1. PURPOSE:
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.

2. TERMS:
Definitions for terms are located online at http://www.azdhs.gov/bhs/definitions/index.php. The following terms are referenced in this section:

- 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. PROCEDURES:
   a. General Requirements
      i. To meet the needs of individuals in communities throughout Arizona, T/RBHAs must ensure that the following crisis services are available:
         (1) Telephone crisis intervention services, including a toll-free number, available 24 hours per day, seven days a week;
         (2) Mobile crisis intervention services, available 24 hours per day, seven days a week;
            (a) If one person responds, this person shall be a Behavioral Health Professional or a Behavioral Health Technician.
            (b) 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.
         (3) 23-hour crisis observation/stabilization services, including detoxification services;


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(4) Up to 72 hours of additional crisis stabilization as funding is available for mental health and substance abuse related services; and

(5) T/RBHAs must develop and make available to providers policies and procedures that include any additional information and/or any additional crisis services.

b. Management of Crisis Services
   i. 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:
      (1) T/RBHAs must allocate and manage funding to maintain the availability of required crisis services for the entire fiscal year;
      (2) 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;
      (3) 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
      (4) 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 Policy 1301, ADHS/DBHS Drug List).

4. REFERENCES:
   ADHS/RBHA Contracts
   ADHS/TRBHA IGAs
   Policy 501, Submitting Claims and Encounters
   Policy 1301, ADHS/DBHS Drug List
   ADHS/DBHS Covered Behavioral Health Services Guide