## BAY-ARENAC BEHAVIORAL HEALTH

## INTENSIVE CRISIS STABILIZATION SERVICES / CHILDRENS MOBILE RESPONSE TEAM (CMRT)

**Program Description:** Intensive crisis stabilization services/Children's Mobile Response Team (MRT) is intended to assist individuals/families in crisis in order to prevent psychiatric hospitalization or shorten the length of an inpatient stay when clinically appropriate. The MRT helps stabilize individuals experiencing acute crisis through resolution of the crisis in the home or community and provides supportive counseling and follow-up services. The MRT program will provide services to children or youth ages 0 to 21 with SED and/or I/DD, including autism or co-occurring SED and SUD, and their parents/caregivers who are currently residing in the catchment area of the approved program, are insured via Medicaid or do not have insurance (indigent), and are in need of intensive crisis stabilization services in the home or community.

**I. Program Criteria:** A *crisis situation* means a situation, in which an individual is experiencing significant symptoms and/or impairments associated with a serious emotional disturbance, and/or an intellectual/developmental disability, including autism or co-occurring SED and SUD, and

**All** of the following are necessary for admission to the ICSS program:

1. The youth must be in a behavioral health crisis that was unable to be resolved to the caller's satisfaction by phone triage. For youth involved in specialty mental health services (i.e. Homebased services, Case Management, Wrap-around, etc.), efforts by the primary case holder (clinician) to triage and stabilize the crisis have been insufficient to stabilize the crisis and BABH ES/ICSS has been contacted.

2. Immediate intervention is needed to attempt to stabilize the youth's condition safely in situations that do not require an immediate public safety response.

3. The youth demonstrates impairment in mood, thought, and/or behavior that substantially interferes with functioning at school, home, and/or in the community.

**In addition** to the above, at least **one** of the following must be present.

1. The youth demonstrates suicidal/assaultive/destructive ideas, threats, plans, or actions that represent a risk to self or others.

2. The youth is experiencing escalating behavior(s) and, without immediate intervention, he/she is likely to require a higher intensity of services.

**In addition** to the above, at least **one** of the following must be present.

1. The youth is in need of clinical intervention in order to resolve the crisis and/or to remain stable in the community.

2. The demands of the situation exceed the parent's/guardian's/caregiver's strengths and capacity to maintain the youth in his/her present living environment and external supports are required.

**II. Service Components:** The MRT will provide an immediate, short-term, face-to-face therapeutic response to a children/family experiencing a behavioral health crisis. The MRT will identify, assess, intervene, and stabilizes the situation to reduce immediate risk of danger to the youth or others, consistent with the youth's crisis/safety plan, if one exists. MRT assists the family in developing a crisis/safety plan, and/or revise their current crisis plan. Details of services components are as follows:

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| ASSESSMENTS (RENDERED BY THE ICSS TEAM) | A crisis assessment will be completed by the MRT that includes, but is not limited to the youth's presenting concerns, developmental history, psychiatric history, substance use history, medical history, medications, risk assessment, mental status exam, DSM-V diagnosis, environmental concerns and needs, and clinical formulation. If the child meets eligibility for specialty mental health services, but is not currently enrolled in services, MRT will make an urgent referral for services and a comprehensive mental health assessment will be completed by the specialty mental health provider with 7 days of the initial MRT contact. |
| DE-ESCALATION OF THE CRISIS | De-escalation of situation will be the primary focus of the MRT. De-escalation strategies will be discussed with the family, and the family will receive technical training, prior to implementing the Crisis/Safety plan. |
| FAMILY-DRIVEN AND YOUTH GUIDED PLANNING | The MRT model will adhere to BABH policies and procedures related to family/youth centered planning. Based on the desires of the child/family, MRT may engage existing service providers and/or other natural supports, as identified by the youth and family, to share in the development/update of Crisis/Safety plan. The plan will be reflective of action and interventions the family believes may be beneficial. |
| CRISIS AND SAFETY PLAN DEVELOPMENT | Current consumers- the Crisis/Safety plan will be reviewed by the MRT via the EHR prior to providing de-escalation of crisis whenever possible/as appropriate. The Crisis/Safety plan will be reviewed/revised with the child/family prior to leaving the home and sent to the primary case holder via the EHR within 24 hours. New consumers- A Crisis/Safety plan will be created with the child/family prior to leaving the home. The plan will be uploaded to the EHR and will be included in the referral packet for the community based specialty MH service provider. |
| INTENSIVE INDIVIDUAL COUNSELING/PSYCHOTHERAPY | Intensive therapy services will be provided by the master prepared clinician. Therapy services will include solution focused crisis counseling; Identification and inclusion of professional and natural supports (e.g., therapist, neighbors, relatives) who can assist in stabilizing the situation and offer ongoing support. Clinical interventions that address behavior and safety concerns, will be delivered onsite. |
| FAMILY THERAPY | As deemed appropriate and based on the needs/desire of the child/family, family therapy services will be provided by the master prepared clinician and will focus on improving the beneficiary/family function. |
| SKILL BUILDING | As deemed appropriate and based on the needs/desire of the child/family, skill building services will be provided by the bachelor prepared clinician and are intended to assist the child/family to engage in meaningful activities such as school. The services provide knowledge and specialized skill development and/or support. |
| PSYCHOEDUCATION | Psychoeducation will be provided by the master prepared clinician during the MRT intervention process. Psychoeducation is intended to provide assistance with identifying coping strategies for successfully caring for or living with a person with disabilities. |
| REFERRALS AND CONNECTIONS TO ADDITIONAL COMMUNITY RESOURCES | MRT will facilitates referrals for, and provides information on both Medicaid and non-Medicaid services. Families will be provided a BABH Provider Network guide, as well as other resources information depending on the identified needs of the family. Current consumers will be referred to their primary clinician (OPT, CSM, SC, etc.) for a follow-up appointment within 3 business days of receiving ICSS services. New consumers who also meet criteria for specialty mental health services will be referred for comprehensive mental assessment within 7 business day of receiving CMRT services. MRT services will continue during the referral process if warranted and desired by the child/family. |
| COLLABORATION WITH OTHER CHILD OR YOUTH SERVING SYSTEMS | Collaboration with all involved systems of care is essential in assisting the family with resolving the crisis. As desired by the family, ICSS will coordinate care with other behavioral health providers, the school, primary care, probation, DHS, etc. |
| PSYCHIATRIC CONSULT, AS NEEDED | Psychiatric consultation is available via BABH Medical Director, who is also a Child Psychiatrist. Involvement with MRT services may result in an expedited psychiatric medication review and/or psychiatric evaluation. |

