

# **CRISIS/EMERGENCY SERVICES – MENTAL HEALTH**

## SERVICE CATEGORY: CRISIS/EMERGENCY SERVICES

System Requirement: REGISTERED

### SERVICE DEFINITION

Service Name	EMERGENCY PSYCHIATRIC OBSERVATION
Funding Source	Behavioral Health
Setting	Hospital
Facility or Professional License	As required by DHHS Division of Public Health
Basic Definition	Emergency Psychiatric Observation provides adults less than 24 hours of care in a secure, medically supervised hospital setting for evaluation and stabilization of acute psychiatric and/or substance use disorder symptoms. The service will prevent further exacerbation or deterioration and/or inpatient hospitalization when possible, and facilitates transition to the necessary level of care.
Service Expectations	<ul style="list-style-type: none"><li>• A trauma-informed face-to-face mental health assessment and continuing with an emergency psychiatric observation level of care during a period of less than 24 hours.</li><li>• Substance use disorder screening during the observation period.</li><li>• Health screening/nursing assessment conducted by a Registered Nurse.</li><li>• Continuous assessment for the need of continued care or determination that the crisis has resolved and the individual can safely return to the community with follow up services</li><li>• Discharge plan with emphasis on safety, crisis intervention and referral for relapse prevention and other services developed under the direction of a physician (psychiatrist preferred) at admission.</li><li>• Medication evaluation and management.</li><li>• All services must be culturally sensitive.</li></ul>
Length of Services	Less than 24 hours
Staffing	<ul style="list-style-type: none"><li>• Medical Director: Psychiatrist (preferred) or Physician</li><li>• Clinical staff may include: APRN or RN with psychiatric experience, LIMHP, LMHP, LADC, PLADC, PLMHP</li><li>• Care managers</li></ul>

<b>Service Name</b>	<b>EMERGENCY PSYCHIATRIC OBSERVATION</b>
<b>Staffing Ratio</b>	All positions staffed in sufficient numbers to meet hospital accreditation guidelines.
<b>Hours of Operation</b>	24/7
<b>Desired Individual Outcome</b>	<ul style="list-style-type: none"> <li>• Symptoms are stabilized and the individual no longer meets clinical utilization guidelines.</li> <li>• Individual has substantially recovered his/her level of functioning</li> <li>• Sufficient supports are in place and individual can safely return to a less restrictive environment.</li> <li>• Admission to a higher level of care if clinically appropriate.</li> </ul>

## SERVICE CATEGORY: CRISIS/EMERGENCY SERVICES

System Requirement: REGISTERED

### SERVICE DEFINITION

Service Name	CRISIS STABILIZATION
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Facility Based
<b>Facility or Professional License</b>	Mental Health Substance Use Treatment Center or as required by DHHS Division of Public Health
<b>Basic Definition</b>	<p>Crisis Stabilization is intended to provide adults immediate, short-term, individualized, crisis-oriented treatment and recovery to stabilize acute symptoms of mental illness, or symptoms of addiction that do not require withdrawal management. Individuals in need exhibit a psychiatric and/or substance use disorder crisis with a moderate to high risk for harm to self/others, or levels of emotional distress that pose an immediate risk to the individual. There is a need for short-term intensive evaluation, treatment intervention, or behavioral management to stabilize acute or crisis situations. The primary objective is to promptly conduct an assessment of the individual and to develop a treatment plan with emphasis on crisis intervention services necessary to stabilize and restore the individual to a level of functioning that requires a less restrictive level of care. Crisis Stabilization is for voluntary and involuntarily admitted individuals.</p>
<b>Service Expectations</b>	<ul style="list-style-type: none"><li>• Mental health and/or substance use assessment by a mental health and/or substance use professional within 24 hours of admission, including a risk assessment and level of care recommendation</li><li>• Assessments and treatment must integrate strengths and needs in both MH/SUD domains</li><li>• A crisis stabilization plan, which includes relapse/crisis prevention and discharge plan, developed within 24 hours of admission and adjusted as clinically indicated</li><li>• Interdisciplinary treatment team meetings daily or as often as medically necessary including the individual, family, and other supports as appropriate</li><li>• Access to on call, licensed mental health professionals 24/7</li><li>• Medication management</li><li>• Individual, group, and family therapy available using a brief therapy/solution focused approach</li><li>• Addictions treatment initiated and integrated into the treatment/recovery plan for co-occurring disorders identified in initial assessment process as appropriate</li></ul>

