



# 1115 BH Crisis Services

AVOIDING EMERGENCY ROOM VISITS AND HOSPITALIZATION

# Peer-based crisis services

- **7 AAC 138.450**

## **Peer-based crisis services**

- provided by a peer support specialist under 7 AAC 138.400, to help an individual avoid the need for hospital emergency department services or the need for psychiatric hospitalization through services identified in a crisis plan by a mental health professional clinician that may include
  - a summary of crisis intervention needs;
  - facilitation of transition to other community-based resources or natural supports; and
  - advocacy for client needs with other service providers;

# Peer-based crisis services - BH Service Standards and Administrative Procedures Manual

## Service Description

- Peer-based crisis services are provided by a peer support specialist under 7 AAC 138.400 to help an individual avoid the need for hospital emergency department services or the need for psychiatric hospitalization through:
  - triage of crisis intervention needs;
  - facilitation of transition to other community-based resources or natural supports and:
  - advocacy for client needs with other service providers

# Peer-based crisis services - BH Service Standards and Administrative Procedures Manual

- **Service Components**

- Triaging for crisis intervention purposes to determine need for intervention and referral to appropriate service or authority
- Crisis support services
- Crisis diversion services
- Facilitation of the transition to community resources and natural supports
- Participate in planning for care needs if requested by the individual receiving support

# Peer-based crisis services - BH Service Standards and Administrative Procedures Manual

- **Service Components (cont.)**
- Advocacy Services (e.g. services including acting as an advocate for a client regarding preferred treatment, engagement to access services and supports, navigation to bridge services or to access necessary supports)

# Peer-based crisis services - BH Service Standards and Administrative Procedures Manual

- **Contra-indicated Services**
- All Residential Programs
- Intensive Outpatient Program
- Partial Hospitalization Program
- Ambulatory Withdrawal Management
- 23-hour Crisis Observation and Stabilization
- Mobile outreach and crisis response

# Peer-based crisis services - BH Service Standards and Administrative Procedures Manual

- **Contra indicated Services (cont.)**
- Peer based crisis services may be billed on the same day as the services above when the client is admitted from one service to the other service on the same day.

# Peer-based crisis services - BH Service Standards and Administrative Procedures Manual

- **Service Requirements/ Expectations**
- Peer-based crisis services should be provided by a peer support specialist and include the following activities:
  - triage of crisis intervention needs;
  - facilitation of transition to other community-based resources or natural supports; and
  - advocacy for client needs with other service providers.



# Peer-based crisis services - BH Service Standards and Administrative Procedures Manual

- **Staff Qualifications**

- Peer based crisis service may be staffed by an interdisciplinary team of qualified professionals, which may include any of the following;
- Licensed physicians
- Licensed physician assistants
- Advanced registered nurse practitioners
- Licensed registered nurses

# Peer-based crisis services - BH Service Standards and Administrative Procedures Manual

- **Staff Qualifications (cont.)**
- Licensed practical nurses
- Community Health Aide
- Mental health professional clinicians, 7 AAC 70.990 (28)
- Substance use disorder counselors
- Behavioral health clinical associates or behavioral health aides
- Peer support specialists

# Peer-based crisis services - BH Service Standards and Administrative Procedures Manual

## Service Frequency Limits

- N/A

## Service Authorization

- No

## Service Documentation

- Must be documented in a progress note in accordance with 7 AAC 135.160.

# Mobile Outreach and Crisis Response Services (MOCR) - 7 AAC 139.350 (2)

- (2) mobile outreach and crisis response services must be provided by a mental health professional clinician in conjunction with at least one other qualified professional, as defined in the *Alaska Behavioral Health Providers Service Standards & Administrative Procedures for Behavioral Health Provider Services*, to:
  - (A) prevent a substance use disorder or mental health crisis from escalating
  - (B) stabilize an individual during or after a mental health crisis or a substance use disorder crisis; and
  - (C) refer and connect the individual to other appropriate services that may be needed to resolve the crisis

# Mobile Outreach and Crisis Response Services (MOCR) - BH Service Standards and Administrative Procedures Manual

- **Service Definition/ Description**
- MOCR services are provided to (1) prevent substance use disorder or mental health crisis from escalating; (2) stabilize an individual during or after a mental health crisis or a crisis involving a substance use disorder; or (3) refer and connect to other appropriate services that may be needed to resolve the crisis.
- **Service Components**
- Triage and assessment services

