

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH
ADMINISTRATIVE POLICY

Date Issued: **07/24**
Administrative Directive: **12/24**

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SECTION Client Services		SUBJECT After Hours Crisis Intervention		
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I. APPLICATION:

- SCCCMH Board
- SCCCMH Network Providers
- Direct Operated Programs
- Contractors
- Residential Programs
- Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health (SCCCMH) is to provide crisis intervention as part of a full continuum of services across the life span, including older adults, and to view crises as windows of opportunity for individuals and families to improve their coping skills, leaving them better able to handle future problems.

III. DEFINITIONS:

- A. Access System: The Region 10 PIHP program that authorizes crisis residential and hospitalization services and screens individuals for eligibility into SCCCMH services.
- B. Civil Commitment: A process where a person 18 years of age or over, who is believed to be mentally ill and a danger to themselves or others, may be hospitalized in a psychiatric hospital against their will. (Also known as “the petitioning process.”) See [Administrative Procedure #03-001-0045, Court Ordered Treatment \(Including Involuntary Hospitalization\)](#) for more information.
- C. Crisis: A temporary state of disequilibrium, caused by stress that overwhelms an individual’s learned coping mechanisms.
- D. Crisis Intervention: The active entering into the life situation of an individual, family, or group, in order to aid in the development of coping responses that are adaptive and empowering and will enable the individual/family/group to function more effectively in similar situations in the future and to promote safety. Crisis intervention involves: 1) a reduction of stress that is disturbing, 2) support for efforts of the individual/family/group to problem solve, and 3) work to build strengths within the individual/family/group to prevent or solve future problems.

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- E. Duty to Warn: All SCCCMH practitioners, meaning psychiatrists, psychologists, licensed professional counselors, limited licensed psychologists, certified social workers, social workers, or social work technicians, have a duty to warn third parties of threats made against them by individuals receiving services. Such duties are governed by [Administrative Procedure #06-001-0120, Duty to Warn](#).
- F. Mobile Crisis Unit (MCU): A department/program within SCCCMH that consists of qualified behavioral health practitioners who are available 24 hours a day, 7 days a week, to provide community-based crisis intervention to individuals open to SCCCMH or community residents. The professionals complete a written crisis assessment inclusive of, presenting concerns, suicide risk, living situation, risk of harm to self or others, use of alcohol/drugs, and medical conditions. This assessment may lead to an initial crisis intervention plan and resolution, follow up and referral. Hospital diversion, inpatient screenings, and safety planning may also be a part of the intervention. The number to Mobile Crisis Unit is (810) 966-2575.
- G. “Person Requiring Treatment”: As stated in section 330.1401(1) of Michigan Mental Health Code, “means (a), (b), or (c):
- (a) An individual who has mental illness, and who as a result of that mental illness can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure himself or herself or another individual, and who has engaged in an act or acts or made significant threats that are substantially supportive of the expectation.
 - (b) An individual who has mental illness, and who as a result of that mental illness is unable to attend to those of his or her basic physical needs such as food, clothing, or shelter that must be attended to in order for the individual to avoid serious harm in the near future, and who has demonstrated that inability by failing to attend to those basic physical needs.
 - (c) An individual who has mental illness, whose judgment is so impaired by that mental illness, and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to the individual or others.

As stated in section 320.1401(2) of Michigan Mental Health Code, unless the individual meets the criteria specified above in (a), (b), or (c), the individual is not a “person requiring treatment” if they are: An individual whose mental processes have been weakened or impaired by a dementia, an individual with a primary diagnosis of epilepsy, or an individual with alcoholism or other drug dependencies not a person requiring treatment under this chapter unless the individual also meets the criteria specified in subsection (1). An individual described in this subsection may be hospitalized under the informal or formal voluntary hospitalization provisions of this chapter if he or she is considered clinically suitable for hospitalization by the hospital director.

"Substance use disorder" (Section 330.1100d Definitions; S to W (12) Michigan Mental Health Code): means chronic disorder in which repeated use of alcohol, drugs, or both, results in significant and adverse consequences. Substance use disorder includes substance abuse.

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“Substance abuse” (Section 330.1100d Definitions; S to W (11) Michigan Mental Health Code): means the taking of alcohol or other drugs at dosages that place an individual's social, economic, psychological, and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs, or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety, or welfare, or a combination thereof.

- H. Protective Custody: Means the temporary custody of an individual by a peace officer, with or without the individual’s consent, for the purpose of protecting that individual’s health and safety, or the health and safety of the public, and for the purpose of transporting the individual to a preadmission screening unit. Protective custody is civil in nature and is not to be confused with an arrest.

