590 – Behavioral Health Crisis Services and Care Coordination

Effective Date: 10/01/22

Approval Date:

I. Purpose

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), and DES/DDD (DDD) Contractors; and Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), Tribal ALTCS, TRBHA, all FFS populations, and the FES population. This Policy establishes requirements related to the behavioral health crisis system.

II. Definitions

Average Service Level (ASL)	For the purposes of this Policy, the total of the month's calls answered within 18 seconds divided by the sum of the following: all calls answered in the month, all calls abandoned in the month and all calls receiving a busy signal in the month.
Average Speed Of Answer	The average wait time, in seconds, that an individual waits, from the moment the call is connected in the phone switch until the call is picked up by a representative.
Call Abandonment Rate	Defined as the total call volume received divided by the number of callers who hang up or disconnect prior to their call being answered, expressed as a percentage.
Crisis	An acute, unanticipated, or potentially dangerous behavioral health condition, episode, or behavior.
Crisis and Safety Plan	Developed with an individual and is designed to prevent or reduce the effects of a behavioral health crisis. The Crisis and Safety Plan shall identify what is or is not helpful in crisis prevention through the identification of contacts and resources, actions to be taken by the member, family, parents, guardians, friends, or others. The Crisis and Safety Plan shall also identify the goals of the written plan (e.g. what should the plan accomplish, ways to manage symptoms, harm, or injury reduction).

FACILITY BASED CRISIS INTERVENTION SERVICES	An immediate and unscheduled behavioral health service provided: 1. In response to an individual's behavioral health issue to prevent imminent harm, to stabilize or resolve an acute behavioral health issue, and 2. At an ADHS licensed inpatient facility or outpatient treatment center in accordance with A.A.C. Title 9 Chapter 10. Individuals may walk-in or be referred or transported to these settings.
MOBILE CRISIS INTERVENTION SERVICES	Services provided by a Mobile Crisis Team who travels throughout the community to the place where the individual is experiencing the crisis to stabilize acute psychiatric or behavioral symptoms, evaluate treatment needs, and develop a plan to meet the needs of the individual served. If needed, the individual may be transported to a higher level of care.
PEER AND RECOVERY SUPPORT SPECIALIST (PRSS)	An individual trained, credentialed according to AMPM Policy 963, and qualified to provide peer/recovery support services within the AHCCCS Programs.
WARM LINE	A support line that provides access to peers who are credentialed as specified in AMPM Policy 963. The Warm Line provides a confidential venue for individuals to call who do not have an urgent need.

III. POLICY

A Crisis is self-defined and determined by the individual experiencing the situation. An individual is in Crisis if the individual finds they lack the skills or are unable to cope. Crisis services are intensive and time limited services to stabilize or prevent a sudden, unanticipated, or potentially dangerous behavioral health condition, episode, or behavior. Crisis services are provided in a variety of settings, such as hospital emergency departments, face-to-face at a person's an individual's home, in the community or telephonically. Crisis services shall be recovery-oriented, person focused, and work to stabilize the individual as quickly as possible to assist them in returning to their baseline of functioning. All interventions shall be offered in a clinically and culturally appropriate manner that respects the preferences of the individual in crisis, while recognizing the need to maintain safety.

The ACC-RBHA Contractor is responsible for the full continuum of crisis services to all individuals in their respective service areas to prevent a potentially dangerous condition, episode, or behavior. The ACC-RBHA Contractor is required to cover up to 24 hours of care for Title XIX/XXI individuals and up to 72 hours of care for Non-Title XIX/XXI individuals.

The ACC-RBHA Contractor shall make crisis services available 24 hours per day, seven days a week, 365 days per year throughout Arizona to all individuals, regardless of age, clinical/medical condition or acuity, race, ethnicity, immigration status, or ability to pay (refer to AMPM Policy 320-T1, AMPM Policy 320-T2, and Attorney General's Order No. 2353–2001.4(a)). Prior authorization shall not be required for the provision of crisis services (A.A.C. R9-22-210.01). At the time behavioral health crisis intervention services are provided, an individual's enrollment or eligibility status may not be known, and services shall be provided regardless of AHCCCS enrollment/eligibility status.

