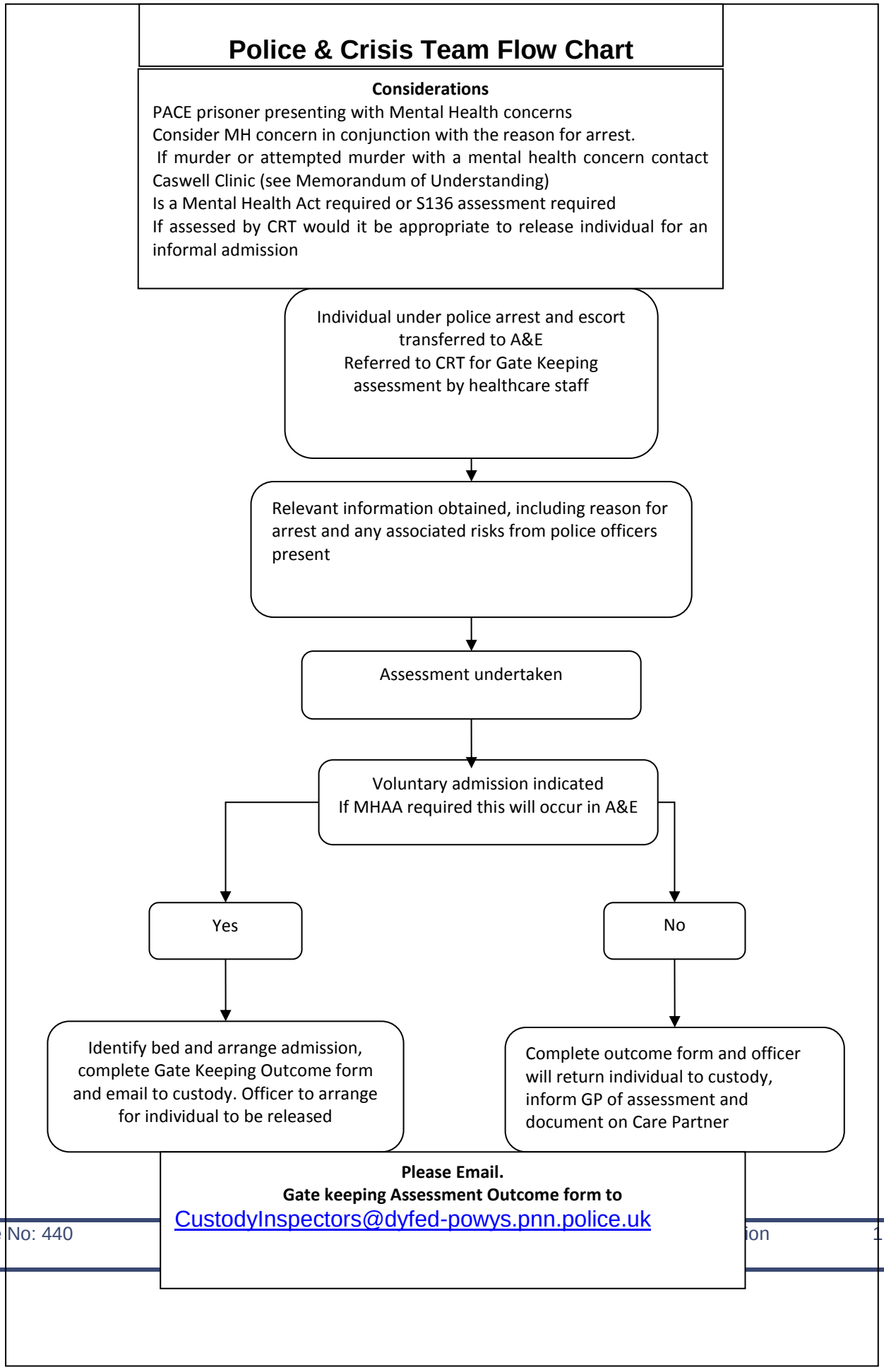
Assessment outcome Hospital admission indicated. Yes/No Information for Dyfed Powys Police custody staff.

The assessment and outcome with be shared with the GP	

PLEASE EMAIL TO CUSTODY SERGEANT
DYFED POWYS POLICE

CustodyInspectors@dyfed-powys.pnn.police.uk

9. Appendix 2 – Police & Crisis Team Flowchart



10. Appendix 3 – Referral form

MH Referral Form for DGH DRAFT

Appendix 4 – Inter-agency working where there are mental health concerns

Process Map for inter-agency working between police officers, mental health teams and acute teams, where there are concerns that an individual may have a mental health problem and be in need of a mental health assessment.

This is intended to address actions in the community and within a general hospital.

Mental Health should not assess anybody who has GCS <15 or can't "walk, talk, speak" but they can assist with practical advice and help around behavioural management.

NB putting the patient first is everyone's responsibility

Procedure for police officers to contact a mental health practitioner where needed for advice or guidance.

Officer encounters individual in the community and suspects that the person may have a mental health problem. Need advice.

Officer to contact 01267 235151

Inform phone operator that they need advice from a mental health practitioner and identify which area they are in e.g. Pembs, Ceredigion, Carmarthen, Llanelli

Phone operator will put call through to appropriate CRHT service

CRHT member will be available for advice

It may not always be possible to answer the call immediately. In this instance an officer must use their best judgement