IV. STANDARDS:

- A. Although crisis intervention is short term treatment, it is viewed as an excellent opportunity for promoting long lasting change that will enable the individual to experience similar situations in the future with a lower level of discomfort.
- B. Every effort should be made to support the individual’s attempts to cope in the community unless there is imminent risk of dangerousness to self or others.
- C. Any “person requiring treatment,” as defined in this administrative procedure and the Michigan Mental Health Code, should be given immediate/emergency crisis intervention services.
- D. SCCCMH ensures crisis intervention services 24 hours a day, year-round, and provides professional back up with its own staff. A live voice answers all calls made to the Mobile Crisis Unit at any hour of any day or night, including all after-hours times.
- E. The Mobile Crisis Unit will provide emergency intervention, 24 hours a day, 7 days a week, when necessary, on site and off site, after safety is established.
- F. As stated in [Administrative Procedure #03-002-0030, Release of Case Record Information](#), in a life-threatening situation when an individual’s condition or situation precludes the possibility of obtaining written consent, the Agency may release pertinent information to personnel who are crucial in helping to resolve the life-threatening situation.
- G. When necessary, services will be coordinated with law enforcement agencies, hospital emergency rooms, Primary Care Providers, and other caregiver agencies, in order to provide comprehensive mental health crisis coverage.
- H. As stated in [Administrative Procedure #06-001-0120, Duty to Warn](#), all SCCCMH provider network mental health practitioners, meaning psychiatrists, psychologists, licensed professional counselors, limited licensed psychologists, certified social workers, social workers, or social

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work technicians, have a duty to warn third parties of threats made against them by individuals receiving services.

- I. Individual, family, and group trauma response is available to staff and the community at large from the St. Clair County Trauma Response Team by contacting the Coordinator during business hours or through Region 10 PIHP Access Center at (888) 225-4447. Interventions may also be requested via County Dispatch (911) or the Emergency Management Department. See [Administrative Procedure #06-001-0125, Critical Incident Stress Management Plan](#), for more information.
- J. Special Conditions:
 1. Authorization for Emergency Services for Children and Adults who do not have active SCCCMH cases: Emergency services are available for children and adults through the Region 10 PIHP Access Center, available 24 hours a day, 7 days a week, at (888) 225-4447.
 2. Hostage Situations: SCCCMH staff (designated individual) will be contacted directly by the St. Clair County Sheriff's Department. The decision to respond to a hostage situation will require consultation with the Chief Executive Officer, or in her absence, the Chief Operating Officer or the Chief Clinical Officer.
 3. Deaf Persons: A person who is deaf and has a Michigan Relay System may communicate by phone with St. Clair County Sheriff's Department, Mobile Crisis Unit, and Region 10 PIHP Access Center.

If a face-to-face contact with a deaf person who can sign is necessary, either during or after hours, the hospital is responsible to provide a translator.

V. PROCEDURES:

A. Notification of After Hours Crisis Line

Supervisor, Intake staff and Primary Case Holder

1. Provides the Mobile Crisis Unit phone number.
2. Provides documentation in the case record, during Intake and at least annually, that the recipient of services has received the Mobile Crisis Unit phone number.

B. Responding to a Person in Crisis

Primary Case Holder/Mobile Crisis Unit

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1. Assesses the crisis thoroughly, using information from as many sources as possible.
2. May bill a Crisis Intervention (H2011), complete form [#0340 Mental Health Services Emergency Pre-Admission Screening](#), and/or CSSRs.
3. Completes form [#1047 Crisis Safety Plan](#), SAFE-T Protocol or form [#0392 Wraparound Crisis/Safety Plan](#) when warranted.
4. Completes form [#0345 Student Pre-Screen Disposition](#) when requested by the parent/guardian.
5. Determines, in consultation with supervisor (when necessary), the steps to be taken to ensure the safety of the individual and others. Considers the options of form [#0126 Crisis Alert/Diversion Recommendations for McLaren](#), crisis residential placement, partial hospitalization, voluntary hospitalization, court-ordered treatment/petitioning ([Administrative Procedure #03-001-0045, Court Ordered Treatment \(Including Involuntary Hospitalization\)](#)), among other interventions. If necessary, law enforcement may be contacted to take the individual into protective custody. The intervention should be the least restrictive alternative capable of safely meeting the individual's needs.
6. Arranges immediately, if appropriate, face-to-face contact with the individual or family when it is believed that such action is warranted for therapeutic reasons.
7. Contacts the Mobile Crisis Unit or the Region 10 PIHP Access, if appropriate, to request additional services.

Mobile Crisis Unit

8. Notifies applicable SCCCMH staff on the following business day, of their recipient(s) who received Mobile Crisis Unit services.

VI. REFERENCES:

- A. Mental Health Code 330:1100 and 330.1400
- B. CCBHC Expansion Grant
- C. CSSRs (Columbia Suicide Severity Rating Scale) in EHR
- D. SAFE-T Protocol (Linked to CSSRs) in EHR
- E. [#0340 Mental Health Services Emergency Pre-Admission Screening](#)
- F. [#0345 Student Pre-Screen Disposition](#)
- G. [#1047 Crisis Safety Plan](#)
- H. [#0126 Crisis Alert/Diversion Recommendations for McLaren](#)
- I. [#0392 Wraparound Crisis/Safety Plan](#)

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- J. [Admin Procedure #03-001-0045, Court Ordered Treatment \(Including Involuntary Hospitalization\)](#)
- K. [Administrative Procedure #03-002-0030, Release of Case Record Information](#)
- L. [Administrative Procedure #06-001-0120, Duty to Warn](#)
- M. [Administrative Procedure #06-001-0125, Critical Incident Stress Management Plan](#)

VII. EXHIBITS:

None Available

VIII. REVISION HISTORY:

Dates issued 08/84, 02/90, 04/90, 06/91, 04/92, 07/94, 11/97, 07/03, 08/05, 10/07, 10/09, 03/12, 05/13, 06/14, 05/16, 05/17, 05/18, 03/19, 7/20, 11/20, 12/22, 1/23.