

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
NARBHA Edition**

Section 10.15 Crisis Screening, Assessment and Mobile Crisis Services

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10.15.1 Introduction

Crisis Screening occurs when a behavioral health crisis is screened in order to identify the potential risk of harm to self or to others, urgency of need for behavioral health services, and type/level of services needed to resolve the crisis. Crisis Screening typically occurs by telephone; however Face to Face Crisis Screening may occur as a result of a “walk-in” to a provider or at any point during treatment when potential risk factors become known or apparent to members of the treatment team. Services are provided in order to intervene and offer resolutions, not merely screen and transfer, and shall be provided in the least restrictive setting possible, consistent with individual and family needs and the safety of the community at large.

NARBHA maintains a toll free crisis telephone number (1-877-756-4090), which is listed in telephone directories throughout NARBHA’s general service area. This toll free line will be answered 24 hours a day, seven days a week by ProtoCall Services, Inc., the NARBHA emergency telephone service provider. NARBHA has an administrator on call during non-business hours 7 days per week who is available for consultation with ProtoCall and providers.

Providers must have both Telephone and Face to Face Crisis Screening available during business hours. ProtoCall staff provides Telephone Crisis Screening when called directly (1-877-756-4090) or after business hours for Responsible Agencies (RAs) and determines whether the person’s needs are Immediate, Urgent or Low/Routine.

Each provider must have the capacity to communicate with individuals who do not speak or understand English. Interpreter services are available at www.narbha.org.

ProtoCall is required to contact RA staff when the acuity is immediate or urgent. They are not required to immediately contact staff at Responsible Agencies regarding members with Low/Routine acuity whose immediate needs have been handled during the Telephone Crisis

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Screening; however, clinical reports are forwarded to the Responsible Agencies by the next morning. All persons with Immediate or Urgent acuity are referred immediately by ProtoCall to on-call staff at the Responsible Agencies for Crisis Services.

In the event that an individual requires Face to Face Crisis Services, is AHCCCS eligible, and is not enrolled with a Responsible Agency, the Responsible Agency responsible for providing mobile crisis services within the area where the individual is located, will be contacted. In areas where there are more than one Responsible Agency providing crisis services, individuals will be offered a choice of which agency they would like to have contacted.

Requests for 24-hour response to Child Protective Services Removals are handled by calling a special toll free number (877-302-6493) day or night, and are handled in accordance with Section [3.2 Appointment Standards and Timeliness of Service](#) and Section [3.3 Referral Process](#).

Responsible Agencies shall initiate and maintain a collaborative effort with fire, police, emergency medical services, hospital emergency departments, AHCCCS Health Plans and other providers of public health and safety services to inform them of how to use the Crisis Response System. This will include written protocols provided to First Responders and non-RA Providers outlining how to access and utilize crisis response services. RAs shall meet quarterly with representatives of fire, law enforcement, emergency medical services and hospital emergency departments to coordinate services and to assess and improve their crisis response services.

10.15.2 References

The following citations can serve as additional resources for this content area:

- [AHCCCS/ADHS Contract](#)
- [ADHS/T/RBHA Contract](#)
- [ADHS/DBHS Behavioral Health Covered Services Guide](#)
- [A.R.S. §36-520](#)
- [42 CFR 489.24\(b\) Definitions](#)
- [Section 3.21 Service Prioritization for Non-Title XIX/ XXI Funding](#)

10.15.3 Scope

To whom does this apply?

As per ADHS/NARBHA Policy [3.2 Appointment Standards and Timeliness of Service](#)

- All Title XIX and Title XXI eligible persons;
- All persons determined to have a serious mental illness; and
- All other persons based on available funding as per ADHS/NARBHA Policy [3.21 Service Prioritization for Non TXIX/TXXI Funding](#). Please note that at the time it is determined that an immediate response is needed, a person's eligibility and enrollment status may not be

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known. Behavioral health providers must respond to all persons in immediate need until the situation is clarified that the behavioral health provider is not financially responsible. Persons who are determined ineligible for covered services may be referred to applicable community resources.

10.15.4 Did you know...?

NARBHA maintains a toll free telephone number (1-877-756-4090), which is listed in telephone directories throughout NARBHA's General Service Area. This toll free line will be answered 24 hours a day, seven days a week by ProtoCall Services, Inc., the NARBHA emergency telephone service provider.