The ACC-RBHA Contractor is responsible for crisis services including crisis telephone response, mobile crisis response, and facility-based stabilization (including observation and detoxification) and all other associated covered services delivered by the crisis service provider in these settings for the first 24 hours of a crisis episode for Title XIX/XXI individuals and for the first 72 hours for Non-Title XIX/XXI individuals. Additionally, the ACC-RBHA Contractor is responsible for all related telephonic crisis system follow-up activities, non-emergency transportation to remediate a crisis, and transportation provided by mobile crisis teams to a crisis stabilization facility.

For AHCCCS enrolled members, the Contractor of enrollment is responsible for coordinating medically necessary services and care provided to members after the initial 24 hours of a crisis episode, or discharge from a crisis stabilization setting, whichever occurs first, covering all emergency transportation and non-emergent transportation from crisis receiving facilities. Ongoing stabilization services and related covered services are the responsibility of the member's Contractor of enrollment, regardless of whether the services are provided within or outside the Contractor's GSA.

The ACC-RBHA Contractor shall collect, report, and analyze crisis system data as an important element in evaluating the service, efficiency, sufficiency, and quality of the crisis delivery system.

All Contractors shall publicize crisis services, including the statewide crisis phone number, prominently on their websites, in their resource directories, and on relevant member and community materials.

A. CRISIS TELEPHONE SERVICES

All ACC-RBHA Contractors shall jointly oversee the delivery of crisis telephone services provided in their respective Geographic Service Areas (GSAs) through a single statewide crisis phone line vendor utilizing an easy to use, single statewide, toll-free crisis phone number. The crisis phone line vendor shall obtain and maintain accreditation by the National Suicide Prevention Lifeline (NSPL) and by the American Association of Suicidology (AAS).

All calls to the crisis phone line shall be screened, assessed, and triaged based upon the presenting needs of the caller. The crisis specialist shall review the caller's Crisis and Safety Plan, when available, and ensure services are provided accordingly.

The crisis phone line vendor shall:

1. Screen calls for, at a minimum, areas related to
   a. Developmental, language/communication,
   b. Cultural needs,
   c. Veteran status,
   d. Substance use,
   e. Need for nurse line services, and
   f. The individuals' risk of harming themselves or others, including access to weapons.

2. Provide crisis counseling and de-escalation interventions.

3. Provide information on community resources and referral assistance.

Referrals for additional crisis support and community treatment shall be tailored to the individual's needs and provided based on the location in which the crisis occurs or where the individual resides, as appropriate.

Calls to the crisis phone line may be transitioned to a Warm Line when individuals identify and/or are assessed as only needing to talk. Warm Line specialists shall work within a recovery-oriented framework, offer compassion and supportive listening, and be familiar with local community supports and resources. Hours of operation for the Warm Line shall be provided based on community need and service utilization.

The ACC-RBHA Contractor shall ensure the crisis phone line vendor, at minimum:

1. Provides services that are toll-free and available 24 hours a day, 7 days a week and 365 days a year (366 during leap year).

2. Offers language translation services and utilize language assistive devices for individuals who are deaf or hard of hearing, as specified in ACOM Policy 405.

3. Is sufficiently staffed by trained crisis specialists to maintain the following minimum performance standards:
   a. Calls shall be live answered within three rings or less (not to exceed 18 seconds beginning from the first ringtone),
   b. A Call Abandonment Rate of less than 3%, and
   c. An Average Service Level (ASL) of 90% or higher.

4. Ensures telephonic crisis intervention services provided by individuals who are qualified BHPs and/or BHTs supervised by BHPs.

5. Ensures calls placed to the crisis phone line never receive a busy signal and are not placed on hold prior to assessing the urgency of the call. A caller shall agree to be placed on hold.

