Section 3.25 Crisis Intervention Services

3.25.1 Introduction

Crisis intervention services are provided to a person for the purpose of stabilizing or preventing a sudden, unanticipated, or potentially dangerous behavioral health condition, episode or behavior. Crisis intervention services are provided in a variety of settings, such as hospital emergency departments, face-to-face at a person's home, over the telephone or in the community. These intensive and time limited services may include screening, (e.g., triage and arranging for the provision of additional crisis services) assessing, evaluating or counseling to stabilize the situation, medication stabilization and monitoring, observation and/or follow-up to ensure stabilization, and/or other therapeutic and supportive services to prevent, reduce or eliminate a crisis situation.

At the time behavioral health crisis intervention services are provided, a person's enrollment or eligibility status may not be known. However, crisis intervention services must be provided, regardless of enrollment or eligibility status.

3.25.2 References

The following citations can serve as additional resources for this content area:
ADHS/RBHA Contracts
ADHS/TRBHA IGAs
http://www.azdhs.gov/bhs/sapt.htm
Section 3.16, Behavioral Health Drug List and Technology
Section 6.1, Submitting Tribal Fee-for-Service Claims to AHCCCS
Section 6.2, Submitting Claims and Encounters to the RBHA
ADHS/DBHS Covered Behavioral Health Services Guide

3.25.3 Scope

To whom does this apply?
Any person presenting with a behavioral health crisis in the community, regardless of Medicaid eligibility or enrollment status.

3.25.4 Did you know…?

- ADHS/DBHS has developed billing guidelines for crisis services (see PM Attachment 6.0.2, Billing Instructions Used to Identify Crisis Services). Guidelines for submitting claims for services, in general, are described in PM Attachment 6.0.1, Where Do I Submit My Claim?

- Collaboration agreements, including quarterly collaborative meetings between RBHAs and local law enforcement/first responders address continuity of behavioral health services during a crisis, jail diversion and safety, and strengthening relationships between first responders and behavioral health providers.

3.25.5 Definitions

ADHS/DBHS Non-Title XIX/XXI Medication Formulary

Crisis

Crisis Intervention Services

Crisis Intervention Services (Inpatient Stabilization, Facility Based)

Crisis Intervention Services (Mobile, Community Based)

Crisis Intervention Services (Telephone)

Medically Necessary Covered Services

Serious Mental Illness

3.25.6 Objectives

To ensure that crisis services are readily available to individuals experiencing a behavioral health crisis.

3.25.7 Procedures

3.25.7-A: General Requirements

To meet the needs of individuals in communities throughout Arizona, T/RBHAs must ensure that the following crisis services are available:

- Telephone crisis intervention services, including a toll-free number, available 24 hours per day, seven days a week by calling 1-(877)-756-4090, which is listed in telephone directories throughout NARBHA's General Service Area (GSA 1). 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.

- Mobile crisis intervention services, available 24 hours per day, seven days a week;
  - If one person responds, this person shall be a Behavioral Health Professional or a Behavioral Health Technician.
  - If a two-person team responds, one person may be a Behavioral Health Paraprofessional, including a peer or family member, provided he/she has supervision and training as currently required for all mobile team members.

- 23-hour crisis observation/stabilization services, including detoxification services available to individuals assessed by a mobile crisis team and determined to meet clinical/medical necessity; and

- Up to 72 hours of additional crisis stabilization as funding is available for mental health and substance abuse related services.

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), whose phones transfer to ProtoCall and determines the person's acuity and needs.

Each provider must have the capacity to communicate with individuals who do not speak or understand English. Resource information on interpreter services is available at www.narbha.org.

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 is answered within three (3) telephone rings, with a call abandonment rate less than three percent (3%). Crisis phone response includes 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 is trained by providers in identification and screening of individuals in distress. This is documented in the reception staff personnel record. Reception staff verify denials of a caller being "in crisis" prior to placing the caller on hold.

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 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, the Responsible Agency responsible for providing mobile crisis services within the area where the individual is located, will be contacted. In areas where there is more than one Responsible Agency providing crisis services, individuals will be offered a choice of which agency they would like to have contacted. If the individual has no preference, ProtoCall can be contacted and will inform the referral source of which Responsible Agency has been pre-assigned.