# Mobile Outreach and Crisis Response Services (MOCR) - BH Service Standards and Administrative Procedures Manual

## Service Components (cont.)

- Crisis assessment including causes leading to the crisis, safety and risk considerations, recent behavioral health treatment, medications, and medical issues
  - Assessment also includes specific screening for suicide
- Crisis intervention and stabilization services
  - De-escalation
  - Crisis planning included, such as the creation of a safety plan
- Referral and linkage with appropriate community services and resources

# Mobile Outreach and Crisis Response Services (MOCR) - BH Service Standards and Administrative Procedures Manual

- **Service Components (cont.)**
- Linkage to medication services as needed through collaboration with qualified providers
- Mediation services as appropriate
- Skills training designed to minimize future crisis situations

# Mobile Outreach and Crisis Response Services (MOCR) - BH Service Standards and Administrative Procedures Manual

- **Service Requirements/ Expectations**
- MOCR programs must be available 24/7 (i.e. 24 hours a day, 7 days of the week), make available psychiatric consultation, and provide rapid face-to-face response as follows:
  - Urban teams on average must respond to client within an hour.
  - Rural and frontier teams are not required to respond within an hour but must document efforts taken with respect to a rapid face-to-face response
- For an initial client crisis request, a MOCR program must ensure at least two staff respond, face-to-face, including a mental health professional clinician and a qualified behavioral health provider, such as a behavioral health associate.



# Mobile Outreach and Crisis Response Services (MOCR) - BH Service Standards and Administrative Procedures Manual

- **Service Requirements/ Expectations (cont.)**
- Rural and frontier programs may have only one staff person onsite to respond and may use telehealth to meet the requirement and/or need for additional qualified staff.
- MOCR programs must document attempt to follow-up with a client after a response within 48 hours to ensure support, safety, and confirm linkage with any referrals. This requirement may be satisfied through a phone call with a client.
- MOCR programs must coordinate with law enforcement and a 23-hour crisis observation and stabilization (COS) services and crisis stabilization services, when available.

# Mobile Outreach and Crisis Response Services (MOCR) - BH Service Standards and Administrative Procedures Manual

- **Service Requirements/ Expectations (cont.)**
- When appropriate, MOCR services may be provided to the family or support system in support of an individual who is experiencing a behavioral health crisis.
- **Target Population**
- Individuals eligible under 7 AAC 139.010 who are in need of MOCR services to (1) prevent substance use disorder or mental health crisis from escalating; (2) stabilize an individual during or after a mental health crisis or a crisis involving a substance use disorder; or (3) refer and connect to other appropriate services that may be needed to resolve the crisis.

# Mobile Outreach and Crisis Response Services (MOCR) - BH Service Standards and Administrative Procedures Manual

- **Staffing**
- Licensed physicians
- Licensed physician assistants
- Licensed registered nurses
- Licensed practical nurses
- Community Health Aide
- Licensed psychologists

# Mobile Outreach and Crisis Response Services (MOCR) - BH Service Standards and Administrative Procedures Manual

- **Staffing – (cont.)**

- Mental health professional clinicians, 7 AAC 70.990 (28)
- Substance use disorder counselors
- Behavioral health clinical associates
- Behavioral health aide
- Peer support specialist

# Mobile Outreach and Crisis Response Services (MOCR) - BH Service Standards and Administrative Procedures Manual

- **Staffing**
- Programs may employ a multidisciplinary team of professionals to perform MOCR; however, each unit of service must be provided by a mental health professional clinician or other qualified professional to be eligible to draw down the per unit rate.

# Mobile Outreach and Crisis Response Services (MOCR) - BH Service Standards and Administrative Procedures Manual

- **Contra indicated Services – N/A**
- **Service Frequency/Limits**
  - N/A
- **Service Authorization**
  - No
- **Service Documentation**
  - Must be documented in a progress note in accordance with 7 AAC 135.130

# 23-Hour Crisis Observation and Stabilization - 7AAC 139.350

- (3) 23-hour crisis observation and stabilization services, provided to an individual presenting with acute symptoms of mental or emotional distress for up to 23 hours and 59 minutes in a secure environment, that must:
  - be provided by medical staff supervised by a physician, a physician assistant, or an advanced practice registered nurse;
  - result in prompt evaluation and stabilization of the individual's condition; and
  - ensure the individual is safe from self-harm, including suicidal behavior

# 23-Hour Crisis Observation and Stabilization - BH Service Standards and Administrative Procedures Manual

- **Service Definition/ Description**

- COS services are intended to provide prompt observation and stabilization services to individuals presenting with acute symptoms of mental or emotional distress for up to 23 hours and 59 minutes in a secure environment.

