

CHAPTER Service Delivery	CHAPTER 02	SECTION 004	SUBJECT 155
SECTION Clinical and Support Services		DESCRIPTION Mobile Intensive Crisis Stabilization (MICS) for Adults	
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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 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 Mobile Intensive Crisis Stabilization (MICS) to people in crisis situations.

STANDARDS:

- 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.
 - 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 in Lapeer County.
- B. For individuals with Medicaid, LCCMH follows the Medicaid Provider Manual for crisis stabilization services.

CHAPTER Service Delivery	CHAPTER 02	SECTION 004	SUBJECT 155
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- C. MICS staff assist adults who present in a mental health or substance use disorder crisis in working toward recovery in the least restrictive setting; through the use of short-term clinical interventions. MICS Staff:
1. Provides immediate evaluation and intervention, 24 hours per day, seven days per week, for persons in-crisis.
 2. Provides an alternative to hospitalization through intensive crisis stabilization services in an outpatient setting.
 3. Links persons served with LCCMH programs and services. If LCCMH cannot directly provide the needed services, the MICS staff refers the person served to an appropriate provider.
 4. Provides a support system for individuals experiencing a severe mental illness minimizing the need for admission or re-admission to the hospital.
 5. Utilizes natural support system within the person's environment to minimize the need for treatment in a more restrictive setting.
- D. MICS treatment interventions are delivered by an intensive/crisis stabilization treatment team under the supervision of a psychiatrist. The psychiatrist need not provide on-site supervision at all times, but is available by telephone.
- E. Provides support related to substance use, intoxication, and overdose prevention when appropriate for the individual including ambulatory and medical detoxification.
- F. The treatment team providing MICS services must be qualified mental health professionals.
- G. Nursing services/consultation is available.
- H. MICS is provided where necessary to alleviate the crisis situation, and permit the person served to remain in, or return more quickly to their usual community environment.
- I. MICS is not provided exclusively or predominantly at residential programs.
- J. MICS is provided anywhere in the community, with the exception of:

CHAPTER Service Delivery	CHAPTER 02	SECTION 004	SUBJECT 155
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1. Inpatient settings
2. Jails or settings where the individual has been adjudicated
3. Crisis residential settings

K. MICS services include:

1. Intensive individual counseling/psychotherapy (by master-level clinicians)
2. Assessments (rendered by the treatment team)
3. Family therapy
4. Psychiatric supervision
5. Therapeutic support services by trained peer support specialists

PROCEDURES:

- A. MICS staff provides face-to-face screenings in the community and the LCCMH Office to determine the least restrictive environment to meet the needs of the person in crisis (see Policy 02.004.20 Prescreening for Inpatient Hospitalizations and Alternatives).
- B. Following the resolution of the immediate crisis:
 1. MICS staff follows up with the individual the next day (within 24 hours).
 2. When admitted to MICS, a treatment plan must be developed by the MICS Staff or the assigned primary case holder within 48 hours following the immediate crisis.
- C. The MICS Individual Plan of Service (IPOS) is developed through a person-centered planning process in consultation with the psychiatrist. Other professionals may also be involved if required by the needs of the person served. The primary case holder is involved in the treatment and follow-up services. The IPOS must contain:

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1. Clearly stated goals and measurable objectives, derived from the assessment of immediate need, and stated in terms of specific observable changes in behavior, skills, attitudes, or circumstances, structured to resolve the crisis.
 2. Identification of the services and activities designed to resolve the crisis and attain the goals and objectives of the person served.
 3. Plans for follow-up services (including other mental health services where indicated) after the crisis has been resolved. The role of the primary case holder is identified, where applicable.
- D. The person served is provided the opportunity to develop an individualized crisis plan. The crisis plan includes person-centered interventions to protect the person served and personnel.
- E. If necessary staff will provide resources for access to Naloxone for individuals at risk of opioid overdose and following non-fatal overdoses. Trained staff may administer Naloxone for suspected opioid overdoses. When appropriate, referring to MAT services for support with ambulatory and medical detoxification.
- F. MICS Staff links persons served to family, community and other support systems available.
- G. The MICS Psychiatrist has emergency psychiatric evaluations or medication reviews available when needed.
- H. MICS services cannot exceed 28 days.

DEFINITIONS:

Crisis Situation: When an individual is experiencing a mental illness, has a developmental disability, or has a substance use disorder and/or one of the following:

1. The individual can reasonably be expected within the near future to physically injure their self or another individual, either intentionally or unintentionally.
2. The individual is unable to provide their own clothing, or shelter, or to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating, and this inability may lead in the near future to harm to the individual or to another individual.

CHAPTER Service Delivery	CHAPTER 02	SECTION 004	SUBJECT 155
SECTION Clinical and Support Services		DESCRIPTION Mobile Intensive Crisis Stabilization Services (MICS) for Adults	

3. The individual's judgment is so impaired they are unable to understand the need for treatment and, in the opinion of the mental health professional, their continued behavior, as a result of the mental illness, substance use disorder, developmental disability, or emotional disturbance, can reasonably be expected in the near future to result in physical self-harm or physical harm to another individual.

Mobile Intensive Crisis Stabilization: structured short-term treatment and support provided by a multidisciplinary team to persons in a crisis situation.

REFERENCES/EXHIBITS:

Medicaid Provider Manual: Section 9 Intensive Crisis Stabilization Services for Adults

LM:lr