Hope Network
Behavioral Health – East

Program Description – Crisis Residential

Mission Statement

Hope Network helps people maximize their health, independence, and self-belief-because everyone deserves to live in a world where they can thrive.

Program Goal

To provide short-term supervised living in a community setting with a high-level support system for adults experiencing a mental illness crisis.

Program Description

Crisis Residential Programs are designed to provide a short-term, voluntary alternative to inpatient psychiatric services for adults experiencing an acute psychiatric crisis. Services are intended to avert a psychiatric admission or to shorten the length of an inpatient stay. The focus of the program is based on crisis stabilization, education, and awareness of mental health issues, as well as identification of individual symptoms and other issues that may be impacting the individual's life. Crisis Residential Programs, in partnership with internal and external case management services, ensures that persons served receive person-focused treatment as well as input into all other treatment areas: assessments, treatment planning, medication management, transition, and discharge planning.

Services are delivered according to an individualized plan based on an assessment of immediate need. Crisis Residential Services are based on the principles of illness management & recovery and person-centered planning practices. The service plan will be further developed within 24-48 hours of admission and will generally address psychiatric and medication needs, illness management and recovery, other immediate physical health needs, along with transition and discharge services. Services are individually tailored to meet the needs of the person served. The amount, scope, and expected duration of services are outlined in each person's served treatment plan. Persons served by Crisis Residential Programs, often have co-occurring challenges such as substance use, inadequate housing, criminal justice system obligations, pregnancy, chronic medical conditions, and aging. When special populations are identified, their specific needs are addressed in the treatment planning processes as well as through on-going service provisions. Services also assist the person served in remaining connected to the community. Workforce members work toward developing and supporting the persons served in progression towards more independence and autonomy, as well as to become connected to community support systems. Treatment includes individual and group activities, medication stabilization, and development of daily living skills. All workforce members promote recovery and/or well-being, provide services consistent with the person's served needs, implement and monitor the treatment plan, and react to changes as their needs evolve. The Crisis Residential Programs are in barrier-free facilities and therefore can provide access to those individuals with mobility problems.

Days & Hours of Services

Crisis residential services program have workforce members on site 24 hours a day/7 days a week to support the persons served and assist in the implementation of the person served treatment plan.

Treatment services are provided under the supervision of a psychiatrist in collaboration with the Hope Network Behavioral Health's Medical Director. The psychiatrist is on call 24-hours a day, seven days a week. The psychiatrist has an initial meeting with the person served to complete a psychiatric evaluation. Medication reviews occur every two to three days during the course of treatment. The Psychiatrist, Case Manager, Nurse, Clinical Program Manager, Direct Support Professionals, and the Persons Served, make up the interdisciplinary team.

A Nurse is available in the facility up to 8 hours each day to ensure that medical issues are addressed promptly. Nurses are also on-call for the remainder of the hours each day and are always available for consultation and assistance if necessary.

Supervisory workforce members provide on-call responsibilities 24 hours per day. Supervisors act as consultants to resolve immediate crisis as well as to provide back up and resources. Supervisors may also consult with the Program Director for input regarding unusual situations and/or clinical consultation.

Service Locations

Crisis residential services are available in Macomb and Saginaw counties. The facilities are licensed AFC State of Michigan facilities and are certified programs that must comply with all applicable licensing regulations. Some services may be provided through telehealth with consent of the Person Served and/or guardian, if applicable.

Frequency of Services

Services are individually tailored to meet the needs of each person served. The amount, scope, and expected duration of services are outlined in each person-centered treatment plan. The length of service generally does not exceed 14-days. However, services may be extended when justified by clinical need as determined by the interdisciplinary team.

Target Population

A. Adult individuals who meet psychiatric admission criteria.
B. Adult individuals who are at risk of psychiatric admission but who can be appropriately served in settings less intensive than an inpatient hospital setting.
C. Adult individuals whose placement in a Crisis Residential Unit will reduce the length of a hospital admission.
D. Adult individuals with co-occurring disorders such as substance abuse.

Credentials

A. The Clinical Program Manager must have at least a bachelor's degree in a Human Service field to meet the qualifications to supervise the program.
B. The Social Worker is a Masters or Bachelor level prepared clinician and is responsible for the treatment planning and operations of the program.
C. The Crisis Direct Support Professionals may or may not be degreed but have at least one-year experience in the mental health field. Direct Support Professionals are fully trained through the MDHHS/CMH group home curriculum.
D. Registered Nurse

E. Psychiatric Practitioner

Training Requirements

A. Workforce members will be trained in First Aid, CPR, OSHA, Recipient Rights, Trauma Informed Care, Crisis Intervention, Zero Suicide initiative techniques, HIPAA, LEP, Cultural Competency, Compliance and Integrity, related issues.
B. Direct Support Professionals and supervisory care workforce members must be trained using the MDHHS curriculum.
C. Bachelors-level qualified mental health professional will seek at least an additional 14 continuing education hours annually, covering:
    a. Assessment and referral
    b. Person-centered planning and self-determination
    c. Treatment and service
    d. Relapse and recovery
    e. Medication administration, monitoring, and education
    f. Addiction counseling and prevention
    g. Crisis management and intervention
    h. Clinical documentation
    i. Co-Occurring Disorders
    j. Other areas as needed to provide high quality services.
D. Masters-level qualified mental health professional providing therapy services will seek at least an additional 8 continuing education hours annually related to general mental health and substance use related topics.

