**PROGRAM PHILOSOPHY**

The primary purpose of the Crisis Response Program is to assist the consumer in resolving the behavioral health crisis in the least restrictive environment.  The program is designed for consumers who based on current information require further evaluation to determine service needs.  These individuals exhibit active symptomology, consistent with current DSM diagnoses.  They exhibit potential for risk of harm to self or others if support is not provided and are at risk of being placed in Emergency Protective Custody and/or hospitalized if support is not provided.

The goal of the program is to avoid an Emergency Protective Custody hold or inpatient psychiatric hospitalization through the use of natural supports and local resources to build upon the consumer’s strengths to help resolve the immediate behavioral health crisis.  The service provided will provide crisis intervention, crisis stabilization, referral linkages and consultation with the hospital emergency room personnel, if necessary.

Referrals to this program could be made from the Community, Law Enforcement, Medical Personnel, Health and Human Services, Court System, Probation, Clergy, Family Members, Adult Protective Services, and Self-Referrals.

The Crisis Response Program will be organized in the following manner.  A Crisis Responder will answer all crisis calls at which time they will screen the call and complete the required documentation.   If determined that the call requires the assistance of a Licensed Mental Health Practitioner, the Crisis Responder will contact the on-call Licensed Mental Health Practitioner. Within one hour of receiving the call the Crisis Responder and the Licensed Mental Health Practitioner will conduct a face-to-face meeting with the consumer in the client’s home (if law enforcement are present) or appropriate community based setting, where an assessment of risk of dangerousness to self and/or others will be conducted, a brief mental health status exam, substance abuse screening and the appropriate level of care for the consumer will be determined.\*  If hospitalization or EPC (Emergency Protective Custody) is determined to be necessary, the Licensed Mental Health Practitioner will consult with appropriate hospital personnel.  An individualized crisis plan will be completed with the consumer and the consumer’s support system unless extenuating circumstances exist.  The Licensed Mental Health Practitioner will refer the consumer to the appropriate agencies which may include, but is not limited, to Psychiatry, Therapy, Psychological Evaluation, Substance Abuse Treatment, Community Support, as well as other resources in the community.

Information will be gathered for the Crisis Response Program through the use of technology designed specifically to gather data on calls to the crisis line, the consumers eligible for the crisis program, the referrals made to various agencies in the community, the Emergency Protective Custody Holds, inpatient psychiatric hospitalizations, and wrap around service contact.

The consumer will be discharged from services once the crisis is diverted; the consumer is stabilized; the consumer voluntarily admits themselves to a hospital/community services, or an emergency protective custody is implemented.

\*The geographic area we serve is unique (Frontier & Rural) which means at times one hour to respond due to travel time is insufficient.  Therefore, in order to assure the safety of the consumer Law Enforcement will be contacted, if they are not already involved, when the Crisis Responder has screened the call and has requested a face-to-face evaluation by the Licensed Mental Health Practitioner.

**Heartland Counseling Services, Inc.**

**Crisis Response Program**

**Admission Criteria**

* Any Age;
* Based on current information, requires further evaluation to determine service needs;
* Exhibits active symptomology consistent with current DSM Axes I-V diagnosis;
* Exhibits potential risk of harm to self or others if service and support is not provided;
* At risk of being placed in Emergency Protective Custody if support is not provided.

**Exclusionary Criteria**

* The primary problem is social, economic (lack of housing or financial resources), or one of physical health without a concurrent psychiatric episode meeting guidelines for this level of care;
* Symptoms result from a medical condition that warrants a medical/surgical setting, including requirement of isolation for infectious disease.

**Continued Stay Criteria**

* Consumer continues to be at risk of being placed in Emergency Protective Custody if support is not provided;
* Client is not appropriate for a lower level of care.