6. Obtains call back information from callers in the event a call is dropped unexpectedly.

7. Ensures the hold period, for calls placed on hold following initial screening, does not exceed 30 seconds.

8. Includes triage and referral functions, and coordinate with 911 and other emergency responders, crisis providers, or crisis systems, including the National Suicide Prevention Lifeline (NSPL).

9. Serves as the centralized dispatch of Mobile Crisis Team services, and track and report County level disposition and outcome data for Mobile Crisis Team dispatch and response. Mobile Crisis Teams shall only be dispatched upon assessment and referral from the crisis phone line. Prioritization of the dispatch of mobile crisis teams shall be based upon urgency, safety, and the needs of the caller.

10. Prioritizes law enforcement/public safety personnel requests for mobile dispatch to the extent possible and shall not refuse these requests.

11. Arranges for crisis related transportation, as indicated, to an appropriate provider or facility for crisis stabilization or detoxification services as specified in AMPM Policy 310-BB.

12. Ensures crisis specialists are knowledgeable about pre-petition screening and court ordered evaluation and treatment processes unique to each County.

13. Provides follow-up telephone support within 72 hours of the initial crisis call to ensure the crisis has stabilized, needed supports are in place, and coordination of care has occurred.

14. Documents and make available clinical information, including client level screening, assessment, outcome, and disposition data.

15. Employs technology systems that allow information and data to be shared throughout the continuum of the crisis system, in real time, and that facilitate communication between crisis providers, ACC-RBHA Contractors and a member's Contractor of enrollment, and that:
    a. Include planning, intervention, and referral information in an electronic record,
    b. Include tracking for the status/disposition of referrals and adhere to all reporting requirements specified in Attachment A,
    c. Interface with, and utilize the Health Information Exchange (HIE),

d. Implement real-time performance outcome dashboards to publicly display aggregate crisis call disposition, outcome, and reporting metrics, and
e. Implement integrated appointment scheduling.

As clinically indicated and based upon available information, the crisis specialist shall make every effort to ensure a warm-handoff/coordination is conducted with the member's health home, behavioral health provider, or, for members designated as Seriously Mentally Ill (SMI), the member's clinical team.

The Contractor of enrollment shall be notified by the crisis phone line vendor of member calls to the crisis phone line and the disposition of the call within 24 hours. At a minimum, this notification shall include the name of Contractor of enrollment, date, time, name of the caller and, if different, the individual experiencing the crisis, a brief description of the crisis, and the type of crisis intervention provided.

B. MOBILE CRISIS INTERVENTION SERVICES

Mobile Crisis Intervention services include face-to-face behavioral health screening and assessment, triage, crisis stabilization/intervention, support, resource linkage, crisis planning, case management, disposition, transportation and may include either face-to-face or telephonic follow-up to ensure the continued safety and wellness of the individual, and post crisis interventions, as indicated.

The ACC-RBHA Contractor shall ensure Mobile Crisis Intervention services are available in sufficient quantity to meet the mobile crisis team response times specified in ACOM Policy 436. Services shall not be restricted to certain locations or days and times within the covered area(s). In the event of a medical emergency, the mobile crisis team shall notify first responders and may respond alongside law enforcement/public safety personnel when warranted. Mobile Crisis Intervention services shall be provided on reservation when right of entry has been granted by the Tribe.

Mobile Crisis Intervention services shall be provided by DLS licensed agencies and staffed by qualified Behavioral Health Professionals (BHPs) or by Behavioral Health Paraprofessionals (BHPP) or Behavioral Health Technicians (BHTs) under the supervision of BHPs. If a BHT is providing the mobile crisis intervention service, a BHP shall be directly available for consultation 24/7/365. For safety and optimal engagement, two-person Mobile Crisis Teams are recommended. However, in certain situations a one-person team may be sufficient. If a one-person team responds, this individual shall be a BHP or a BHT under the clinical supervision of a BHP. If a two-person Mobile Crisis Team responds, the second individual may be a BHPP, provided the individual has supervision and training as required for all Mobile Crisis Team members.