- **Service Components**

- Individual assessment
- Treatment plan development



# 23-Hour Crisis Observation and Stabilization

- **Service Components (cont.)**

- Psychiatric evaluation services
- Nursing services
- Medication Services-including medication prescription, review of medication, medication administration and medication management.
- Crisis intervention services
- Crisis stabilization services designed to stabilize and restore the individual to a level of functioning that does not require inpatient hospitalization.



# 23-Hour Crisis Observation and Stabilization

- **Service Components (cont.)**

- Stabilization of withdrawal symptoms
- Referral to the appropriate level of treatment services and follow-up to support connection

- **Contraindicated Services**

- Community Recovery Support Services
- Crisis Stabilization Services
- Mobile Outreach and Crisis Response Services

# 23-Hour Crisis Observation and Stabilization

- **Contraindicated Services – (cont.)**
- Intensive Outpatient Program
- Partial Hospitalization Program
- Children's Residential Treatment Level 1/11
- Adult Mental Health Residential Level 1/11
- Ambulatory Withdrawal Management
- Clinically Managed Residential Withdrawal Management-3. 2

# 23-Hour Crisis Observation and Stabilization

- **Contraindicated Services – (cont.)**
- Medically Monitored Inpatient Withdrawal Management-3.7
- Medically Managed Intensive Inpatient Withdrawal Management-4.0
- Medically Monitored Intensive Inpatient Services-3.7
- Medically Managed Intensive Inpatient Services-4.0
- Clinically Managed Low Intensity Residential-3.1
- Clinically Managed High Intensity Residential Treatment-3.3 (Pop. Specific)

# 23-Hour Crisis Observation and Stabilization

- **Contraindicated Services – (cont.)**

- Clinically Managed High Intensity Residential-3.5
- Clinically Managed Medium Intensity Residential-3.5 Adolescent
- \*COS services may be billed on the same day as the services below when the client is admitted from one service to the other service on the same day.

- **Service Requirements/ Expectations**

- COS services can only be provided up to 23 hours and 59 minutes in a secure and protected environment that must -

# 23-Hour Crisis Observation and Stabilization

- **Service Requirements/ Expectations (cont.)**

- Be provided by physician or a physician assistant or advanced practice registered nurse staff supervised by a physician;
- Result in prompt evaluation and stabilization of individual's condition; and
- Ensure the individual is safe from self-harm, including suicidal behavior

"A secure and protected environment" is an unlocked facility designed to allow staff to stay in close contact with clients.

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# 23-Hour Crisis Observation and Stabilization

- **Service Requirements/ Expectations (cont.)**

Other COS program parameters

- May vary in the number of observation chairs
- Must be available 24/7 (i.e. 24 hours for each day of the week)
- Must coordinate with law enforcement; this includes securing written agreements with local and service area law enforcement regarding coordination and having the capacity to receive direct referrals from law enforcement
- Must, if available, coordinate services with a crisis stabilization services center

# 23-Hour Crisis Observation and Stabilization

- **Service Requirements/ Expectations (cont.)**

- Must provide either co-occurring capable or enhanced evaluation or services
- May share staffing with a crisis stabilization services center, if co-located, when necessary provided that adequate staffing remains in both units

- **Target Population**

- All ages of individuals who are presenting with acute symptoms or distress that cannot be managed safely or effectively in a less restrictive environment.



# 23-Hour Crisis Observation and Stabilization

- **Staff Qualifications**

- COS may be staffed by an interdisciplinary team of qualified professionals (same as MOCR – slide 19 and 20)
- COS programs may employ a multidisciplinary team of professionals; however, a licensed physician, nurse, physician assistant, or community health aide or at the direction of licensed physician, nurse, physician assistant, or community health aide must facilitate each unit of service to draw down the hourly rate.