**III. Referral Process:** The MRT program will be integrated into the BABH Emergency Services department infrastructure. Telephonic requests for MRT will be triaged by the BABH Emergency Services (ES) team. All calls are answered by a live staff person and whenever possible the call will be linked directly to the CMRT for triage. Triage staff gather sufficient detail from the caller regarding the present status of the youth and the imminence of any perceived risk of serious harm to self or others. If a caller describes a serious injury or other medical emergency, or there is reason to believe the youth or those around him/her are at imminent risk of harm, it is appropriate to call 911 and to coordinate with emergency responders to ensure safety. Once MRT is approved, an MRT member will coordinate in-home service needs with the family (i.e. pets are secured), triage any additional safety concerns (i.e. issues of SUD intoxication of child or family member), and provide the family with an estimated time of arrival if services are approved. Once the referral is deemed appropriate for MRT the team will travel to where the emergency is taking place and will intervenes within one to two hours of contact depending on the location of home (Bay County or Arenac County).

**IV. Consumers Not Appropriate for Admission** – Any Are Sufficient

A. Individual experiencing psychosis and/or who are a significant danger to self or others where the potential for suicide or physical aggression is likely.
B. Individual with medical issues requiring immediate evaluation and stabilization.
C. Individual actively under the influence of alcohol (blood alcohol level of .08 or higher) or drugs that require medical evaluation.
D. Individual whose primary diagnosis is substance use disorder absent other qualifying criteria.
E. Individual in need of emergency housing absent other qualifying criteria.

**V. Length of Services:** Length of services with the MRT program will be based on the severity of crisis, intensity of service, and the case status (open/active to specialty mental health services or not open/active with services).

*Open/Active* consumers of mental health services: Typical duration of MRT services will be three to five days. The MRT will communicate with all services providers within 24 hours of MRT services.

*New/not open* to mental health services: Typical duration of services will be one to three weeks. The MRT will make appropriate referrals within 24 hours of providing crisis services. The individual/family will remain open to MRT until alternative community based services have been implemented.

**VI. Coordination of Care:** Collaboration with all involved systems of care is essential in assisting the family with resolving the crisis. The MRT will communication with current providers and make appropriate referrals within 24 hours of providing services.

*Open/Active* consumers of mental health services: When notified by MRT that crisis services have been provided, the current specialty mental health service provider will schedule an urgent appointment with the family within three (3) business days. The MRT will include the current psychiatric treatment provider on all communications and if warranted an urgent medication review will be scheduled within fourteen days or soon. The BABH Medical Director will be available for consultation as needed.

*New/not open* to mental health services: The MRT will make referrals to appropriate mental health services via the BABH Phoenix system. Referrals will be deemed urgent and the provider will schedule the initial appointment within three (3) business days. Psychiatric services will be included during the referral

process. The MRT will consult with the BABH Medical Director to determine if an expedited psychiatric evaluation is warranted, and if so, the appointment will be scheduled within one week.

