Crisis Intervention Services, per 15 Minutes

HCPCS H2011

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Service Definition: Community-based crisis intervention services are immediate, crisis-oriented services designed to ameliorate or minimize an acute crisis episode and/or to prevent inpatient psychiatric hospitalization or medical detoxification. Services are provided to adults, adolescents, and their families or support systems who have suffered a breakdown of their normal strategies or resources and who exhibit acute problems or disturbed thoughts, behaviors, or moods. These services are characterized by the need for highly coordinated services across a range of service systems. Crisis intervention services should be available on a 24–hour, 7-day a week basis. Services can be provided by a mobile team or by a crisis program in a facility or clinic. Crisis intervention services include: crisis prevention, primary assessment, secondary evaluation, acute crisis services and support services.

Source of Funding	HSD/BHSD, HSD/MAD (for specific populations), CYFD
Target Population	Individuals who are experiencing acute problems of disturbed thoughts, behaviors, or moods, which could threaten the safety of the individual and/or others.
Program Requirements	The major functions of Crisis Intervention Services include: Purpose of Telephone Crisis Service To provide 24 hour, 7 day a week, telephone services to consumers, families, and the consumers' support systems who are in crisis, and to callers who represent or seek assistance for persons in a mental health crisis. The crisis telephone service will be available for any individuals seeking assistance with mental illness. Crisis Intervention Service Activities 1. Establish a toll-free number dedicated to crisis calls for the identified service area. The toll-free number must be marketed or advertised throughout the identified service area. 2. Ensure a back-up crisis telephone system is available in the event that the toll-free number is not accessible. 3. All calls must be answered by a person trained in crisis response. (See staffing requirements). 4. Screen calls, evaluate crisis situation, and provide counseling and consultation to the crisis callers. 5. Make referrals to appropriate mental health professionals, where applicable. 6. Ensure that face-to-face intervention services are available immediately, or within one (1) hour of initial crisis call. (See Face-to-Face Services criteria below). 7. Provide toll-free number to active clients and their support systems. 8. The telephone crisis worker will remain on the line until a face-to-face response occurs, as applicable.

Face-to-Face Crisis Services

1. This is a face-to-face service with a person in crisis provided at the facility or in vivo.
2. A crisis assessment should be conducted immediately.
3. The provider must ensure that face-to-face crisis services are available and accessible during the work hours of the facility by trained crisis personnel.

Face-to-face crisis activities

The provider must be able to make an immediate assessment for purposes of developing a system of triage to determine urgent or emergent needs of the person in crisis. (Note: The immediate assessment may have already been completed as part of a telephone crisis response.)

The first two hours

Within the first 2 hours of the crisis event, the provider must be able to initiate the following activities:

1. Immediately conduct the crisis assessment.
2. The critical tasks are to protect the individual (possibly others) and de-escalate the situation.

Major tasks

The major steps are to:

1. Determine whether it is a life-threatening situaton or not;
2. Determine the dangerousness of the situation;
3. Attend to the legal status of the client;
4. Attend to the client's consent for treatment. In a life-threatening situation the implied consent for medical treatment and best practice prevails. If not, the competency of the person to give consent for treatment is determined;
5. Gain consent to notify support system members, when necessary;
6. Determine whether there is a known crisis plan and, if so, contact the client's care givers
7. Determine if seriousness of case requires a secondary assessment.

Short-term interventions

1. Initiate acute crisis services/stabilization.
2. Immediate short-term interventions are required to move the individual towards stabilization.
3. The focus is to resolve the crisis situation and stabilize the individual so that longer-term supports can be constructed.

Actions may include the following:

1. Observation of individual
2. Evaluation of medication needs
3. Environmental change
4. Identification of support system
5. Contact with case manager or treatment team

