

**Crisis Services Reference Grid** \*\* Totality of this document is on a case-by-case basis.

	<b>Inpatient Psychiatric Admission</b>	<b>Crisis Stabilization Units (CSU) located at COPE or Team Wellness Center (TWC)</b> <b>Involuntary</b>	<b>Crisis Stabilization Units (CSU)</b> <b>Voluntary</b>	<b>Crisis Residential Units (CRU)</b>	<b>Partial Hospitalization Program (PHP)</b>	<b>Mobile Crisis Stabilization</b>	<b>Psychiatric Urgent Care (PUC)</b>	<b>Pre-placement Housing (Formerly Transitional)</b>	<b>Substance use disorder services (SUD) (Voluntary)</b>
<b>Is this a restricted movement setting?</b>	Yes	Yes	Yes	No	No	No	No	No	No
<b>Services Provided</b>	Stabilization in a locked environment; Close and continuous skilled medical observation and supervision are necessary	Services available include: 23-hour observation in a locked environment, access to psychiatrist/nurse practitioner, therapist, behavioral technicians	PAR Screening (by COPE), Assessment, access to psychiatrist, nurse, therapist, behavioral health technicians, medication	Voluntary level of care, access to psychiatrist/nursing/therapist, alternative to inpatient psychiatric services, individual and group counseling, structure social activities, coordination of aftercare plans, CRU is a continuation of crisis services.	Day hospital treatment similar to inpatient milieu, with psychiatry appts and patient returning home for the night	The mobile crisis stabilization teams go in-home and can follow up for up to 28 days in order to maintain stability, assess ongoing needs, and connect with outpatient services.	Walk in for psychiatric evaluations, medication reviews, nursing assessment, connection to CMH, NOT a 24/7 service (*reference quick reference to crisis resources)	Pre-placement for those who likely require a specialized AFC/supervised home setting	Specific services to SUD (i.e., residential, withdrawal management, etc) Case by case dependent on medical necessity
<b>Exclusions?</b>	An individual may be denied based on several factors. High acuity on unit, etc.	Individuals meeting inpatient criteria as a result of an evaluation by COPE cannot be transferred from the ED to CSU	Individuals meeting inpatient criteria as a result of an evaluation by COPE cannot be transferred from the ED to CSU	Individuals with serious illness or injury – risk of withdrawal with need for medical withdrawal management.	Case by case	Voluntary services	None	Case by case Medically fragile and physically aggressive	Case by case
<b>Adults</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>People with I/DD</b>	Yes	Yes	Yes	Case by case	Case by case	Yes	Yes	Yes	Yes
<b>Children</b>	Yes	No	No	Yes, Safehaus only (ages 10-17, co-ed)	Yes	Yes, Intensive Crisis Stabilization services (ICSS) via New Oakland for children (877)800-1650 24/7	Yes	No	Yes
<b>Petition/Certificate needed to transfer?</b>	Yes	Yes	No	No	No	No	No	No	No

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<b>Transfer via?</b>	Ambulance	Ambulance if involuntary	Team transport if voluntary, via Cab service	Ambulance/CRU transportation	Normally parent/Guardian, not a direct transfer from ED, start date is established	N/A	Send by cab/family/LG/Walk in	Cab/pre-placement can provide transport	Cab/collaboration with SUD facility
<b>Transport arranged by?</b>	ED	ED/Hospital	ED/Hospital	ED/Hospital	Appointment made by Cope, NO/TGC, family/LG transport to appointment	N/A	N/A	Collaboration between ED and pre-placement	Collaboration with SUD facility/ED/COPE
<b>Accepting MD needed?</b>	Yes	Yes	No	No	No	No	No	No	No (7-day meds/script given by ED)
<b>Does staff need to be given a report prior to transfer?</b>	Yes, a nurse to nurse is required for transfer to an inpatient level of care from the ED.	If coming from an ED, a report is required	Yes	Yes	Yes, if transported directly from ED	No	No	Yes	Yes, when coming directly from the ED
<b>Does COPE authorize this level of crisis service?</b>	Yes, for Wayne County Medicaid, No insurance, MI Health Link, Healthy MI, Certain Advantage plans may not cover psychiatric services	No, but could be utilized as a diversion option after discussion with COPE supervision/COPE physician.	No	Yes	Yes, for Wayne County Medicaid, No insurance, MI Health Link, Healthy MI, Certain Advantage plans may not cover psychiatric services	COPE supervisor can be contacted, currently this level of care is given upon agreement of an outpatient disposition	No	No, this is an open referral process, ultimately authorized by DWIHN residential	In some cases: as determined by the screening team