**Section 380.300 Triage Centers**

a) Triage centers shall provide an immediate assessment of consumers who present in psychiatric distress, as an alternative to emergency room treatment or hospitalization, and shall connect the consumer with community-based services and treatment when considered necessary. Triage center staff shall determine the continued treatment needs of the consumer and refer him or her to the appropriate treatment services, if needed. A stay at a triage center shall not exceed 23 hours.

b) Consumers accepted at a triage center shall:

1) Have acute symptoms of psychiatric crisis, requiring a structured assessment within a safe, therapeutic environment; and

2) Be expected to benefit from the treatment provided in a triage center.

c) Consumers may self-refer to a triage center. *Consumers may access a triage center from a number of referral sources, including family, emergency rooms, hospitals, community behavioral health providers, federally qualified health providers, or schools, including colleges or universities.* (Section 1-102 of the Act)

d) Triage centers shall not accept for admission:

1) Consumers who are directly referred by police;

2) Anyone younger than 18 years of age;

3) Anyone who is severely intoxicated, or who is at risk of severe withdrawal symptoms from alcohol or other substances as indicated by a DHS-DMH screening instrument;

4) Anyone who has one of the medical conditions in Section 380.120(n), requiring active intervention or treatment and a higher level of medical care beyond the capabilities of the triage center;

5) Anyone who presents an imminent risk of harm to himself or herself or to others meeting the criteria of involuntary commitment in Section 1-119 of the Mental Health and Developmental Disabilities Code;

6) Anyone who is unable to care for himself or herself meeting the criteria of involuntary commitment in Section 1-119 of the Mental Health and Developmental Disabilities Code;

7) Consumers who are non-ambulatory; or

8) Anyone who falls under any other restrictions in the Act and this Part, including exclusions from the definition of "consumer" in Section 380.100.

e) A triage center shall call 911 for consumers who need immediate medical attention and assess the need for basic life support, and administer the basic life support as clinically indicated.

f) Service Requirements

A consumer who presents at a triage center shall be immediately assessed by an LPHA, or shall be assessed as quickly as is practicable if the triage center is experiencing high consumer traffic. Additional service requirements include:

1) Initial service planning;

2) Case management to provide linkage regarding a consumer's next level of services;

3) Brief therapy interventions, as needed;

4) Assistance with ADLs, as needed;

5) Safety monitoring;

6) Medication services;

7) Determining whether a consumer may require additional services due to a dual diagnosis;

8) The provision of basic medical assessments, including, but not limited to, vital signs and blood sugar levels; and

9) Engagement of family and natural supports, as practical.

g) Staffing Requirements

The triage center shall maintain the following staffing levels on site in the triage center at all times.

1) At least one LPHA shall be on site at all times to provide clinical supervision and assessment services.

2) A psychiatrist, or a psychiatric advanced practice nurse (APN), shall be immediately available by phone 24 hours per day, and shall be able to respond on site within 90 minutes after being contacted by phone, when facility staff considers this necessary.

3) At least one registered nurse shall be on site at all times to provide health care services.

4) At least one CRSS shall be on site daily to provide recovery support services. Whenever possible, each consumer shall have at least one individual face-to-face discussion with a CRSS prior to discharge from the triage center.

5) At least one MHP per every eight or fewer consumers shall be on site and available to provide mental health services to individuals 24 hours per day.

6) Safety personnel shall be available 24 hours per day, and shall be able to respond within five minutes after being contacted by phone.

h) To ensure rapid and priority access for referrals, a triage center shall maintain collaborative agreements with psychiatric centers, detox centers, longer-term residential substance abuse treatment centers, homeless shelters, hospitals, ambulance departments, and outpatient mental health centers.

i) Discharge Planning

1) Discharge planning shall be conducted in conjunction with a community-based behavioral health provider, a community mental health center, or other service provider selected by the consumer.

2) In conjunction with the consumer and any individual acting on behalf of the consumer at the consumer's request, a minimum of a QMHP shall develop, or supervise the development of, the discharge plan.

3) Depending on the final assessment of the consumer, he or she may be discharged to home or another living arrangement or, subject to authorization, a community-based behavioral health provider residential program, a crisis stabilization unit, a recovery and rehabilitation supports unit, a transitional living unit, or other appropriate clinical treatment site.

j) *A triage center may be located in a building separate from the licensed location of a facility, but shall not be more than 1,000 feet from the licensed location of the facility and must meet all of the facility standards applicable to the licensed location. If the triage center does operate in a separate building, safety personnel shall be provided, on site, 24 hours per day and the triage center shall meet all other staffing requirements without counting any staff employed in the main facility building.* (Section 1-102 of the Act)