St. Clair County Community Mental Health
Providing Opportunities for Health, Wellness, & Connection

Administrative Policy

Policy Title: **Emergency Services, Intensive Crisis Stabilization (ICSS), and Post-Stabilization Care**

Policy #: **03-003-0090**

Effective Date: 11/16/2026

Approved by: Telly Delor, Chief Operating Officer

Functional Area: Service Delivery

Responsible Leader: Kathleen Gallagher, Chief Clinical Officer

Policy Owner: Jason Marocco, Adult Services Director

Applies to: SCCCMH Staff, Contracted Providers

Purpose: To ensure the provision of timely, coordinated, and effective emergency behavioral health services, Intensive Crisis Stabilization Services (ICSS), and post-stabilization care.

These services are designed to:

- Stabilize individuals experiencing a behavioral health or substance use crisis.
- Prevent unnecessary hospitalization.
- Provide treatment in the least restrictive setting.
- Ensure seamless transition to ongoing care.

This policy aligns with:

- 42 CFR 438.114
- Michigan Mental Health Code
- Michigan Medicaid Provider Manual

I. Policy Statement

It is the policy of St. Clair County Community Mental Health (SCCCMH) to provide a comprehensive, 24/7 continuum of emergency, crisis stabilization, and post-stabilization services across the lifespan.

All services shall:

- Be available 24 hours per day, seven (7) days per week.
- Be person-centered, trauma-informed, and culturally responsive.
- Prioritize the safety of individuals, staff, and the community.
- Utilize standardized triage and risk assessment tools.
- Be delivered in the least restrictive, most clinically appropriate setting.

SCCCMH does not restrict access to emergency services based on diagnosis and incorporates individual and family-defined crises.

II. Standards

A. Emergency Services

SCCCMH provides or arranges:

1. Crisis Intervention Services

- Crisis line (telephonic support)
- Mobile crisis response
- In-person assessment and brief intervention
- Referral and coordination

Settings include: homes, schools, emergency departments, jails, and community locations.

2. Crisis Residential Services – Short-term residential care for individuals:

- At risk of inpatient admission.
- Able to be safely treated in a less restrictive setting.

  Goals:

  - Stabilization
  - Restoration of functioning
  - Return to community

3. Inpatient Psychiatric Pre-Admission Screening

- Required prior to hospitalization.
- Available 24/7
- Uses medical necessity criteria (Severity of Illness/Intensity of Service).
- Conducted in hospitals, jails, CMH offices, or community settings.

4. Intensive Crisis Stabilization Services (ICSS)

Adult ICSS

- Short-term alternative to inpatient hospitalization.
- Delivered by a multidisciplinary team under psychiatric supervision.
- For individuals meeting inpatient criteria but appropriate for community stabilization.

Services include:

- Crisis assessment and reassessment
- Individual and family therapy
- Psychiatric oversight and medication coordination
- Safety planning
- Skill-building and coping strategies
- Care coordination

Children's ICSS (Ages 0-21)

- Mobile, family-driven, youth-guided services
- Prevents hospitalization or out-of-home placement

Services include:

- Crisis de-escalation
- Family therapy and support
- Safety planning
- Skill-building
- Coordination with schools and child-serving systems

5. Partial Hospitalization

- Structured outpatient treatment (6+hours/day)
- For individuals requiring intensive services without 24-hour care

B. Standards of Practice

1. General Standards

- Services are short-term, intensive, and solution focused.
- Person-centered planning must occur within 48 hours.
- Treatment plans must include measurable goals.
- Services must occur in the least restrictive setting.

- Discharge and follow-up planning are required.
- Ongoing reassessment is required.

2. **Triage, Risk, Assessment, and Dispatch**

   All crisis contacts must include:

   a. **Safety-Centered Triage**

      Assessment of:

      - Risk to self or others
      - Medical needs
      - Substance use
      - Environmental safety
      - Presence of weapons

   b. **Person-Centered Engagement**

      - Incorporates individual preferences
      - Uses trauma-informed and culturally responsive approaches

   c. **Required Risk Assessment Tools**

      Examples:

      - C-SSRS
      - SAFE-T
      - SCCCMH-approved tools

   d. **Dispatch Decision-Making**

      Based on assessment:

      - Telephonic support
      - ICSS services
      - Mobile Crisis Unit (MCU) dispatch
      - Referral to higher levels of care
      - Activation of EMS, fire, or law enforcement

   e. **Law Enforcement/EMS Involvement**

      Required when:

      - Imminent risk of harm
      - Unsafe environment
      - Medical emergency

- Presence of weapons

C. Service Requirements

- Services must be community-based whenever clinically appropriate.
- Documentation must be completed within 24 hours.
- Coordination and follow-up are required.
- Services must meet medical necessity criteria.