Service Approach/Modality

A. Immediate Crisis Intervention
B. Access to needed services—service continuum
C. Stage-Wise Interventions
D. Outreach
E. Individual and group treatment
F. Pharmacological treatment
G. Interventions to promote overall health
H. Secondary interventions for non-IDDT responders
I. Illness Management and Recovery
J. Relapse Prevention
K. Referrals to substance use treatment programs such as Alcoholics Anonymous and Narcotics Anonymous
L. Motivational Interviewing

Services Provided

A. Provide immediate crisis intervention services but arranges for on-going crisis intervention services.
B. 24-hour on-site supports with workforce member/person served ratio sufficient to adequately and safely meet the person's served needs and implement the treatment plan.
C. Psychiatric Assessment.
D. Treatment planning completed at the direction of the person served.
E. Service reviews for stays longer than 14 days.
F. On-site nursing services by a registered nurse.
G. On site psychiatric services with 24-hour on call support by the psychiatrist.
H. Medication Management and Support
I. Milieu therapy
J. Family Psycho-education

K. Treatment services are provided under the supervision of a mental health professional possessing at least a master's degree in human services and one year of experience providing services to beneficiaries with serious mental illness, or a bachelor's degree in human services and at least two years of experience providing services to beneficiaries with a serious mental illness.
L. Linkage to Pharmacy Services
M. Personal Care/Community Living Support Services as defined in the Michigan Medicaid Manual.
N. Life skills and skill development training
O. 30-day post follow-up
P. Daily educational groups to promote recovery and increase independence.
Q. Community linkage/service coordination to include:
    a. Entitlements/benefits
    b. Psychiatric care
    c. Medical care
    d. Substance abuse services
    e. Shelter/housing
    f. Social support networks
    g. Educational
    h. Transportation
    i. Aftercare

Service Outcomes

- Greater stability
- Reduction of symptoms or needs
- Restoration or improvement in levels of functioning
- Support, recovery, or a better quality of life
- Greater self-determination
- Community integration
- Greater use of natural supports

Program Access

The program receives referrals 24 hours a day seven days a week. Persons served generally access the program through referrals from the responsible Community Mental Health (CMH) agency. The program generally has no waiting. Rooms are assigned based upon resident need and interdisciplinary team determination, as opposed to first come first serve.

Admission and Readmission Criteria

Note: When services are denied, individuals shall be informed as to the reason for the service denial. Recommendations for alternative services will be summarized with the individual. Where appropriate service denials and/or service recommendations will be communicated to the referring agency.

Crisis workforce members are available to take referrals 24 hours a day, 7 days a week, including holidays.

A. Current mental illness diagnosis as reflected in the current version of the DSM or ICD and at least one of the following manifestations:
    a. Prominent disturbance of thought processes, perception, affect, memory, consciousness, and somatic functioning with or without co-occurring substance disorder.
    b. Disruption of self-care and independent functioning.
    c. Difficulty with managing medication without ongoing support.
    d. Risk to self or others.
    e. Socially disruptive.
    f. Frequent users of inpatient psychiatric hospital services.

g. Eighteen years of age or older or an emancipated minor.

B. Indication that the individual can benefit from the program and the services it has to offer.
C. Compatible behavior, which does not pose significant risk or danger towards the well-being of the individual or others.
D. Completion of the AFC Care agreement, AFC Assessment and Health Care appraisal as required by the Department of Licensing and Regulatory Affairs (LARA) (formerly the Department of Consumer and Industry Services Adult Foster Care Licensing Division).
E. The ability to reside in an open setting and have physical capabilities to assist in basic ADL skills.
F. Capability of increasing independent living skills.
G. Persons served will be referred by various Community Mental Health agencies.
H. Completion of all financial agreements.

Exclusionary Criteria

A. Individuals who are so severely disturbed that they are a danger to themselves or others (i.e. - homicidal, actively suicidal, physically assaultive).
B. Must not require continuous nursing care.
C. Must not require isolation or restraint as specified in the AFC licensing rules (R400.1308).

Transition/Discharge Criteria

A. Achieves/obtains person-centered treatment goals and/or is able to maintain/function in a less restrictive setting.
B. Should the person served leave the program against medical advice (AMA) and want entry back into the program the funding source/screening unit will be notified for continuing authorization and/or rescreening to determine medical necessity.
C. No longer benefits from, or is in need of, the program or its services.
D. The deterioration in a person's served physical or psychological condition requiring specific services not available through in-house services.
E. Disruptive behavior by the person served, which poses significant risk or danger to the well-being of self or others.
F. Services can be provided for no longer than 30 days per admission.
G. Self-determination of any resident who is not under a court order or guardianship to terminate from the program.

When services are transitioned and/or discharged, persons served will be provided a transition/discharge summary and a copy of the summary will be provided to the persons served designated representative and responsible agency.

When services are denied, reduced, and/or suspended, persons served will be provided due process notices including but not limited to adequate notice, advanced notice, Office of Recipient Rights Complaint Form, and/or internal grievance procedures and associated forms.

Payer Sources/Fees

Generally, this service is paid for by Medicare and/or Medicaid. This service provision may be covered by commercial insurance. The insurance card/number will indicate the reimbursement source.

Funding

These programs are funded through contracts with various County Community Mental Health agencies.

Reviewed on September 8, 2025