Provider agencies' crisis telephone numbers are available in all areas on a 24-hour, seven day a week basis and are publicized to the communities served by the number. NARBHA allows these numbers to be seamlessly transferred to ProtoCall, NARBHA's 24 hour telephone crisis provider with NARBHA permission.

Both Behavioral Health Professionals (BHPs) and Behavioral Health Technicians (BHTs), when supervised by a BHP, can conduct a Crisis Screening/ Assessment.

NARBHA requires all of its providers to respond to persons who present at their facilities in crisis. Additionally, NARBHA requires Responsible Agencies to provide mobile crisis services to their enrolled members. In communities that have more than one RA, whenever possible, unenrolled individuals are offered a choice regarding which RA they would like to receive services from.

10.15.5 Definitions

[Crisis Screening](#)

[Emergency Behavioral Health Crisis Services](#)

[Immediate Acuity](#)

[Urgent Acuity](#)

[Low/Routine Acuity](#)

[Emergency Medical Condition \(42 CFR 489.24\(b\) Definitions\)](#)

[Medical services](#)

[Mobile Crisis Services](#)

[Crisis Plan](#)

[Client Alert](#)

10.15.6 Procedures

10.15.6-A: Crisis Screening/Assessment

NARBHA requires that all persons, who present, or identify a person, in crisis by telephone 24 hours a day, seven days a week, or face to face at provider agencies during business hours, be screened to determine what the level of risk that the person is experiencing

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Initial crisis calls are answered by provider staff during regular business hours. In the event that all phone lines are busy, each provider is required to have an automated phone answering system that asks if the caller is in crisis or calling about someone in crisis. This system must have the capability to transfer callers to ProtoCall in the event that they identify as being in crisis or calling about someone in crisis.

After regular business hours, all Responsible Agencies have automated phone answering systems that have the capacity to transfer crisis callers to ProtoCall. The crisis phone response service shall be answered within three (3) telephone rings, with a call abandonment rate less than three percent (3%). Crisis phone response shall include screening, referral, and dispatch of service providers as well as patch capabilities to and from 911 and other crisis providers as applicable.

Back-up systems are developed and implemented in the event of human or technical failure in the primary system by which crisis service staff receive or are notified of crisis calls.

Reception staff answering telephones must be trained by providers in identification and screening of individuals in distress. This should be documented in the reception staff personnel record.

Provider agencies ensure sufficient availability of walk-in and/or drop-off crisis screening/assessment capacity to meet community needs. Walk-in and drop-off capability include nursing or other medical staff capable of recording and evaluating vital signs and assessing medical need, as well as professional staff, for referral to or preparation of petitions for court-ordered evaluations. If a provider determines that the person receiving services may need court-ordered evaluation pursuant to A.R.S. §36-520 et seq., a pre-petition screening shall be arranged or provided.

In the event that an eligible individual requires crisis assessment outside of the NARBHA provider network, the evaluating agency is requested to notify NARBHA, no later than the next business day that the individual was assessed. Notification should contain, at a minimum, the following information:

- Client Name
- Client ID#
- Client Birth Date
- Where is the individual currently residing?
- Emergency contact information
- Date, Time and Location of Evaluation
- Presenting Concerns
- Results of any labs completed
- List of past and current medications
- Substance abuse information (if indicated)
- History of Suicidal Ideation/Homicidal Ideation

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- Was this an active suicide attempt?
- Who else provided information for the evaluation (family members, friends, etc.)
- Crisis plan (if one developed)
- Disposition of the event
- Signature and Title of Individual completing evaluation

Upon receipt, NARBHA will review and forward information to the relevant Responsible Agency for follow-up.

Can persons be referred to emergency rooms solely for “medical clearance” prior to inpatient admission?

No. Referrals to emergency rooms are reserved for the emergency medical evaluation of Emergency Medical Conditions (EMC) only. Referrals, by the behavioral health crisis system for admission to emergency rooms in order to conduct crisis evaluations, or for “medical clearance” prior to admission to an inpatient psychiatric facility, are not done. Psychiatric inpatient facilities are capable of providing medical assessments, as per licensure.