Service Name	CRISIS STABILIZATION
	<ul style="list-style-type: none"> <li>• Consultation services available for medical, dental, pharmacology, psychological, dietary, pastoral, recreation therapy, laboratory and other diagnostic services as needed</li> <li>• Discharge plan developed at admission to include referral to community-based rehabilitation/social services to assist in safe transition to community living; linkage to treatment services at next appropriate level of care; and incorporates natural supports</li> <li>• All services must be culturally sensitive</li> </ul>
<b>Length of Services</b>	Until the individual is stabilized, able to be treated at a less intensive level of care, and meets the conditions of the discharge plan.
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Medical Director/Supervising Practitioner: Psychiatrist, PA, Psychiatric APRN</li> <li>• Clinical Director: APRN, or RN with psychiatric experience</li> <li>• Therapist: Psychologist, Psychiatric APRN, LIMHP, PLMHP, LMHP, LADC, PLADC</li> <li>• Nursing: APRN, RN (psychiatric experience preferred)</li> <li>• Direct Care Worker, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.</li> </ul>
<b>Staffing Ratio</b>	<ul style="list-style-type: none"> <li>• 1 awake staff to 6 clients with on-call availability of additional support staff during client sleep hours</li> <li>• Availability of medical and clinical staff provided in a staff to client ratio sufficient to meet client care needs</li> </ul>
<b>Hours of Operation</b>	24/7
<b>Desired Individual Outcome</b>	<ul style="list-style-type: none"> <li>• Symptoms are stabilized and the individual no longer meets clinical guidelines for crisis stabilization</li> <li>• The precipitating condition and relapse potential is stabilized such that individual's condition can be managed with less restrictive professional external supports and interventions outside of the crisis stabilization facility.</li> <li>• Individual is connected to and knows how to access services to support ongoing treatment needs</li> <li>• Individual has gained or restored coping skills and sustained the improved level of functioning</li> </ul>

**SERVICE CATEGORY: CRISIS/EMERGENCY SERVICES**

**System Requirement: REGISTERED**

**SERVICE DEFINITION**

Service Name	CRISIS ASSESSMENT
	Recommendation to retire this service; please refer to SUD Services – Assessment and Outpatient Services – MH Assessment

**SERVICE CATEGORY: CRISIS/EMERGENCY SERVICES**

**System Requirement: REGISTERED**

**SERVICE DEFINITION**

<b>Service Name</b>	<b>EMERGENCY PROTECTIVE CUSTODY CRISIS STABILIZATION (REGION 5)</b>
	Recommendation to retire this service; please refer to Crisis Services – Crisis Stabilization

## SERVICE CATEGORY: CRISIS/EMERGENCY SERVICES

System Requirement: REGISTERED

### SERVICE DEFINITION

Service Name	24-HOUR CRISIS LINE
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Non Facility-Based
<b>Facility or Professional License</b>	Not required
<b>Basic Definition</b>	<p>The 24-Hour Crisis Line provides free, immediate assistance to those experiencing a behavioral health emergency. The 24-Hour Crisis Line is answered by a live voice 24 hours a day 7 days a week and has the ability to link the caller to a licensed behavioral health professional, law enforcement, and other emergency services. The 24-Hour Crisis Line is designed to assist consumers in pre-crisis or crisis situations related to a behavioral health need. The goal is ensuring the safety of the caller, connecting the individual to relevant resources to assist with the crisis, and providing assistance with problem solving and coping.</p>
<b>Service Expectations</b>	<ul style="list-style-type: none"><li>• Brief screening of the situation</li><li>• Work with the caller toward immediate relief of distress in pre-crisis and crisis situations; reduction of the risk of escalation of a crisis; arrangements for emergency onsite responses when necessary; and referral to appropriate services when other or additional intervention is required</li><li>• Access to a licensed behavioral health professional consult when needed</li><li>• Connection with law enforcement and other emergency services as needed</li><li>• Language compatibility is available to callers when necessary, including Nebraska Relay Services or TDD and staff appropriately trained on the service</li><li>• All services must be culturally sensitive</li></ul>
<b>Length of Services</b>	Call continues until the caller agrees to safely resume regular activities or emergency assistance arrives or caller voluntarily ends call.
<b>Staffing</b>	<ul style="list-style-type: none"><li>• Staff trained to recognize and respond to a behavioral health crisis</li><li>• On staff or consultative agreement with a licensed behavioral health professional, such as LMHP, LIMHP, Psychiatrist, Psychologist, PA or Psychiatric APRN</li><li>• Staff trained in rehabilitation and recovery principles and trauma informed care</li><li>• Personal recovery experience preferred for all positions</li></ul>