- **Service Location**

- 05-Indian Health Service Free-standing Facility
- 06-Indian Health Service Provider-based Facility

# 23-Hour Crisis Observation and Stabilization

- **Service Location (cont.)**
- 07-Tribal 638 Free-standing Facility
- 08-Tribal 638 Provider-based Facility
- 53-Community mental health center
- 99-Other; General acute care hospitals, Psychiatric hospitals, Licensed critical access hospitals, mental health physician clinics, Crisis stabilization units
- These facilities are not IMDs



## 23-Hour Crisis Observation and Stabilization

- **Service Frequency/Limits**

- N/A

- **Service Authorization**

- No

- **Service Documentation**

- Must be documented in a progress note in accordance with 7 AAC 135.130

# Crisis Residential and Stabilization Services - 7AAC 139.350

- (b) The crisis residential and stabilization services provided to an eligible individual presenting with acute mental or emotional disorders requiring psychiatric stabilization and care may be provided in a licensed general acute care hospital, psychiatric hospital, Indian Health Service facility, licensed critical access hospital, by a community behavioral health services provider approved by the department under 7 AAC 136.020, or a crisis stabilization center under AS 47.32.900(22). The crisis residential and stabilization services must be provided:
  - as a short-term residential program with 16 or fewer beds;

# Crisis Residential and Stabilization Services - 7AAC 139.350

- as a medically monitored stabilization service designed to restore the individual to a level of functioning that does not require inpatient hospitalization; and
- to assess the need for medication services and other post-discharge treatment and support services.

(c) A peer support specialist in this section is subject to the qualifications listed in 7 AAC 138.400(a) and (e).

(d) In this section, "short term" means no more than seven days, and may be extended through a service authorization.

# Crisis Residential and Stabilization Services - BH Service Standards and Administrative Procedures Manual

- **Service Description**

- A medically monitored, short-term, residential program in an approved facility that provides 24/7 psychiatric stabilization.

- **Service Components**

- Individual assessment
- Crisis intervention services
- Crisis stabilization services designed to stabilize and restore the individual to a level of functioning that does not require inpatient hospitalization



# Crisis Residential and Stabilization Services

- **Service Components – (cont.)**
- Stabilization of withdrawal symptoms
- Psychiatric evaluation services
- Nursing services
- Medication services-including medication prescription, review of medication, medication administration, and medication management
- Treatment plan development services; and
- Referral to the appropriate level of treatment services

# Crisis Residential and Stabilization Services

- **Contra-indicated Services**

- Essentially the same as 23-hour Crisis Observation and Stabilization (slide 26-29)

- **Service Requirements/ Expectations**

- Crisis stabilization services must be provided -
- as a short-term residential program with 16 or fewer beds;
- as a medically monitored stabilization service designed to restore the individual to a level of functioning that does not require inpatient hospitalization; and



# Crisis Residential and Stabilization Services

- **Service Requirements/ Expectations – (cont.)**
- to assess the need for medication services and other post-discharge treatment and support services.
- For purposes of crisis stabilization services, "short term" means no more than seven days, with an opportunity to extend through a service authorization.
- Other service parameters include the following:
- Services must be available 24/7 (24 hours, 7 days a week)
- Clients must be seen by a physician, physician assistant, psychiatrist, or advanced nurse practitioner within 24 hours of admission to conduct an assessment, address issues of care, and write orders as required.



# Crisis Residential and Stabilization Services

- **Target Population**


- Individuals eligible under 7 AAC 139.010 presenting with acute mental or emotional disorders requiring psychiatric stabilization and care.

- **Staff Qualifications**

- Licensed physicians
- Licensed physician assistants
- Licensed registered nurses
- Licensed practical nurses
- Community Health Aide
- Licensed psychologists



# Crisis Residential and Stabilization Services

- **Staff Qualifications (cont.)**
  - Mental health professional clinicians, 7 AAC 70.990 (28)
  - Substance use disorder counselors
  - Behavioral health clinical associates
  - Behavioral health aide
  - Peer support specialist
  - Programs may employ a multidisciplinary team of professionals to perform community recovery support services(s); however, each unit of services must be provided by a physician, physician assistant, psychiatrist, or advanced nurse practitioner or at the direction of a physician, physician assistant, psychiatrist, or advanced nurse practitioner to be eligible to draw down the per unit rate.
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# Crisis Residential and Stabilization Services

- **Service Location**

- Same as 23-Hour Crisis Observation (slides 33,34)

- **Service Frequency/Limits**

- Length of stay: maximum of 7 days. (An extension of stay requires medical necessity and a service authorization to extend limit.)

- **Service Authorization**

- No



# Crisis Residential and Stabilization Services

- **Service Documentation**
- Must be documented in a progress note in accordance with 7 AAC 135.130.