Are substance intoxication or withdrawal syndromes considered Emergency Medical Conditions that always warrant referral to an emergency room (ER) prior to admission to an inpatient facility or prior to a crisis screening/assessment?

No, not routinely, but at times, yes. For example, if the person presents as intoxicated with confusion, disorientation, and severe un-coordination, a referral may be indicated. Using an ER just to determine a blood alcohol level (BAL) in an intoxicated person, or to get a urine drug screen (UDS) of a person with suspected drug use is not an EMC that warrants an emergency medical evaluation at an ER. For example, a person’s response to a particular BAL is dependent on his/her age, weight, sex, liver functioning, other medical conditions, etc. The BAL, or results of a UDS, is usually the least important factor in determining the need for medical evaluation. The symptoms of intoxication (with high BAL) as is found in alcohol poisoning, unconsciousness, falls, etc., or withdrawal (a low or zero BAL) as is found with seizures, severely elevated vital signs, etc. may be EMCs, but the presence of an EMC can usually be initially determined through observation and history as part of the crisis screening/assessment without the need to know the actual BAL or UDS. Consult with a medical practitioner prior to routinely referring to an ER.

When assessing an individual in crisis, the provider must take into consideration what has worked well for the person in past situations. This consideration includes but is not limited to:

- WRAP (Wellness Recovery Action Plans)
- Safety or Crisis Plans that the person may have developed in advance with his/her clinical team

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- Client Alerts (if one has been entered into ProtoCall)
- The person's Behavioral Health Service Plan
- Advance Directives

Responsible Agencies ensure that personnel are trained to respond to and manage behavioral health crises; are familiar with resources available from the Responsible Agency and its subcontracted providers; and have a process for rapid response to persons in need of crisis services. All individuals providing crisis services must be trained in the key clinical elements of effective Crisis Screening/ Assessment, First Aid, CPR, Risk Assessment, Crisis Documentation, T-36 Requirements and non-violent crisis resolution. Evidence of competency in conducting risk/suicide assessments must be contained in the individual's personnel record.

Emergency behavioral health crisis services are provided in a variety of settings, including but not limited to, a person's place of residence, or other community sites. In the event that a Mobile Crisis Assessment is necessary, all efforts are made to see the person in his/her natural setting or to arrange transportation to an assessment site for the individual whose transportation barriers to assessment and intervention would otherwise preclude access to necessary services. In situations where the provision of assessment and intervention services might place staff at risk of harm, assistance from law enforcement may be sought and/or staff may arrange to meet the individual at a safe public location.

10.15.6-B: Disposition

Immediate or Urgent Level of Acuity:

The following options must be considered in determining a disposition on a person in Immediate or Urgent need:

- Call 911; for an immediate emergency response by first responders (medical and law enforcement) capable of assessing and administering medical/legal services at the person's location; this may or may not result in transfer by ambulance to an emergency room for further medical services;
- Refer to an emergency room for evaluation of a possible Emergency Medical Condition. (The Responsible Agency Medical Practitioner must be consulted prior to any referral to ER by the crisis system in order to clarify/ identify the reason for the referral);
- Consult with the Responsible Agency Behavioral Health Medical Practitioner (BHMP), Primary Care Practitioner (PCP), or Nurse;
- Refer for admission to a psychiatric inpatient facility or subacute facility (an RA BHMP does *not* have to approve the admission if an RA BHMP makes the recommendation for admission, but admission to one of the Responsible

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Agency's inpatient or subacute facilities requires contact with the inpatient/subacute facility's BHMP to write admission orders to that facility);

- Provide Mobile (Face to Face) Crisis Assessment;
- Provide On-site (RA) Crisis Assessment (walk-ins only);

When Crisis Screening indicates an Immediate or Urgent level of acuity, and the safety of others (including Mobile Crisis responders) may be an issue, law enforcement may be called to assist crisis services staff with the Mobile Crisis. This type of Mobile Crisis occurs typically in either a person's home or in the community (school, public area, etc).

One or two person Mobile Crisis Teams are utilized to respond to persons in their homes, hospitals, jails, or in the community.

All staff providing Mobile Crisis Services must have a cellular phone, a pager or a radio for dispatch. They must also carry resource and other key contact numbers for the purposes of collaboration with other providers and community agencies.

