

# **ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

## **ADMINISTRATIVE PROCEDURE**

Date Issued **1/23**

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### **I. APPLICATION:**

- ☐ SCCCMHA Board
- ☒ SCCCMHA Providers & Subcontractors
- ☒ Direct-Operated Programs
- ☒ Community Agency Contractors
- ☒ Residential Programs
- ☒ Specialized Foster Care

### **II. PURPOSE STATEMENT:**

St. Clair County Mental Health Authority (SCCCMHA) is to provide crisis intervention as part of a full continuum of services and to view crises as windows of opportunity for individuals/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 SCCCMHA services.
- B. **Alert System:** A process whereby a caseholder notifies the After Hours Crisis Line [Behavioral Health Response (BHR)] of a potential at-risk individual/family/group, provides background information, appropriate interventions, how caseholder may be reached and the duration of the alert period.
- C. **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 procedures titled Court Ordered Treatment, (Including Involuntary Hospitalization) #03-001-0045, for more information.
- D. **Crisis:** A temporary state of disequilibrium, caused by stress that overwhelms an individual’s learned coping mechanisms.
- E. **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

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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.

- F. Duty to Warn: All SCCCMHA practitioners, meaning psychiatrists, psychologists, licensed professional counselors, limited licensed psychologists, certified social workers, social workers or all CMH direct care staff, have a duty to warn third parties of threats made against them by individuals receiving services. Such duties are governed by administrative procedures #06-001-0120, Duty to Warn.
- G. Mobile Crisis Unit (MCU): A department/program within SCCCMHA that consist 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 CMH 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 leads to an initial crisis intervention plan and resolution, follow up and referral. Hospital diversion and inpatient screenings may also be a part of the intervention.
- H. "Person Requiring Treatment": (Section 330.1401 of Michigan Mental Health Code) - (1) Means (a), (b), (c) or (2): (1) 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. (2) (2) 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 dependence is 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.

"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,

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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.

- I. 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 procedures and the Michigan Mental Health Code, should be given immediate/emergency crisis intervention services.
- D. SCCCMHA ensures crisis intervention services 24 hours a day, year round and provides professional back up with its own staff.
- E. Direct and contract SCCCMHA staff will provide emergency intervention when warranted on site/off site after hours and weekends.
- F. Per the Release of Case Record Information administrative procedures within the law (#03-002-0030), 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. Per the Duty to Warn administrative procedures within the law (#06-001-0120), all SCCCMHA provider network mental health practitioners, meaning psychiatrists, psychologists, licensed professional counselors, limited licensed psychologists, certified social workers, social workers or all CMH direct cares staff, have a duty to warn third parties of threats made against them by individuals receiving services.

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- I. For SCCCMHA cases 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 via the After Hours Response System. Interventions may also be requested via County Dispatch (911) or the Emergency Management Department. (See administrative procedures #06-001-0125, Critical Incident Stress Management Plan for more information.)
- J. Special Conditions:
  1. Accessing Emergency Services for Children and Adults NOT OPEN to the SCCCMHA provider network: Emergency services are available for children and adults through the PIHP Access System. Staff are available during business hours and via the After Hours Response System.
  2. Hostage Situations: SCCCMHA staff (designated individual) will be contacted directly by the County Sheriff Department. Decision to respond to a hostage situation will require consultation with the Chief Executive Director, in her absence the Chief Operating Officer or the Program Director.
  3. Deaf Persons: A person who is deaf and has a Michigan Relay System may communicate by phone with the primary caseholder, the Sheriff's Department and the After Hours Response System. After hours, the deaf person with the Michigan Relay System may be responded to by phone with the After Hours Response System acting as a communication mediator between the individual and the primary caseholder.

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 Hour Crisis Line

**Supervisor Intake staff and Primary Caseholder**

1. Provides After Hours Crisis line (BHR) phone number.
2. Documents in case record, during Intake and at least annually that recipient of services has received Crisis Line information.

B. Updating the Crisis Roster

**Supervisor/Designee**

1. Submits staff changes in writing to Administration clerical (Operations support staff).

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2. Provides supervision and oversight of crisis response to program's enrollees.

### **Operations Support Staff**

3. Revises the Crisis Roster and forwards to Access Supervisor, BHR and other personnel as assigned.

## **C. Responding to a Person in Crisis**

### **Primary Caseholder**

1. Assesses the crisis thoroughly, using information from as many sources as possible.
2. 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 day treatment, crisis residential placement, voluntary hospitalization, court ordered treatment/petitioning (administrative procedures #03-001-0045), 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.
3. Arranges immediately, if appropriate, face-to-face contact with the individual/family when it is believed that such action is warranted for therapeutic reasons OR
4. Contacts the Mobile Crisis Unit or After Hours Response System to request additional services, if necessary.

### **Assigned CMH Receptionist**

5. Provides to the applicable SCCCMHA staff/designees on the following business day, a list of individuals who have had After Hour Crisis service contacts, via BHR portal.

### **Access Supervisor**

6. Follows up with applicable SCCCMHA Directors and/or Supervisors, if there is a concern or issue with BHR services.

### **Mobile Crisis Unit**

7. Notifies applicable SCCCMHA staff/designee 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

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B. CCBHC Expansion Grant

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, 11/21.