Requests for 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.

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 community members in need. In communities that have more than one RA, whenever possible, non-enrolled individuals are allowed to choose their RA.

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.

A crisis plan is a document that is developed to address actions that need to be taken in the event that the member is experiencing a behavioral health crisis. Crisis plans are required for individuals with special designations within the system. A Wellness Recovery Action Plan (WRAP) is permitted as a substitute to a formal crisis plan as long as the WRAP includes information that would be covered in a crisis plan. For individuals whose treatment teams feel there is a clinically appropriate reason why no crisis plan or WRAP is needed, that reason must be clearly documented in the clinical record in the service plan or on an otherwise blank crisis plan. The following is a list of individuals' special designations for whom a crisis plan, WRAP or justification for not needing a crisis plan is present in the clinical record. All must be NARBHA-enrolled members with an open episode of care.

- Co-enrolled with the Division of Developmental Disabilities (DDD)
- Children with CASII scores of 4, 5, and 6 or aged between birth and 6 years old, with a Dedicated Case Manager
- A person who had more than 2 mobile or face-to-face crisis contacts in a 30 day period in the prior 3 months
- ☐A person who called ProtoCall more than three times weekly in the prior 3 months
- ☐A person on Court Ordered Treatment (COT)
- ☐A person who has been hospitalized within the past year in an inpatient psychiatric facility, as part of the discharge plan.
- ☐Any person that the clinical treatment team deems to be at risk

A ProtoCall Alert is a copy of the individual's crisis plan inputted into the ProtoCall electronic system, allowing access to the plan for ProtoCall crisis counselors. While it is recommended that ProtoCall Alerts are entered into ProtoCall's electronic system for anyone with a completed crisis plan or WRAP, ProtoCall Alerts are required for individuals with the following designations:

- Co-enrolled with the Division of Developmental Disabilities (DDD)
- A person who had more than two mobile or face-to-face crisis contacts in a 30 day period in the prior three months

- A person who called ProtoCall more than three times weekly in the prior three months
- Any person that the clinical treatment team deems to be at risk

3.25.7-B: Management of Crisis Services

While T/RBHAs must provide a standard set of crisis services to ensure the availability of these services throughout the state, each T/RBHA must also be able to meet the specific needs of communities located within their service area. T/RBHAs must utilize the following in managing crisis services:

- T/RBHAs must allocate and manage funding to maintain the availability of required crisis services for the entire fiscal year;
- T/RBHAs must work collaboratively with local hospital-based emergency departments to determine whether a T/RBHA-funded crisis provider should be deployed to such locations for crisis intervention services;
- T/RBHAs must work collaboratively with local inpatient hospitals to determine whether and for how many hours such locations are used for crisis observation/stabilization services; and
- When Non-Title XIX/XXI eligible individuals are receiving crisis services and require medication, T/RBHAs must use the generic medication formulary identified in the Non-Title XIX SMI benefit (see Section 3.16, Behavioral Health Drug List and Technology).

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

Referrals to emergency departments 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. Substance intoxication or withdrawal syndromes are not always considered Emergency Medical Conditions that always warrant referral to an emergency department (ED) prior to admission to an inpatient facility or prior to a crisis screening/assessment. If the person presents as intoxicated with confusion, disorientation, and severe un-coordination, a referral may be indicated. 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 ED.

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 department for evaluation of a possible Emergency Medical Condition. (The Responsible Agency Medical Practitioner must be consulted prior to any referral to ED 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 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).

Crisis services staff is responsible for securing clinically appropriate, medically necessary emergency transportation for eligible individuals in crisis. Providers 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.

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. This information must be provided to ED staff.

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 resolution
- A clear diagnosis that ensures that any services received are medically necessary
- A detailed completion of interim service plan of the Assessment which includes a crisis plan.
- Demographic information needed to successfully submit enrollment data, for those individuals with no currently open episode of care.

NARBHA collects crisis data on a monthly basis and monitors utilization for appropriateness. The data is also used in a DBHS monthly deliverable report. 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
- 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.

Signature on file	10/15/14
Mary Jo Gregory President and Chief Executive Officer	Date

Signature on file	10/15/14
Teresa Bertsch, MD Chief Medical Officer	Date

Reference ADHS/DBHS Policy 111