<b>Service Name</b>	<b>24-HOUR CRISIS LINE</b>
<b>Staffing Ratio</b>	Adequate staffing to handle call volume.
<b>Hours of Operation</b>	24/7
<b>Individual Desired Outcome</b>	<ul style="list-style-type: none"> <li>• Caller experiences a reduction in distress</li> <li>• Caller experiences a reduction in risk of harm to self or others</li> <li>• Caller is referred to services that will assist with the issue(s) identified during the call</li> </ul>

## SERVICE CATEGORY: CRISIS/EMERGENCY SERVICES

System Requirement: REGISTERED

### SERVICE DEFINITION

Service Name	MENTAL HEALTH RESPITE
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Residential Facility
<b>Facility or Professional License</b>	Mental Health Substance Abuse Treatment Center or as required by DHHS Division of Public Health
<b>Basic Definition</b>	Mental Health Respite is a short term program designed to provide shelter and assistance to address immediate needs for adults transitioning between residential settings or who benefit from a break from the current home or residential setting. Mental Health Respite provides a safe, protected, supported residential environment for people with a serious mental illness. The service supports an individual throughout the transition or break, provides linkages to needed behavioral health services, and assists in timely transition back into the community.
<b>Service Expectations</b>	<ul style="list-style-type: none"> <li>• Provide on-site access to the following services: periodic safety checks and monitoring, personal support services, medication monitoring, assistance with activities of daily living, limited transportation, and overnight accommodations including food and lodging</li> <li>• Linkages to behavioral health services, psychiatric treatment, pharmaceutical services, healthcare services, and emergency care</li> <li>• Referrals to community services and supports, such as community housing</li> <li>• Provide 24-hour staff</li> <li>• Opportunities to be involved in a variety of community activities and services</li> <li>• All services are culturally sensitive</li> </ul>
<b>Length of Services</b>	Brief, transition focused care.
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Program Manager: Bachelor’s degree or higher in human services or equivalent course work, 2 years of experience/training with demonstrated skills and competencies in treatment of individuals with a behavioral health diagnosis.</li> <li>• Direct Care Staff: High school diploma or equivalent with minimum of 2 years of experience in the field and training with evaluation of course competency, preferably by a nationally accredited training program.</li> </ul>

Service Name	MENTAL HEALTH RESPITE
	<ul style="list-style-type: none"> <li>• A consultative arrangement with a licensed behavioral health professional, physician, dietician, and Registered Nurse.</li> <li>• All staff must be trained in trauma-informed care, recovery principles, and crisis management.</li> <li>• Personal recovery experience preferred for all positions.</li> </ul>
<b>Staffing Ratio</b>	<ul style="list-style-type: none"> <li>• Direct care ratios are 1:12 during 1<sup>st</sup> and 2<sup>nd</sup> shift and 1:16 on 3<sup>rd</sup> shift with on-call support staff available.</li> </ul>
<b>Hours of Operation</b>	24/7
<b>Individual Desired Outcome</b>	<ul style="list-style-type: none"> <li>• Individual is able to transition successfully to previous or a new community setting.</li> <li>• Individual has a community-based support system arranged to assist the current home environment.</li> <li>• Initial need for respite has resolved.</li> <li>• Individual has been connected to more intensive, longer term behavioral health care if required.</li> </ul>

**SERVICE CATEGORY: CRISIS/EMERGENCY SERVICES**

**System Requirement: REGISTERED**

**SERVICE DEFINITION**

Service Name	EMERGENCY COMMUNITY SUPPORT
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Individual’s home or other community-based setting
<b>Facility or Professional License</b>	As required by DHHS Division of Public Health
<b>Basic Definition</b>	Emergency Community Support is designed to assist individuals who can benefit from high levels of support due to an urgent behavioral health need. Often individuals are either at risk of loss of community residence due to behavioral health crisis, are homeless, or are transitioning from a psychiatric hospital into a community setting. Emergency Community Support services offer stabilization during a behavioral health crisis by providing case management, behavioral health referrals, assistance with daily living skills, and coordination between individual, the formal and informal support system, and behavioral health providers.
<b>Service Expectations</b>	<ul style="list-style-type: none"> <li>• Complete a screening for risk and safety plan within three days of referral or, if individual is hospitalized, within three days of discharge from the hospital</li> <li>• Complete a strengths-based assessment with the individual within 14 days of referral</li> <li>• Development of an initial, brief service plan within five days of admission in partnership with the individual and support system. The finalized service plan should be completed within 14 days</li> <li>• The service plan will include a crisis relapse/prevention plan and discharge plan</li> <li>• Consumer advocacy as needed</li> <li>• Individual assisted in initiating resources such as SSI, housing vouchers, SNAP, Medicaid, as needed</li> <li>• Education to individual/family/significant others with the individual’s permission as needed</li> <li>• Referrals to appropriate community-based behavioral health services</li> <li>• Collaboration with psychiatric hospital and hospital emergency personnel, and community agencies as needed</li> <li>• Arrange alternatives to psychiatric hospitalization as needed</li> <li>• Clinical consultation on individual’s service plan must occur at least once a month</li> <li>• All services must be culturally sensitive and trauma informed</li> <li>• Contact is a minimum of eight hours per month to address the emergency issue</li> </ul>

