

Access Center Service Descriptions

<p><u>Peer Warm Line</u></p> <p>A peer-operated warm line is a service individuals can access to talk with someone with lived experience with mental, behavioral health and trauma issues. The line provides a resource for individuals experiencing emotional distress. A warm line provides nonjudgmental listening, nondirective assistance, information, referral, and triage when appropriate. The warm line is answered live by qualified peer supports that provide crisis screening and triage to a higher level of service when appropriate. Warm-line staff can receive calls remotely through telephones or computers, but have twenty-four-hour access to a mental health professional.</p>	<p><u>Crisis Response Services</u></p> <p>The purpose of 24-hour crisis response is to provide access to crisis screening and assessment to de-escalate and stabilize the crisis. When the assessment indicates, a stabilization plan is developed to support the individual's return to a prior level of functioning. Twenty-four-hour crisis response staff link the individual to appropriate services. Crisis response staff provide service to individuals of any age.</p>
<p><u>Crisis Line</u></p> <p>A 24-hour crisis line provides counseling, crisis service coordination, information and referral, linkage to services and crisis screening. Crisis line staff are qualified to provide crisis stabilization services pursuant to subrule 24.24(2). The crisis line service is available 24 hours a day, 365 days a year. The crisis line is answered live by qualified crisis response staff with twenty-four-hour access to a mental health professional. The crisis line is an integrated component of the crisis response service system; the crisis line is answered in an organization setting by trained crisis response staff. f. Policies define collaborative efforts and triage procedure between the mobile outreach teams, law enforcement and emergency services. Follow-up contacts are provided within 24 hours of a crisis call for all risk cases. The crisis line integrates follow-up into all crisis service contacts.</p>	<p><u>Crisis Stabilization Residential Services</u></p> <p>Crisis stabilization residential services (CSRS) are short-term services provided in facility-based settings of no more than 16 beds. The goal of CSRS is to stabilize and reintegrate the individual back into the community. Crisis stabilization residential services are designed for voluntary individuals who are in need of a safe, secure environment less intensive and restrictive than an inpatient hospital. Crisis stabilization residential services have the capacity to serve more than two individuals at a time. Crisis stabilization residential services can be for youth aged 18 and younger or adults aged 18 and older. Youth and adults cannot be housed in the same facility setting. To be eligible, an individual must: a. Be an adult aged 18 or older or a youth aged 18 or under. b. Be determined appropriate for the service by a mental health assessment; and c. Be determined to not need inpatient acute hospital psychiatric services. Each individual has contact with a mental health professional at least one time a day. Each individual has a minimum of one hour per day of additional services provided by crisis response staff including, but not limited to, skill building, peer support or family support peer services; or other therapeutic programming.</p>
<p><u>23 Hour Observation Services</u></p> <p>Twenty-three-hour crisis observation and holding services are designed for individuals who need short-term crisis intervention in a safe environment less restrictive than hospitalization. This level of service is appropriate for individuals who require protection or when an individual's ability to cope in the community is severely compromised and it is expected the crisis can be resolved in 23 hours. Twenty-three-hour crisis observation and holding services include, but are not limited to, treatment, medication administration, meeting with extended family or significant others, and referral to appropriate services. Twenty-three-hour crisis observation and holding chairs can be utilized. The services may be provided if any of the following admission criteria are met: a. There are indications the symptoms can be stabilized and an alternative treatment can be initiated within a 23-hour period. b. The presenting crisis cannot be safely evaluated or managed in a less restrictive setting, or no such setting is available. c. The individual does not meet inpatient criteria, and it is determined a period of observation assists in the stabilization and prevention of symptom exacerbation. d. Further evaluation is necessary to determine the individual's service needs. e. There is an indication of actual or potential danger to self or others as evidenced by a current threat or ideation. f. There is a loss of impulse control leading to life-threatening behavior and other psychiatric symptoms requiring stabilization in a structured, monitored setting. g. The individual is experiencing a crisis demonstrated by an abrupt or substantial change in normal life functioning brought on by a specific cause, sudden event or severe stressor.</p>	<p><u>Mobile Crisis Response Services</u></p> <p>Crisis response staff provide on-site, in-person intervention for individuals experiencing a mental health crisis. The goal is to divert from more restrictive levels of care when appropriate, reduce the level of risk present in the crisis situation, and provide coordination with other mental health resources for follow up. Mobile response staff provide crisis response services in the individual's home or at locations in the community. Staff work in pairs to ensure staff safety and the safety of the individual served. A single staff member may respond if another person available on site meets crisis response staff eligibility requirements. There is twenty-four-hour access to a mental health professional. Mobile response staff are dispatched immediately after crisis screening has determined the appropriate level of care. If the mobile response staff already are responding to another call, staff explain to the caller that there may be a delay in receiving a mobile response and offer an alternative response. Mobile response staff have face-to-face contact with the individual in crisis within 60 minutes from dispatch. "Face-to-face" means services provided in person or utilizing telehealth in conformance with the federal Health Insurance Portability and Accountability Act (HIPAA) privacy rules. If the mobile response staff are responding to another request, there may be a delay in receiving mobile response and an alternative response is provided. When an action plan is developed, a copy is sent within 24 hours, with the individual's signed consent, to service providers, the individual and others as appropriate. A follow-up appointment with the individual's preferred provider will be made, and mobile response staff will follow up with the individual and document contact or attempt to contact on a periodic basis until the appointment takes place.</p>
<p><u>Subacute Services</u></p> <p>Subacute mental health services means all of the following: (1) A comprehensive set of wraparound services for persons who have had or are at imminent risk of having acute or crisis mental health symptoms that do not permit the persons to remain in or threatens removal of the persons from their home and community, but who have been determined by a mental health professional and a licensed health care professional, subject to the professional's scope of practice, not to need inpatient acute hospital services. (2) Intensive, recovery-oriented treatment and monitoring of the person with direct or remote access to a psychiatrist or advanced registered nurse practitioner. (3) An outcome-focused, interdisciplinary approach designed to return the person to living successfully in the community. (4) Services that may be provided in a wide array of settings ranging from the person's home to a facility providing subacute mental health services. (5) Services that are time limited to not more than ten days or another time period determined in accordance with rules adopted for this purpose.</p>	<p><u>Sobering Services</u></p> <p>The sobering unit provides a safe environment for someone under the influence of drugs or alcohol to initiate recovery. It is not an inpatient detox or treatment facility. Individual stays are typically no longer than 12 hours. Patients are aligned with substance use disorder services (to include an initial consultation with a mental health and/or substance use disorder professional), as well as any other referrals to resources/services they may need. The target population for sobering services are those that suffer from co-occurring disorders, having both substance use disorder and mental health service needs.</p>

The mental health professional conducting the initial assessment will determine the patient's level of care upon entry to the Access Center.