The ACC-RBHA Contractor shall ensure that at least 25% of the total contracted Mobile Crisis Teams in their GSAs are staffed with Peer and Recovery Support Specialists (PRSS).

The ACC-RBHA Contractor shall ensure Mobile Crisis Teams:

1. Respond to all locations, wherever the individual is experiencing the crisis (e.g. home, work, community, jail, hospital, nursing home).

2. Provide immediate assessment and stabilization of symptoms and evaluate treatment needs.

3. Provide individual crisis planning and assessments in accordance with AMPM Policy 320-O, provide community resource linkage and referrals to individuals and their caregivers, family members and/or other natural supports.

4. Complete an assessment of the individual's risk and acuity, using a standardized tool; the risk assessment shall include, but is not limited to, current risk level related to danger to self or danger to others (DTS/DTO), substance use, current and past mental health diagnoses and treatment, and medical conditions.

5. When available, utilize an individual's existing Crisis and Safety Plan, or any additional pertinent clinical information shall be utilized during the assessment process.

6. If a Crisis and Safety Plan does not already exist, develop a short-term crisis intervention plan to assess the individual's needs to identify the services and supports to meet those needs and connect the individual to those resources. The short-term crisis intervention plan shall include methods for symptom management and available support the individual can rely on if the symptoms exacerbate.

7. When clinically indicated, connect and coordinate transportation for the individual to an appropriate facility for further care. In these cases, Mobile Crisis Teams shall provide, or coordinate transportation to the nearest appropriate facility capable of stabilizing, triaging, and determining medical necessity for ongoing care. Transportation shall be provided as specified in AMPM Policy 310-BB.

8. Respond with the least restrictive means possible, only involving law enforcement/public safety personnel when necessary.

9. Prioritize law enforcement/public safety personnel requests for mobile crisis team response with an average onsite response time within 30 minutes of receipt of the crisis call. Average of 30 minutes is calculated by utilizing the monthly average of all crisis call response teams initiated by law enforcement/public safety personnel.

10. Have GPS enhanced devices linked to the statewide crisis phone line vendor and a means of direct communication, such as a cellular phone or radio for dispatch, available at all times.

11. Coordinate care with the individual's SMI provider, or behavioral health provider (if known) when an assigned member is in crisis.

12. Serve the specialty needs of the community including youth and children, homeless individuals, and developmentally disabled.

13. Interface with and utilize the HIE when applicable.

14. When indicated, provide post-crisis follow-up within 72 hours of the initial crisis episode. Follow-up may be in-person or telephonically, depending on the needs of the individual. Follow-up shall include but is not limited to:
    a. Reassessing risk,
    b. Reviewing/updating immediate and short-term safety plans,
    c. Collaborating with immediate/available supports, and
    d. Providing ongoing support and outreach.

C. FACILITY BASED CRISIS INTERVENTION SERVICES

The ACC-RBHA Contractor is responsible for Facility Based Crisis Intervention Services including observation and detoxification services, not to exceed 24 hours for Title XIX/XXI individuals and up to 72 hours for Non-Title XIX/XXI individuals. Crisis stabilization services for individuals with substance use disorders shall include access to all appropriate medication assisted treatment options covered in the AHCCCS Drug List available on the AHCCCS website.

A clinical assessment/crisis screening shall be provided by a qualified BHP or BHT to identify treatment needs when an individual presents to a crisis stabilization facility. The assessment shall consider the individual's mental state, acuity of symptoms, substance use, and immediate danger to self or others. The individual's Crisis and Safety Plan, if available, should also be considered. Should an individual meet admission criteria and be unable or unwilling to consent to treatment, the facility shall assess the individual for the court ordered evaluation process as specified in AMPM Policy 320-U.

