Crisis Services

Service Name	HOSPITAL DIVERSION
Funding Source	Behavioral Health Services
Setting	Family/home setting located in a residential district.
Facility License	Not required.
Basic Definition	Hospital Diversion is a peer-operated service designed to assist consumers in decreasing psychiatric distress, which may lead to hospitalization. It is designed to help consumers rethink crisis as an opportunity to change toward a more self-determined independent life. Meaningful involvement can ensure that consumers lead a self-determined life in the community, rather than remaining dependent on the behavioral health system for a lifetime. Hospital Diversion offers consumers the opportunity to take control of their crisis or potential crisis and develop new skills through a variety of traditional self-help and proactive tools designed to maintain wellness. Trained Peer Companions are the key ingredients in helping other consumers utilize self-help tools. Peer Companions provide contact, support, and/or referral for services, as requested, during and after the stay as well as manning a Warm Line. Hospital Diversion is located in a family/home setting in a residential district that offers at least 4-5 guest bedrooms and is fully furnished for comfort. Participation in the service is voluntary.
Service Expectations	• Completion of screening prior to admission. • Guests may be self-referred or referred by a professional or family member based on the consumer's decision. • Interview and registration information completed within 24 hours of admission. • Support of a review and/or implementation or provision of a crisis/relapse prevention plan. • Guests share common living areas and have individual sleeping rooms. • Guests are responsible for their own meals but may store and prepare food in a shared kitchen. • Guests are responsible for their own medications and are provided an individual lock box for medication storage. • Guests are responsible for transportation to the residence. • House environment equipped with self-help and proactive tools to maintain wellness. • Staff documentation requirements include 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. • Completion of a satisfaction survey at discharge. • Education on an array of pre-crisis and crisis/relapse prevention tools. • Warm Line available.
Length of Services	4-5 days (maximum of 7 days).
Staffing	• 1 FTE Program Manager on site and available by phone 24/7. • Staffing of 1:5 (or less based on capacity of house) by trained Peer Companions which may include the Program Manager.

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	• The house must be staffed at all times when guests are present and to cover established Warm Line hours. • Staff may consist of additional part-time or volunteers as needed. • Staff and/or volunteers consist of consumers with specialized training in techniques of peer and recovery support. All staff must be trained to assist consumers in developing individualized crisis/relapse prevention plans. • All staff and volunteers must be oriented to program and house management and safety procedures.
Staffing Ratio	1:5 Staff to guest ratio based on a four bedroom house. Staffing ratio may be less based on capacity of house.
Hours of Operation	• 24/7 access to service. • Warm Line hours and coverage – minimum evening and weekend hours.
Consumer Desired Outcome	• Consumer has taken control of their crisis or potential crisis – crisis abated and consistent with personal crisis/relapse prevention plan. • Consumer has reviewed and/or revised a personal crisis/relapse prevention plan and substantially met their individualized goals and objectives. • Consumer returns to previous living arrangement. • Consumer demonstrates ability to maintain independent living. • Consumer has well established formal and informal community supports.
Rate	Non Fee For Service