

**Northwest Connections**  
**Basic Tiers/Levels of Mental Health Intervention**

**51.001 Legislative policy. (1)** It is the policy of the state to assure the provision of a full range of treatment and rehabilitation services in the state for all mental disorders and developmental disabilities and for mental illness, alcoholism and other drug abuse. There shall be a unified system of prevention of such conditions and provision of services which will assure all people in need of care access to the least restrictive treatment alternative appropriate to their needs, and movement through all treatment components to assure continuity of care, within the limits of available state and federal funds and of county funds required to be appropriated to match state funds.

Basic tiers/ levels of mental health intervention (least to most restrictive) that must be explored prior to implementing a 51.15 Emergency Detention (involuntary inpatient psychiatric hospitalization):

1. Home individually.
2. Home individually with crisis stabilization, which may include telephone check in(s) with selected support person.
3. Support/ supervision by/ with family/ friends at home or alternative residence.
4. Voluntary admission to a crisis stabilization bed (i.e. county group home, stabilization facility, respite provider etc).
- 5.

Voluntary Detox admission- <i>In counties this is an option</i>	Voluntary hospital admission to inpatient behavioral health unit: If hospitalization is necessary for consumer and consumer’s safety he/ she can do so voluntarily. This determination should include reliability, transportation, recent admissions to the hospital and hospital willingness to admit the consumer.
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51.45 Incapacitated by Alcohol hold (involuntary detox): Incapacitation hold should only be used if the person, as a result of the use of or withdrawal from alcohol, is unconscious or has his/ her judgment otherwise so impaired that he or she is incapable of making a rational decision. If 51.45 criteria are met and all lesser restrictive options have been examined then a 51.45 should be completed.	51.15 Emergency Detention (involuntary hospital admission to inpatient behavioral health unit): Emergency detention should only be utilized if hospitalization is necessary there is a reasonable belief” that the subject is “unable or unwilling to cooperate with voluntary treatment.” (i.e. elopement risk prior to admit on the inpatient floor, incapable of making this decision to go on a voluntary basis etc) to admit voluntarily. If emergency detention criteria are met and all lesser restrictive options have been examined then an emergency detention should be completed.
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