Once an individual's treatment needs are determined, the crisis stabilization facility is responsible for all coordination of care functions and shall refer the individual to the most appropriate level(s) of care. Medical clearance is not required prior to triaging the individual's condition or completing the assessment and identifying the treatment needs of the individual. Once these activities occur, it is the responsibility of the crisis stabilization facility to coordinate care and make the appropriate referrals for the services indicated.

The ACC-RBHA Contractor shall ensure crisis stabilization facilities and receiving centers:

1. Adhere to a no wrong door approach and serve all individuals regardless of referral source, including but not limited to, walk-ins, law enforcement/public safety personnel, and mobile crisis team drop offs.

2. Have the capacity to address and deliver care for minor physical health needs and the ability to coordinate and transfer an individual to an appropriate level of care, if necessary.

3. Prioritize and facilitate swift intake from law enforcement/public safety personnel, not to exceed 15 minutes.

4. Ensure multi-disciplinary staffing including credentialed peers.

D. CRISIS SERVICE PROVIDER TRAINING

The ACC-RBHA Contractor workforce development operations (WFD-O) shall work collaboratively with providers of crisis services to create a single, statewide, competency based specialized training program for crisis services providers. The training program shall, at a minimum:

1. Be based on the core list of topic areas, including but not limited to:
   a. First Aid,
   b. Cardiopulmonary Resuscitation (CPR),
   c. Non-violent crisis resolution,
   d. Cultural awareness and responsiveness,
   e. Trauma informed care,
   f. Evidence-based practices (e.g. SAMHSA National Guidelines for Behavioral Health Crisis Care, Roadmap to the Ideal Crisis System),
   g. Mental health screening and assessment,
   h. Risk assessment and safety planning,
   i. Substance use disorders,
   j. Co-occurring disorders,
   k. Traumatic brain injuries,
   l. Dementia,
   m. Developmentally appropriate interventions for children and adolescents,
   n. Intellectual and developmental disorders,
   o. Psychiatric medications and side effects,
   p. De-escalation techniques, and
   q. National Standards for Culturally and Linguistically Appropriate Services (CLAS).

2. Be focused on preparing practitioners for competently using skills not just learning them. The definition of competency being a description of the skills that practitioners use when performing the tasks required to provide the crisis service - not for showing they learned the concepts at the end of a class.

3. Have a BHP and BHT/BHPP learning tracks. Learning tracks may overlap in certain content areas; however, the intent is to gear each track to the differences in roles and tasks that BHPs and BHT/BHPPs have when delivering crisis services.

4. Have a behavioral and knowledge-based evaluation of the critical skills required to perform the BHP or BHT/BHPP role when providing crisis services.

5. Have ongoing training and coaching available as needed when a lack of skill/knowledge is demonstrated.

6. Include education, training, coaching and supervisory resources as well as supervisor attestations of demonstrated practitioner competency must be available and stored on the single learning management system.

All training programs developed for crisis services providers shall be reviewed and approved by AHCCCS prior to implementation.

E. NOTIFICATION OF CRISIS SYSTEM ENGAGEMENT

The ACC-RBHA Contractor shall ensure notification is provided to the member's plan of enrollment, providers (e.g. health home, Primary care provider, if known), and other appropriate parties when an individual engages with the crisis system. This notification shall occur within 24 hours of an individual first engaging in the crisis system, seven days a week, 365 days a year, including weekends and holidays.

The ACC-RBHA Contractor shall develop and maintain effective systems to ensure notifications of an individual's interaction with the crisis system include, at a minimum:

1. Member demographic information (e.g. name, date of birth, AHCCCS ID, Contractor of enrollment).

2. Nature of reason for contacting crisis.

3. Acuity level.

4. Final outcome or disposition of the crisis event.

5. Summary of interventions and clinical recommendations related to the need for any follow-up and continuing services.

F. POST-CRISIS CARE COORDINATION

The ACC-RBHA Contractor shall ensure individuals receive a Post-Crisis Care Plan which includes information related to the individual's needs post-crisis and interventions to meet these needs including access to services, prescription medications, and referrals as clinically indicated. The Post-Crisis Care Plan shall be provided to the member's Contractor of enrollment so that subsequent services can be initiated. For FFS members the Post-Crisis Care Plan shall be provided to the member's FFS provider, TRBHA, IHS/638 provider, or the American Indian Medical Home (AIMH).