Service Name	EMERGENCY COMMUNITY SUPPORT
	<ul style="list-style-type: none"> <li>All services must be culturally sensitive</li> </ul>
<b>Length of Services</b>	Service continues until initial emergency is resolved and individual is connected to behavioral health treatment as needed. No longer than 90 days.
<b>Staffing</b>	<ul style="list-style-type: none"> <li>Program Director: A bachelor's degree or higher in psychology, sociology or a related human service field is required. Demonstrated experience, skills, and competencies in behavioral health management. A master's degree in a human service field preferred.</li> <li>Direct Care Worker, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.</li> <li>Consultation by appropriately licensed professionals for general medical, psychopharmacology, and psychological issues, as well as overall program design must be available and used as necessary.</li> <li>Personal recovery experience preferred for all positions.</li> <li>Staff are trained in trauma informed care, working with individuals experiencing co-occurring disorders, suicide prevention, and resilience and recovery principles.</li> </ul>
<b>Staffing Ratio</b>	1:15 caseload
<b>Hours of Operation</b>	Individuals utilizing this service must have 24/7 on call access to Emergency Community Support services.
<b>Individual Desired Outcome</b>	<ul style="list-style-type: none"> <li>Individual has made progress on service plan goals and objectives and development of a crisis relapse prevention plan.</li> <li>Initial emergency necessitating care has substantially resolved.</li> <li>Individual is able to remain psychiatrically stable in a community setting of choice.</li> <li>Individual has a community-based support system arranged.</li> </ul>

## SERVICE CATEGORY: CRISIS/EMERGENCY SERVICES

System Requirement: REGISTERED

### SERVICE DEFINITION

Service Name	CRISIS RESPONSE
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Individual's home or other community-based setting
<b>Facility or Professional License</b>	As required by DHHS Division of Public Health
<b>Basic Definition</b>	Crisis Response is designed to use natural supports and resources to resolve an immediate behavioral health crisis in the least restrictive environment by creating a plan with the individual to resolve the crisis. The goal of the service is to develop and begin implementation of the crisis intervention plan, ensure safety, and access the necessary level of care.
<b>Service Expectations</b>	<ul style="list-style-type: none"><li>• Face-to-face meeting with individual within one hour of initial contact</li><li>• Evaluation including brief mental health status and substance use disorder screening, risk of dangerousness to self and/or others assessment, and determination of appropriate level of care</li><li>• A brief individualized crisis plan developed with individual and support system</li><li>• Onsite mental health and/or substance use disorder interventions and crisis management</li><li>• Provide linkage to information and referral including appropriate community-based mental health and/or substance use disorder services</li><li>• Consultation to hospital emergency personnel, law enforcement, and community agencies as needed</li><li>• Provide post crisis follow-up support as needed</li><li>• Arrange for alternatives to psychiatric hospitalization if appropriate</li><li>• All services must be culturally sensitive</li></ul>

Service Name	<b>CRISIS RESPONSE</b>
<b>Length of Services</b>	Service continues until initial emergency is stabilized, risk has decreased, and individual is connected to behavioral health treatment as needed.
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• On-site Crisis Response Professional such as: LMHP, LIMHP, PLMHP, Psychiatrist, Psychologist, Psychiatric APRN, or Registered Nurse with psychiatric experience operating within scope of practice.</li> <li>• All staff must be trained in trauma-informed care, recovery principles, and crisis management.</li> <li>• Personal recovery experience preferred for all positions.</li> </ul>
<b>Staffing Ratio</b>	Minimum one-to-one in person.
<b>Hours of Operation</b>	24/7
<b>Individual Desired Outcome</b>	Individual has a plan in place to mitigate the crisis and will be able to safely remain in current residence OR safely transferred to additional psychiatric care.

