


**LAPEER COUNTY COMMUNITY MENTAL HEALTH**

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<b>CHAPTER</b> Service Delivery	<b>CHAPTER</b> 02	<b>SECTION</b> 004	<b>SUBJECT</b> 195
<b>SECTION</b> Clinical and Support Services		<b>DESCRIPTION</b> Children's Mobile Intensive Crisis Stabilization	
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**APPLICATION:**

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input checked="" type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> Persons Served		

**POLICY:**

Lapeer County Community Mental Health (LCCMH) provides Children's Mobile Intensive Crisis Stabilization (C-MICS) to children in crisis situations as outlined in the Medicaid Provider Manual.

**STANDARDS:**

Children's Mobile Intensive Crisis Stabilization (C-MICS) are services to assist children in immediate crisis to work toward recovery in the least restrictive setting through the use of short-term clinical interventions. C-MICS services are provided to meet the following objectives:

- A. LCCMH as a Certified Community Behavioral Health Clinic (CCBHC) ensures no prospective individual is denied access to services because of place of residence or homelessness or lack of permanent residence.

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1. Due to the 2 hour time limit to respond for a mobile crisis, LCCMH staff will only be going out in the community/schools/homes if the individual resides in Lapeer County.
  - B. To provide an immediate evaluation and intervention for children in crisis (at risk for hospitalization).
  - C. To provide an alternative to hospitalization through intensive crisis stabilization services in an outpatient setting.
  - D. To access LCCMH direct, ongoing services.
  - E. To provide a support system for individuals with a Serious Emotional Disturbance (SED) thereby minimizing the need for admission or re-admission to the hospital.
  - F. To effectively engage, assess, deliver and plan for appropriate interventions to minimize risk, aid in stabilization of behaviors, and improve functioning.
  - G. To link the child and parent/caregiver to identified community-based supports, resources and services.
  - H. To prevent/reduce the need for care in a more restrictive setting (e.g., inpatient psychiatric hospitalization, detention, etc.) by providing community-based intervention, resource development, and utilizing the natural support system within the person's environment.

**PROCEDURES:**

- A. Children's MICS Services are provided to anyone under age 21 (individuals between 19 – 21 could be served under Early and Periodic Screening Diagnostic Treatment utilizing the MICS) with SED, Intellectual/Developmental Disability, or Substance Use Disorder diagnosis, identified as needing mobile crisis services through the PIHP Access Line 888-225-4447 or by phone or walk-in at Lapeer CMH building.
- B. C-MICS teams must be able to travel to the child or youth in crisis for face-to-face contact. The service response time is two (2) hours with a case disposition within three (3) hours.

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- C. The service is available Monday-Friday 9:00 a.m. to 1:00 a.m. and Saturday, Sunday and Holidays 12:00 p.m. – 1:00 a.m. For hours outside the coverage hours listed, the family/guardian can contact the PIHP Access Line where the Access clinician provides appropriate referral at the time.
- D. The services are provided by a team of master's level clinicians and parent support partners
- E. Psychiatry staff are available by phone consultation when needed by the team.
- F. Team members are trained in positive behavioral supports through Quality Behavioral Solutions (QBS)-Safety Care, Homebased Safety and Universal Precautions.
- G. C-MICS Services are available for children in the school, hospital (prior to admission), community and home setting.
- H. Services may include any combination of the following:
  1. Lethality Assessment
  2. De-Escalation of the Crisis
  3. Crisis Safety Plan including person-centered interventions to protect the person served and personnel
  4. Treatment Intervention
  5. Family education and information (family psychoeducation)
  6. Referral to appropriate treatment and other community resources which may include an intake appointment for a full assessment and LCCMH ongoing services
  7. Case Coordination with primary case holder if the person is already open to LCCMH Services

**Procedures for current recipients of LCCMH services**

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- A. If the individual/family is open to LCCMH Services, the C-MICS team contacts the primary case holder the next business day to provide an update of the crisis identified and assist with any transitions which may be appropriate.
- B. The primary case holder contacts the family to offer an appointment within 1 business day in order to amend the Individual Plan of Service (IPOS) and crisis plan to address the individual/ family concerns, review and assess for other services which may be needed for the child to be maintained in the least restrictive setting.
  - 1. Calls for C-MICS is received during the day by the LCCMH Triage staff who contacts the C-MICS team to assess the need for intervention.
  - 2. An amendment and updated crisis plan occurs within one (1) business day.
  - 3. C-MICS team is responsible for notifying primary therapist, case manager, or wraparound facilitator, of the contact with the C-MICS team by the next business day.
  - 4. It is the responsibility of the primary therapist, case manager, or wraparound facilitator to follow up with the child or youth and parent/caregiver, primary therapist, case manager or wraparound facilitator.

**Procedures for individuals not receiving CMH services.**

- A. If an individual/family is new to the agency, they receive a lethality assessment and a crisis safety plan.
- B. An intake appointment is offered within 7 business days to complete a Biopsychosocial (BPS) assessment and begin full range of services based on needs, assessments, family request, and criteria eligibility, once the child is stable as determined by the C-MICS team.
- C. The individual/family is assigned to a primary case holder who assists in formulating an IPOS based on need and criteria for the family to assure the child is maintained in the least restrictive setting.
- D. If the family chooses not to utilize CMH services, the team assists in providing community resources.

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**DEFINITIONS:**

Crisis: A child is experiencing a serious emotional disturbance and one of the following applies:

- The parent/caregiver has identified a crisis and reports their capacity to manage the crisis is limited at this time and they are requesting assistance.
- The child or youth can reasonably be expected within the near future to physically injure self or another individual, either intentionally or unintentionally.
- The child or youth exhibits risk behaviors and/or behavioral/emotional symptoms which are impacting their overall functioning; and/or the current functional impairment is a clearly observable change compared to previous functioning.
- The child or youth requires immediate intervention in order to be maintained in their home or present living arrangement or to avoid psychiatric hospitalization or other out of home placement.

Crisis Residential: Monitored 24-hour out of home services under psychiatric supervision with therapeutic support services and medication management, intended to provide a short-term alternative to inpatient psychiatric services for beneficiaries experiencing an acute psychiatric crisis when clinically indicated. Services may only be used to avert an inpatient psychiatric admission, or to shorten the length of an inpatient stay.

Family Psycho-Education: Substance Abuse and Mental Health Services Administration Evidence Based Model for individuals with serious mental illness and their families which includes family educational groups, skills workshops, and joining.

Inpatient Psychiatric Hospital: A 24-hour medically structured and supervised facility.

Lethality Assessment: Establishing the degree of intention and means to carry out harm to self and/or harm to others based on current behavior, recent behavior, past history and other factors as identified in the Michigan Medicaid Provider Manual for Inpatient Admission Criteria for children through age 21.

Serious Emotional Disturbance: Children birth up to age 18 who currently or at any time during the past year who have had a diagnosable mental, behavioral, or emotional

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disorder. This diagnosis results in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

**REFERENCES:**

Michigan Medicaid Provider Manual

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