The ACC-RBHA Contractor is responsible for ensuring crisis follow up and care coordination for individuals who have engaged in the crisis system within 72 hours of receiving a crisis service. Refer to AMPM Policy 1040.

The member's Contractor of enrollment, or FFS provider for FFS members, shall ensure that post crisis care coordination and service delivery occurs when an enrolled member engages in crisis services, with the objective to address the individual's ongoing needs, and ensure resolution of the crisis.

Care coordination shall occur between the member's Contractor of enrollment, or FFS provider for FFS members, including TRBHA or Tribal ALTCS, the ACC-RBHA Contractor and crisis providers serving the member. TRBHAs are responsible for crisis services and care coordination as specified in their IGA. Refer to IGA for additional Crisis Services requirements.

The Contractor shall have policies establishing post-crisis care coordination expectations that shall provide for:

1. Transfer of medical records of services received during a crisis episode, including prescriptions.

2. Tracking of admission, discharge, and re-admissions, including admission setting (e.g. emergency departments, inpatient and outpatient hospitals, detoxification, residential).

3. Requirements for follow-up directly with the individual, within 72 hours, when discharged from a crisis setting to ensure:
   a. Immediate assessment of the individual's needs, identification of the supports and services that are necessary to meet those needs, and connecting the member to appropriate services, including a plan for suicide prevention and safety, as appropriate, and
   b. Provide solution-focused and recovery-oriented interventions designed to avoid unnecessary hospitalization, incarceration, or placement in a more restrictive setting.

4. Engagement of peer and family support services when responding to post-crisis situations, as preferred and identified by the members.
5. The provision of ongoing care in an expedient manner, in accordance with the timeliness expectations specified in ACOM Policy 417.

The Contractor shall regularly evaluate post-crisis care coordination activities and work to improve internal and external collaboration efforts. Care coordination activities shall include use of Health Information Technology (HIT), as available, to improve member outcomes.

G. COMMUNITY OUTREACH AND ENGAGEMENT

The ACC-RBHA Contractor shall work in partnership with all Contractors and TRBHAs in its assigned GSA to develop collaborative protocols with local law enforcement/public safety personnel, hospital systems, and county, local and tribal governmental entities. These collaborative protocols, at a minimum, shall include:

1. Culturally appropriate provision of covered services during a crisis.
2. Information about the use and availability of crisis response services.
3. Jail diversion and safety.
4. Strengthening relationships between law enforcement/public safety personnel and providers when support or assistance is needed in working with or engaging members.
5. Procedures to identify and address joint training needs.
6. Strategies to address provision of post crisis services.
7. Development of a post crisis care and safety plan to reduce future crisis events.

The ACC-RBHA Contractor shall provide and participate in community outreach activities via quarterly community forums to inform the public of the benefits and availability of crisis services and how to access these services. The ACC-RBHA Contractor shall disseminate information regarding available crisis services. Information shall be shared with the general public and other human service providers, including but not limited to county, state, and tribal governments, school administrators, first responders, teachers, those providing services for military veterans, and other interested parties.

TRBHAs are responsible for outreach and engagement as specified in their IGAs.

For detailed requirements for outreach and engagement refer to AMPM Policy 1040.

H. REPORTING REQUIREMENTS

The ACC-RBHA Contractor shall submit a Crisis Services Report as specified in Contract utilizing Attachment A. The Crisis Services Report shall be accompanied by a cover letter detailing unmet metrics and notable trends when compared to previous reporting periods. All reported data should be split out and reported based upon the region in which the crisis call originated, including call metrics.