**SERVICE CATEGORY: CRISIS/EMERGENCY SERVICES**

**System Requirement: REGISTERED**

**SERVICE DEFINITION**

Service Name	URGENT MEDICATION MANAGEMENT
	Recommendation to retire this service; please refer to Outpatient Services - Medication Management



**SERVICE CATEGORY: CRISIS/EMERGENCY SERVICES**

**System Requirement: REGISTERED**

**SERVICE DEFINITION**

Service Name	URGENT OUTPATIENT PSYCHOTHERAPY
	Recommendation to retire this service; please refer to Outpatient Services – Individual Psychotherapy

## SERVICE CATEGORY: CRISIS/EMERGENCY SERVICES

System Requirement: REGISTERED

### SERVICE DEFINITION

Service Name	HOSPITAL DIVERSION
<b>Funding Source</b>	Behavioral Health Services
<b>Setting</b>	Family/home/facility setting located in a residential district.
<b>Facility or Professional License</b>	As required by DHHS Division of Public Health
<b>Basic Definition</b>	Hospital Diversion is a peer-operated service designed to assist adults in decreasing psychiatric distress which may lead to hospitalization. Hospital Diversion offers individuals the opportunity to take control of a crisis or potential crisis and develop new skills through a variety of traditional self-help and proactive tools designed to maintain wellness. Certified Peer Support Specialists provide contact, support, and/or referral for services, as requested, during and after the stay, as well as manning a Warm Line. Hospital Diversion settings are fully furnished for comfort. Participation in the service is voluntary.
<b>Service Expectations</b>	<ul style="list-style-type: none"><li>• Completion of screening prior to admission</li><li>• Individuals may be self-referred or referred by a professional or family member with input from the individual</li><li>• Interview and registration information completed to gain understanding of how to best support the individual and tailor the crisis/discharge plan</li><li>• Review and/or implementation or provision of a crisis/relapse prevention plan</li><li>• Individuals share common living areas and have private space</li><li>• Individuals are responsible for their own meals but may store and prepare food in a shared kitchen</li><li>• Individuals are responsible for their own medications and are provided an individual lock box for medication storage</li><li>• Individuals are responsible for transportation to and from the program</li><li>• Equipped with self-help and proactive tools to maintain wellness</li><li>• Education available on behavioral health disorders, treatments, community resources, and other topics related to mental health and co-occurring disorders. Education on an array of pre-crisis and crisis/relapse prevention tools</li><li>• Reminder calls available for appointments scheduled during Hospital Diversion</li></ul>

Service Name	HOSPITAL DIVERSION
	<ul style="list-style-type: none"> <li>• Program documentation of peer-to-peer engagement, activities, supports; presence/or absence of other services; crisis/relapse prevention plan review (stressors, resolution, etc); contact with current services if requested</li> <li>• Support may include a referral for visits with Certified Peer Support Specialist to provide post discharge support</li> <li>• Warm Line available</li> <li>• All services must be culturally sensitive</li> </ul>

<b>Length of Services</b>	Until the individual no longer needs to be diverted from a higher level of care, the initial urgent issue has substantially resolved and individual is connected to follow on care as needed and desired.
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• 1 FTE Program Manager on site and available by phone 24/7</li> <li>• Staffed by trained Certified Peer Support Specialists</li> <li>• Staffed at all times when individuals are present and to cover established Warm Line hours</li> <li>• Staff may consist of additional part-time or volunteers as needed</li> <li>• Staff and/or volunteers consist of individuals with specialized training in techniques of peer and recovery support. All staff must be trained to assist individuals in developing person centered, recovery focused crisis/relapse prevention plans</li> <li>• All staff and volunteers must be oriented to program management and safety procedures</li> </ul>
<b>Staffing Ratio</b>	1:5 Staff to guest ratio for home settings, based on a four bedroom house. Staffing ratio may be less based on capacity.
<b>Hours of Operation</b>	<ul style="list-style-type: none"> <li>• 24/7 access to service.</li> <li>• Warm Line hours and coverage – minimum evening and weekend hours.</li> </ul>
<b>Individual Desired Outcome</b>	<ul style="list-style-type: none"> <li>• Access to least restrictive level of care that can safely address urgent needs.</li> <li>• Individual has taken control of the crisis or potential crisis – crisis abated and consistent with personal crisis/relapse prevention plan.</li> <li>• Individual has reviewed and/or revised a personal crisis/relapse prevention plan and substantially met their individualized goals and objectives.</li> <li>• Individual returns to previous living arrangement and is able to maintain independent living.</li> <li>• Individual has well established formal and informal community supports.</li> </ul>