On-call Behavioral Health Professionals must be available 24 hours a day for direct consultation and must review and co-sign all Crisis screenings/assessments completed by BHTs.

When a Title XIX or Title XXI eligible person presents in an emergency room setting, the person's AHCCCS Health Plan is responsible for all emergency medical services including triage, physician assessment and diagnostic tests. Emergency services do not include psychiatric or psychological consultations for T/RBHA enrolled persons.

The RA of the enrolled person is responsible for psychiatric and/or psychological consultations in emergency room settings provided to Title XIX and Title XXI persons enrolled with a NARBHA. If a Title XIX or Title XXI person is not enrolled with NARBHA, the AHCCCS Health Plan is responsible. (See Section [4.3 Coordination of Care with AHCCCS Health Plans and Primary Care Providers](#)).

Responsible Agency staff is responsible for securing medically necessary emergency transportation for eligible individuals in crisis. Responsible Agencies may utilize ambulance services, taxi services, or police/sheriff departments to ensure that individuals are transported safely in the event that hospitalization is required. When staff transports persons in a crisis, the requirements specified in A.A.C. R9-20, are met.

10.15.6-C Service Response Date and Time

Responsible Agency staff must indicate the date and time they performed the Crisis Service in the clinical record if the crisis event is determined to be Immediate or Urgent.

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10.15.6-D Documentation

- A crisis note must be completed for telephone, face to face crisis services and on all calls forwarded to the RA from ProtoCall.
- For all crisis events, RAs are required to ensure that follow-up services be identified on the crisis note which describes who, how and when such follow-up services will be provided to the individual in crisis.

At a minimum, all Crisis Assessments must contain the following elements:

- Identification of presenting issues/problems for which the individual is seeking crisis services
- Previous history of psychiatric treatment
- Medications the member may be taking
- The individual's medical service needs, including allergies
- A review of the individual's criminal justice history
- A review of any ongoing substance abuse issues
- A mental status exam
- A risk assessment (including risk of harm to self/others, and/or previous history of self-harming behaviors)
- An assessment of any family or natural supports that may assist with the crisis event
- A clear diagnosis that ensures that any services received are medically necessary
- A detailed completion of ADHS/DBHS Next Steps section of the Core Assessment.

10.15.6-E Enrollment

When telephone or walk-in Crisis Screening (**only**) is delivered to a non-enrolled person, NARBHA does not require that the person be enrolled.

All non-enrolled persons determined to be eligible for Crisis Services and who receive a Crisis Assessment Service must be enrolled in the behavioral health system; the effective date of enrollment must correspond with the date on which the first service was received (see Section [7.5, Enrollment, Disenrollment and Other Data Submission](#)). In the event that an individual resides in an area where there are multiple Responsible Agencies, the individual will be offered a choice of which Agency he/she would like to enroll with.

RAs enroll an individual who received a crisis service using a HIPPA 834 transaction, as per DBHS/NARBHA [7.5, Enrollment, Disenrollment and Other Data Submission](#). If the individual does not choose to engage in ongoing services after the crisis event, and reasonable attempts at outreach have been made, the individual may be disenrolled without completion of the Core Assessment within 55 days of the crisis event.

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10.15.6-F Monitoring

NARBHA collects crisis data on a monthly basis and monitors utilization for appropriateness. Information collected includes the following:

- Providing a crisis call count
- Ensuring that crisis calls were responded to within appropriate time frames
- Ensuring that crisis calls were effectively screened/ assessed and that they were responded to with the appropriate level and intensity of intervention.
- Collecting aggregate data available from the data entered for crisis calls that do (do not) result in enrollments
- Collecting information on calls made to ProtoCall that result in a Low Acuity Disposition (“In-house ProtoCall calls”).

Quarterly random audits of crisis events are conducted to ensure that crisis documentation is being completed in accordance with all requirements

Responsible Agencies must keep ProtoCall current on its contact numbers and procedures for accessing the RA Mobile Crisis System. Responsible Agencies must submit to ProtoCall and the NARBHA Crisis Response System Coordinator, their monthly on-call and back-up on-call schedules by the fifth of each month, to ensure that coverage is provided 24 hours a day, 7 days a week. Backup schedules must include contact information for the medical professionals that are on-call.