



Section 3.24 **Crisis Intervention Services**

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I. STATEMENT OF 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.

II. REFERENCES:

The following Pascua Yaqui (PY) Centered Spirit Program (CSP) Provider Manual sections can serve as additional resources for this content area:

Section 6.1, Submitting Claims and Encounters

The following AHCCCS document and website can also serve as resources for this content area:

[AHCCCS/TRBHA Intergovernmental Agreement \(IGA\) 2021](http://www.azahcccs.gov/bhs/sapt.htm)
<http://www.azahcccs.gov/bhs/sapt.htm>Section 3.16, Medication Formularies

III. STANDARDS:

The PY CSP Tribal Regional Behavioral Health Authority (TRBHA) ensures that crisis services are readily available to individuals experiencing a behavioral health crisis.



IV. PROCEDURES:

A. General requirements:

To meet the needs of individuals in communities throughout Arizona, TRBHAs 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: (520) 591-7206 in Tucson and Mercy Maricopa in Guadalupe 1-800-631-1314 or (602) 222-9444;
2. Mobile crisis intervention services, available 24 hours per day, seven days a week;
3. If one person responds, this person shall be a Behavioral Health Clinician (BHC) or a Behavioral Health Technician (BHT);
4. If a two-person team responds, one person may be a BHT, including a peer or family member, provided he/she has supervision and training as currently required for all mobile team members.
5. 23-hour crisis observation/stabilization services, including detoxification services and
6. Up to 72 hours of additional crisis stabilization as funding is available for mental health and substance abuse related services.
7. Other relevant procedures regarding crisis services during office hours and after office hours are noted in CSP Standards and Procedures *Section 10B.1, Crisis Intervention – Office Hours.*

B. Management of crisis services:

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

1. TRBHAs must allocate and manage funding to maintain the availability of required crisis services for the entire fiscal year;
2. TRBHAs must work collaboratively with local hospital-based emergency departments to determine whether a TRBHA-funded crisis provider should be deployed to such locations for crisis intervention services;



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3. TRBHAs 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, TRBHAs must use the generic medication formulary identified in the Non-Title XIX SMI benefit (see Section 3.16, Medication Formulary).