D. Post-Stabilization Services

Following stabilization, SCCCMH provides:

- Inpatient psychiatric hospitalization
- Crisis residential services
- Partial hospitalization
- Continued ICSS when appropriate

Goals:

- Maintain stability
- Improve functioning
- Prevent relapse or re-hospitalization

E. Coverage & Authorization

1. Emergency Services

- Available 24/7
- No prior authorization required
- No cost to beneficiaries
- Funded through Medicaid capitation (PEPM)

If services occur in an emergency department:

- Hospital manages medical care
- SCCCMH manages psychiatric care

2. Post-Stabilization Services

- Prior authorization required
- Must meet Medicaid medical necessity criteria

Reimbursement allowed when:

- Services were emergent
- Authorization was not feasible
- Services would have been approved

F. Coordination of Care

SCCCMH coordinates with:

- Hospitals and emergency departments
- Primary care providers
- Law enforcement and EMS
- Community agencies
- Region 10 PIHP Access Center

All information sharing complies with applicable laws and SCCCMH policies.

G. Training Requirements

All Crisis Professional Staff must:

- Complete required crisis training (adult and children's services)
- Demonstrate competency in:
  - Crisis assessment and intervention
  - Suicide risk assessment
  - De-escalation
  - Trauma-informed care
- Complete minimum 80 hours of shadowing (if applicable)
- Participate in ongoing training

Supervisors must:

- Ensure competency
- Maintain training records
- Provide clinical supervision

H. Credentialing Requirements

Providers must:

- Meet Michigan Medicaid Provider Manual standards
- Maintain licensure/certification (if applicable)
- Participate in supervision and training

Team Requirements:

- Multidisciplinary team for ICSS
- Psychiatric access for adult services
- Two-person mobile team for children's services

I. Eligibility & Access

- Based on medical necessity and person-centered planning
- Available to individuals experiencing a behavioral health crisis
- Accessed through SCCCMH crisis system

III. Procedures, Definitions, and Other Resources

A. Procedures

Actions

Action Number	Responsible Stakeholder	Details
1.0	ACCESS Crisis Professional Staff	**Responsible for:** 1. Initial triage and risk assessment 2. Determining level of care 3. Coordinating services and dispatch 4. Engaging emergency services when needed 5. Ensuring linkage to ICSS or other services 6. Documentation and use of required tools

2.0	Mobile Crisis Unit (MCU) Staff	**Responsible for:**
		1. In-person crisis intervention
		2. Field reassessment of risk
		3. De-escalation and stabilization
		4. Coordination with hospitals, law enforcement, and providers
		5. Follow-up communication and documentation
		Deployment Requirements:
		• Typically, two-person team
		• Response times:
		  ○ Within one (1) hour (urban)
		  ○ Within two (2) hours (rural)

B. Related Policies

Administrative Policy #03-003-0010, After Hours Crisis Intervention

Board Policy #05-001-0005, Recipient Rights

Administrative Policy #06-001-0120, Duty to Warn

C. Definitions

1. *Emergency Medical Condition:* As defined in 42 CFR 438.114(a), a condition with acute symptoms such that lack of immediate attention could result in serious harm.
2. *Emergency Services:* Inpatient or outpatient services necessary to evaluate or stabilize an emergency condition.
3. *Emergency Situation (Behavioral Health):* Per Michigan Mental Health Code, a situation where an individual:
    - Poses risk of harm to self or others.
    - Cannot meet basic needs
    - Has impaired judgement leading to potential harm.
4. *Intensive Crisis Stabilization Services (ICSS):* Short-term, intensive community-based services intended to stabilize individuals and serve as an alternative to inpatient hospitalization.
5. *Post-Stabilization Services:* Services provided after an emergency condition is stabilized to maintain stability and improve functioning.

D. Forms

N/A

E. Other Resources (i.e., training, secondary contact information, exhibits, etc.)

N/A

F. References

1. Medicaid Managed Specialty Supports and Services Contract
2. 42 CFR 438.114
3. Michigan Mental Health Code
4. Michigan Medicaid Provider Manual

IV. History

- Initial Approval Date: 11/16/2026
- Last Revision Date: BY:
- Last Reviewed Date: BY:
- Non-Substantive Revisions: N/A
- Key Words: ICSS, Emergency Service, Intensive Care, Post-Stabilization