Follow-up

Initiate telephone call or face-to-face follow up contact with

	individual within 24 hours of initial crisis. Provide crisis follow up and support services as follows: 1. Identify a staff person responsible for ensuring that referral to immediate or ongoing support services has occurred. Offer, link and triage the individual to support and treatment services necessary, including therapeutic interventions (i.e., crisis counseling, crisis resolution). 2. Provide information and referral. 3. Provide on-site consultation to emergency room and police emergency requests. 4. Contact emergency psychiatric or medical personnel as necessary. 5. Provide crisis counseling and support to the family or other support system members involved in the crisis event as necessary. 6. Initiate entry to another mental health treatment program, by documenting, evaluating, and following up on the referral. Mobile crisis intervention When Mobile Crisis is provided, the response will include a two-member team capable of complying with the initial crisis requirements described above.
Provider Requirements	Services must be delivered by licensed behavioral health practitioners employed by a mental health/substance abuse provider organization. The organization must be a legally recognized entity in the United States, qualified to do business in New Mexico, and must meet standards established by the State of NM or its designee, and requirements of the funding source. Adult services: Providers must be Community Mental Health Centers licensed by NM Department of Health Children and Youth services: Providers must be CYFD-approved providers for children.
Staffing Requirements	Both clinical services and supervision by licensed practitioners must be in accord with their respective licensing board regulations. **Telephone Crisis Service** Individual crisis workers who are covering the crisis telephone must meet the following: Academic and Licensure: • Have a Bachelor's degree and 1 year of work experience with individuals with mental illness and/or substance related disorders. Supervision: • Be a Licensed Independent Behavioral Health Professional, a Clinical Nurse specialist, or Psychiatrist. Training:

- Have received 20 hours of crisis intervention training by a trained crisis worker (a Licensed Independent Mental Health Professional with two (2) years crisis work experience). Six (6) hours must be received prior to working on the crisis telephone; the balance is received within the first 12 hours. The six (6) hours of crisis training prior to providing services must include:
  - de-escalation techniques
  - non-violent crisis interventions
- Have received direct supervision in the handling of crisis calls before determined to be competent to work the crisis telephone unsupervised.
- Received documented training in:
  - assessing individual functional strengths and needs;
  - symptoms of mental illness and substance related disorders;
  - medications for the above population groups and their side effects;
  - accessing and utilizing community resources and services;
  - pertinent referral procedures and criteria;
  - providing culturally relevant services; and
  - ten (10) hours of crisis related continuing education annually.

Competencies:
- Ability to triage by level of urgency and need for services;
- Assessing suicide/safety risk and potential, and handling the situation; and
- Communication and problem-solving skills.

Face-to-Face Crisis Services

Academic and Licensure:
- Masters Level Licensed Mental Health Professional; and
- One (1) year work experience with individuals with mental illness and/or substance related disorders.

Supervision:
- Licensed Independent Mental Health Professional; or
- Clinical Nurse specialist; or
- Psychiatrist.

Training:
- Have received 20 hours of crisis intervention training by a trained crisis worker (a Licensed Independent Mental Health Professional with two (2) years crisis work experience). Six (6) hours must be received prior to working on the crisis telephone; the balance is received within the first 12 hours. The six (6) hours of crisis training prior to providing services must include:
  - De-escalation techniques
  - Non-violent crisis interventions
- Supervised crisis call experience;
- Received documented training in:

	○ Assessing individual functional strengths and needs; ○ Symptoms of mental illness and substance related disorders; ○ Medications and side effects; ○ Accessing and utilizing community resources and services; ○ Pertinent referral procedures and criteria; ○ Providing culturally relevant services; and ○ Ten (10) hours of crisis related continuing education annually. Competencies: • Ability to triage by level of urgency and need for services; • Assessing suicide/safety risk; • Communication and problem-solving skills; and • Establishing rapport. Mobile crisis intervention When Mobile Crisis is provided, the response will include a two-member team meeting the above face-to-face staffing requirements.
Documentation Requirements	In addition to the standard client record documentation requirements for all services, the following is required for this service: For crisis telephone services, a crisis log documenting each phone call must be maintained. Documentation for each call must include • Date, time and duration of call; • Name of individual calling; • Responder handling call; • Description of crisis; and • Intervention provided e.g., counseling, consultation, referral, etc. For face-to-face services, documentation must adhere to standard file maintenance and address all the activities under Program Requirements.
Service Exclusions	This service may not be billed in conjunction with: • Crisis services in inpatient and residential settings; • Assertive Community Treatment (ACT); or • Multi-Systemic Therapy (MST).
Admission/Service Criteria	
Continuing Service Criteria	
Discharge Criteria	
Service Authorization Period	
Service Authorization Unit	
Benefit Limits	