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Section: 15	Emergency Services
Topic: 30	Intensive Crisis Stabilization

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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) that procedures be established for referral and service authorizations for Intensive Crisis Stabilization.

Purpose

This policy and procedure were established to document the process in place to link a person in need of Intensive Crisis Stabilization with the service.

Education Applies to

☐ All BABHA Staff
☒ Selected BABHA Staff, as follows: <u>All Clinical, Agency Nurses - Clinical, and Clinical Provider Supervisors</u>
☒ All Contracted Providers: ☒ Policy Only ☐ Policy and Procedure
☐ Selected Contracted Providers, as follows:
    ☐ Policy Only ☐ Policy and Procedure
☐ Other:

Definitions

<u>Intensive Crisis Stabilization Services/Mobile Response Team (MRT):</u> Intensive crisis stabilization services are structured treatment and support activities provided by a mental health crisis team for individuals who have been assessed to meet criteria for psychiatric hospital admissions but who, with intense interventions, can be stabilized and served in their usual community environments. These services may also be provided to individuals leaving inpatient psychiatric hospitalization if such services will result in a shortened inpatient stay. These services are provided by the Mobile Response Team which is part of the BABH Emergency and Access Services Department.

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Procedure

Staff making referrals for Mobile Response Team must follow the protocol outlined in the program service plan. That document outlines the Program Description, Program Criteria, Service Components, Referral Process, MRT Staffing, Law Enforcement Collaboration, Consumers Not Appropriate for Admission, Coordination of Care, Safety Procedures, and Program Services.

- This program is for all persons in Bay or Arenac counties experiencing a crisis, regardless of age or insurance. For adults, the ICS plan (Crisis Support Plan) is developed within 48 hours and if open to services with BABH, the case manager must be involved in the treatment and follow up. For minor youth, the existing IPOS and crisis/safety plan must be updated if open to BABH services. If not open, a family-driven and youth-guided follow up plan (ICS Crisis Support Plan) must be developed. The Crisis Support Plan is uploaded to the individual's chart in Phoenix. MRT documentation will also consist of a Mobile Crisis Screening in Phoenix.

- Individuals enter the ICS/MRT program by contacting the Emergency and Access Services (EAS) Department and having a screening completed.

- The EAS Specialist or MRT clinician will assess the severity of illness and intensity of service required. The Crisis Triage Rating Form will be completed to determine level of risk and urgency of response. Face to face contacts will occur within one hour or less in urban counties and in two hours or less in rural counties from the time of the request for ICS. The Columbia Suicide Severity Rating Scale (C-SSRS) should be used as applicable for individuals with suicidal ideation or history.

- Services in the ICS/MRT program may include assessment, intensive individual counseling/psychotherapy, family therapy, skill building, psychoeducation, and psychiatric consult as needed by telephone.

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- When the crisis-focused assessment (the ICS) identifies a potential risk for suicide, violence, or other risky behaviors, a safety plan is developed. The Crisis Plan in Phoenix can be utilized for this.

- The Mobile Response Team consists of at least two individuals who travel to the individual in crisis. The team is defined by MDHHS, current Medicaid Provider Manual, and/or the Michigan Mental Health Code.

- The EAS Specialist or MRT clinician will explain the services to the individual and/or family making the referral. There will need to be a high probability that the customer will accept the service prior to the EAS Specialist making the referral. This is a voluntary program. The team must have parent or guardian permission to deploy for a minor.

- The Intensive Crisis Stabilization/ Mobile Response Team will complete a Crisis Support Plan (assessment with goals) with the individual and/or parent/guardian/caregiver. If it is appropriate to treat the individual in the current environment, the Intensive Crisis Stabilization/ Mobile Response Team will meet the individual and/or family together.

- If the person's condition has changed significantly and no longer meets the criteria for Intensive Crisis Stabilization / Mobile Response Team but requires a higher intensive service, the EAS worker or MRT can reassess for a higher acuity level of service and complete a new Pre-admission Screening authorizing the service. If a lower level of care is needed, the Intensive Crisis Stabilization / Mobile Response team will refer back to the person's treatment team. For a person just entering services at BABH, the Intensive Crisis Stabilization / Mobile Response Team will complete an Access Screen and refer the person to the next level of care.

- If the individual is unable to be contacted by the Intensive Crisis Stabilization / Mobile Response Team after initial screening by an EAS Specialist, three attempts by phone will be made before closing them to the program.

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- If the individual has an open case with BABHA, or a contract provider of BABHA, the Intensive Crisis Stabilization / Mobile Response Team will forward a copy of all Crisis Contacts to the appropriate case responsible worker within 24 hours of the service. The assigned case holder will follow up with the individual the next business day after the intervention.

- If the individual does not have an open case with BABHA or a contract provider, the Intensive Crisis Stabilization / Mobile Response Team will determine eligibility for services utilizing the access screening process. New referrals to BABH or it's provider network will be made as urgent referrals unless emergent or routine are more appropriate clinically. Appropriate referrals will be made to mental health and treatment resources the individual and/or parent/guardian/caregiver may require. Next steps for obtaining needed services, timelines for those activities, and responsible parties will be identified as part of the access screening process. The Intensive Crisis Stabilization / Mobile Response Team will contact the individual and/or parent/guardian/caregiver within seven business days to determine the status of the needs/goals determined in the access screening process.

- Through training, personnel will demonstrate competencies in: service level determination, mandatory reporting requirements, coordination of care, crisis intervention techniques, safety assessment, safety planning, and counseling on access to lethal means. MRT will receive training at orientation and regular intervals in: first aid, cardiopulmonary resuscitation (CPR), the use of emergency equipment if present, and assessing the risk in the location of the person served (CPR and CPI training).

- Safety considerations for the MRT will include: collecting information from dispatch or law enforcement on known environmental factors, always working as a team and not responding alone, on-site assessment of environmental risk (may be performed by law enforcement), program monitoring by leadership of the crisis responses used by the team, leadership reviewing actions taken in response to an escalating situation, transportation of person served (utilize ambulance or law enforcement when any question of safety is there), reporting on the status of the MRT at the conclusion of the encounter (MRT typically reports via email to the EAS team when they have returned safely). Law enforcement will be requested to present on scene when indicated by safety issues. Law enforcement will be accessed via calling 911, dispatch, or officers directly.

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Attachments

Mobile Response Team / Intensive Crisis Stabilization Services Program Service Plan
Crisis Support Plan (assessment and goals)

Related Forms

PCE: Phoenix Preadmission Screen (Phoenix EHR)
Risk Assessment Tool (Triage Crisis Rating Form)-G:\BABH\Emergser\ICS CMR\NEW Case Paperwork
Referral for Mobile Response- (MRT Referral Form)-G:\BABH\Emergser\ICS CMR\MRT Documents
Crisis Plan (Phoenix EHR)

Related Materials

N/A

References/Legal Authority

Michigan Department of Health and Human Services (MDHHS) Guidelines for Intensive Crisis Stabilization Programs
Michigan Medicaid Provider Manual

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AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
Amy Folsom	Michael Swank	3/18/09		
Amy Folsom	Michael Swank	8/24/10	Revision	
Kristy Moore	Michael Swank	9/17/13	Revision	
Stacy Krasinski	Joelin Hahn	7/19/2021	Revision	Updated to reflect current process.
Stacy Krasinski	Joelin Hahn	5/18/23	Revision	Updated to reflect current process.
S. Krasinski	J. Hahn	9/27/24	Revision	Triennial review and updates to process