


LAPEER COUNTY COMMUNITY MENTAL HEALTH

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11/14/23

CHAPTER Service Delivery	CHAPTER 02	SECTION 004	SUBJECT 15
SECTION Clinical and Support Services		DESCRIPTION Accessing Crisis Residential Beds	
WRITTEN BY Roy Ramirez, M.A. OPC Clinical Supervisor	REVISED BY Jacklyn Shillinger, BA, QI Coordinator	AUTHORIZED BY  11/20/23 Lauren Emmons, ACSW CEO	

APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input 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 type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input type="checkbox"/> Volunteers	<input type="checkbox"/> Persons Served		

POLICY:

Crisis residential beds needed by persons served is provided via a contract between Lapeer County Community Mental Health (LCCMH) and private providers.

STANDARDS:

- A. Access to crisis residential beds adds to the continuum of services available to persons served and are a safe alternative to inpatient care when appropriate.
- B. The Severity of Illness (SI) / Intensity of Service (IS) and Mental Health Code 330.1401 (401) criteria for admission to crisis residential presumes the individual generally meets the basic criteria for inpatient care.
- C. Persons admitted to a crisis residential facility are not exhibiting as severe a degree of clinical instability (not at imminent risk for harm to self / others) as those persons who require involuntary inpatient care.

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- D. There should not be serious medications or medical complications necessitating treatment in a medical facility.
- E. Determine the risk of elopement.
- F. Crisis residential services are a safe and appropriate alternative for person served who meets 401 criteria for this level of care, and voluntarily agree to be admitted to the crisis residential program as an alternative to hospitalization.

PROCEDURES:

- A. In order to complete a referral to crisis residential services, LCCMH staff must complete the following steps:
 1. Screen the person utilizing established 401 criteria.
 2. Consider all available less-intensive treatment alternatives at the local level prior to any request for potential crisis residential placement.
 3. Complete the *Region 10 Pre-Admission/Crisis Intervention Screening Form*.
 4. Address issues related to involvement with Family Court, Department of Health and Human Services, etc., at the local level prior to an authorization request.
 5. Assist in completion of some of the necessary paperwork (releases, etc.) if this can be done prior to placement.
 6. Transportation arrangements are coordinated to the crisis residential facility.
 7. After person arrives at the crisis residential facility, make the formal request in accordance with the existing policy on treatment authorization by calling the Access Center for Level II authorization.
- B. Disposition determinations are made within three hours of the receipt of necessary information. Initial authorizations are for 7 to 14 days.

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- C. A placement meeting is facilitated and a plan of service is completed by the crisis residential facility.
- D. Discharge planning begins on the day of admission.
- E. After admission, involved LCCMH staff are committed to the following:
 - 1. Participate with ongoing treatment needs throughout the crisis residential placement episode and communicate with crisis residential provider.
 - 2. Attend treatment meetings and participate in the formulation of the treatment plan for persons already open to LCCMH services.
 - 3. Develop a discharge plan, including living arrangements, transportation and outpatient services to meet the needs of the person served.
 - 4. Develop a crisis plan with the person to reduce the risk of another crisis.
- F. At the time of discharge, the person served is referred to their primary case holder for continued services or be scheduled for an intake assessment.

REFERENCES:

Region 10 PIHP Clinical Protocols
 Region 10 Utilization Management Program Policy 01.05.01
 Mental Health Code 330.1401

TV:js

 This policy supersedes
 #06/06028 dated 06/29/2006.