**VII. Discharge Criteria** – Must Meet All or Last

A. Individual displays minimal symptoms associated with presenting crisis and no signs/symptoms of suicidal or homicidal ideation are in evidence.
B. Individual is able to maintain in previous living situation without supervision or be transitioned to a less restrictive level of care.
C. Individual completes own activities of daily living as appropriate for their development and age.
D. Individual takes medications as prescribed.
E. The treatment team, individual and guardian (if appropriate) have agreed upon a follow-up care plan at a less intensive level of care
--**or--**
F. Individual is placed in a more intensive level of care (i.e. inpatient services or crisis residential services) due to reassessment of condition.

**VIII. Safety Procedures**

A. The MRT members will exercise their own clinical judgment in determining if it is safe to conduct the preadmission screening and assessment in the consumer's home. Alternative sites for completion of the initial assessment, i.e., Behavioral Health Center or Emergency Department, can be utilized to ensure worker safety. The worker may also enlist police assistance in clearing the scene and/or request that another team member accompany them to the consumer's home.

B. The MRT will carry cell phones into the field to ensure quick access to supervision or 911 when needed.

C. MRT members will be trained in confrontation avoidance, safety, and awareness prevention techniques to keep themselves safe in the field and enable them to identify potentially dangerous situations or escalating behavior. MRT members will also be trained in CPR and First Aid in the event that an individual being seen in the community should experience a health-related emergency.

D. Safe calls will be set up as necessary to ensure the safety of the MRT members responding to an in-home crisis. Safe calls will be scheduled for between 30-60 minutes of staff's arrival on the scene. If a safe call is not received within this time frame and efforts to reach staff by phone prove unsuccessful, 911 will be contacted immediately to request a well-being check from law enforcement.

E. If a dangerous situation develops at any time during the response, MRT members will exit immediately and call 911.

F. Supervision will be available 24 hours a day and can be accessed through the Emergency Services Department.

G. Outreach services will not be provided during periods of severe inclement weather as per BABH practices.

**IX. Program Services** detail (in addition to **II. Service Components**):

A. Preadmission Screening and Assessment: The Emergency Services Department will coordinate admission and delivery of all service components. An Emergency Services and/or MRT members and/or primary case responsible worker will complete a preadmission screening for all individuals seeking intensive crisis stabilization services based upon severity of illness and intensity of service criteria. The preadmission screening can be completed on-site at the Behavioral Health Center, the hospital, or in the individual's home based on consumer preference and presentation. An appropriate tool will be utilized to assess risk of suicide and/or assault, i.e., suicide lethality scale, Emergency Services assault risk protocols. (Assault risk will be further assessed through a review of each consumer's legal history, substance abuse history, known history of assault, as well as their current mental and emotional status.)

B. Crisis Plan Development: Following resolution of the immediate crisis and prior to ending the MRT contact, the MRT member will develop a crisis plan with the individual/family. If/when there is a current/active crisis plan in the consumer's record (Phoenix), the MRT will update the plan with the individual/family. All crisis plans will be based upon the identified needs of the individual/family. The crisis plan must include clearly stated goals with measurable objectives derived from the crisis assessment and stated in terms of specific observable outcomes. The crisis plan will include recommendations for all services and activities required to resolve the crisis and achieve the goals and objectives as well as any follow-up services, i.e., medication review, case management, substance use disorder services, etc., that will be necessary following discharge. Copies of the intensive crisis plan will be provided to the individual/family and maintained in the consumer record.

C. Psychiatric Evaluation: The consumer will be referred to a psychiatrist for evaluation or medication review (when medically necessary). Psychiatric time will be scheduled as needed at a BABH or contract provider site within two weeks of the referral. As needed, the MRT will consult with the BABH Medical Director to determine if an expedited referral is warranted. Authorization for an initial psychiatric evaluation for new or inactive consumers must be authorized during the referral process. The psychiatrist, in completing their evaluation, will assign an appropriate DSM-V diagnosis and will prescribe any needed psychotropic medications. If the consumer is open to a psychiatric provider, every effort will be made to have that individual seen by their own physician for an emergency medication review. Psychiatric consultation will be available at all times. A copy of the psychiatric evaluation or medication review will be maintained in the consumer record.

D. Telephonic Monitoring by Emergency Services Specialists: The individual/family can be placed on telephonic monitoring as deemed necessary/appropriate during the crisis plan development. Emergency Services staff will provide telephonic monitoring until the treatment team determines that such monitoring is no longer necessary. Emergency Services staff will document any and all calls in the crisis contact note will route a copy to the MRT and primary responsible worker or program.

E. Transportation to Community Supports: The MRT will be available to provide transportation and/or coordinate transportation (i.e. taxi voucher, bus pass, natural supports) on a limited basis to ensure that the consumer's mental health, physical health, and other essential needs are met.