

590 – BEHAVIORAL HEALTH CRISIS SERVICES AND CARE COORDINATION

EFFECTIVE DATES: 10/01/22, 10/01/23

APPROVAL DATES: 04/14/22, 06/06/23

I. PURPOSE

The Policy is applicable to all individuals regardless of Medicaid enrollment or eligibility and establishes requirements related to the behavioral health crisis system for Title XIX/XXI and Non-Title XIX/XXI eligible members. 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), DES/DDD Tribal Health Program (DDD THP), Tribal ALTCS, TRBHAs, all FFS populations, and the FES population. This Policy establishes requirements related to care coordination for assigned members after receiving crisis services in the behavioral health crisis system.

II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy including:

BEHAVIORAL HEALTH PROFESSIONAL (BHP)	BEHAVIORAL HEALTH PARAPROFESSIONAL (BHPP)	BEHAVIORAL HEALTH TECHNICIAN (BHT)
GEOGRAPHICAL SERVICE AREA (GSA)	HEALTH INFORMATION EXCHANGE (HIE)	MEMBER
PEER-AND-RECOVERY SUPPORT SPECIALIST (PRSS)	WORKFORCE DEVELOPMENT OPERATION (WFDO)	

For purposes of this Policy, the following terms are defined as:

AVERAGE CALL TALK TIME The average time, measured in minutes, that an individual is engaging with a representative measured from the time the call is live answered to the time the call is terminated, inclusive of hold time.

AVERAGE LENGTH OF TIME ON HOLD The average time, measured in seconds, that an individual waits from the moment the caller is placed on hold until the call is picked up by a representative.

AVERAGE SERVICE LEVEL (ASL) 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 (ASOA)	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	The number of calls disconnected divided by the total number of calls, expressed as a percentage. Any call, lasting longer than 18 seconds, that is received by the contact center is counted in the call abandonment rate.
CRISIS ASSESSMENT	A clinical interview to ascertain an individual’s current and previous level of functioning, potential for dangerousness to self and or others, physical health, and psychiatric and medical conditions to inform the individual’s acute action plan and level of care.
FACILITY BASED CRISIS INTERVENTION SERVICES	An immediate and unscheduled behavioral health service provided: In response to an individual’s behavioral health issue to prevent imminent harm, to stabilize or resolve an acute behavioral health issue, and 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.
POST CRISIS CARE PLAN	A treatment plan created in collaboration with the member, at the conclusion of the crisis episode.
PUBLIC SAFETY PERSONNEL	Any Federal, State, territorial, or Tribal law enforcement officer, firefighter, or emergency response provider.
CRISIS AND SAFETY PLAN	A plan developed between crisis staff and an individual and 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 individual, 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).
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

The purpose of this policy is to outline the AHCCCS requirements for maintaining the Arizona crisis care continuum and outline coverage responsibility for these services. A crisis event 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 with a situation or event that is impacting them. Crisis services are intensive, time limited services that are provided 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 face-to-face at an individual's home, in the community, or telephonically. Crisis services are required to 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 are required to 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 shall make crisis services available to all individuals regardless of Medicaid enrollment or eligibility, 24 hours per day, seven days a week, 365 days per year. The ACC-RBHA Contractor is required to cover up to 24 hours of care for Title XIX/XXI enrolled members and up to 72 hours of care for Non-Title XIX/XXI eligible individuals. Services shall be provided throughout Arizona to all individuals, regardless of age, gender, 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 status or eligibility for an AHCCCS program may not be known, and services shall be provided regardless of AHCCCS enrollment/eligibility status.

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. Crisis services include crisis telephone response, mobile crisis response, and facility-based stabilization (including observation and detoxification) and all other associated covered services delivered by crisis service providers. 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 within the first 24 hours. 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.

For AHCCCS-enrolled members, the health plan 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 and follow up contact with the member to ensure care coordination and support services are in place. Emergency and non-emergency transportation shall be arranged in accordance with AMPM Policy 310-BB Transportation. Ongoing stabilization services and related covered services are the responsibility of the member's health plan of enrollment, regardless of whether the services are provided within or outside the health plan's Geographical Service Area (GSA).

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 as specified in ACOM Policies 404, 406, and 433.

Tribal Regional Behavioral Health Authorities (TRBHA) shall follow the crisis provisions as outlined in their respective Intergovernmental Agreements (IGA) for members living on tribal lands.

A. CRISIS TELEPHONE SERVICES

All ACC-RBHA Contractors shall jointly oversee the delivery of crisis telephone services provided in their respective GSAs through a single statewide crisis phone line vendor utilizing an easy to use, single statewide, toll-free crisis phone number. ACC-RBHAs shall ensure that the crisis phone line vendor shall obtain and maintain accreditation by the American Association of Suicidology (AAS) and meet the minimum requirements of the 988 Suicide and Crisis Lifeline to remain a lifeline call center. The ACC-RBHA Contractors are required to ensure that crisis contacts originating from the Arizona 988 Lifeline centers are seamlessly transitioned into the Arizona crisis care continuum whenever the caller's needs exceed the capacity or scope of the Lifeline center (e.g., if a caller requires a crisis mobile team or crisis stabilization services and the caller is confirmed to be in Arizona, the ACC-RBHA shall assume responsibility of the contact as with any other crisis contact originating within their respective GSA. ACC-RBHAs shall ensure that all calls to the crisis phone line are 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 ACC-RBHAs shall ensure that, at minimum, the crisis phone line vendor:

1. Screens calls for areas related to:
 - a. Developmental, language/communication,
 - b. Cultural needs,
 - c. Veteran status,
 - d. Substance use,
 - e. Need for nurse line services, and
 - f. Risk of harming themselves or others, including access to weapons.
2. Provides crisis counseling and de-escalation interventions.
3. Provides information on community resources and referral assistance.
 - a. 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.
4. Has agreements in place to transition calls to a Warm Line when individuals identify and/or are assessed as only needing to talk during Warm Line hours of operation.
 - a. 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.

5. Provides services that are toll-free and available 24 hours a day, seven days a week and 365 days a year (366 during leap year).
6. Offers language translation and interpretation services and utilizes language assistive devices for individuals who are deaf or hard of hearing, as specified in ACOM Policy 405.
7. Ensures telephonic crisis intervention services are provided by individuals who are qualified Behavioral Health Professionals (BHPs) and/or Behavioral Health Technicians (BHTs) supervised by BHPs.
8. 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 three percent, and
 - c. An Average Service Level (ASL) of 90% or higher.
9. Ensures calls placed to the crisis phone line never receive a busy signal. Callers who are determined safe to wait shall agree prior to being placed on hold. The ACC-RBHA Contractors may approve a single statewide safe to wait status policy for crisis call centers that is clinically appropriate, well defined and includes a maximum monthly average hold time. The Contractor shall submit any established Safe to Wait Status policy to AHCCCS, any subsequent proposed changes shall be submitted to AHCCCS and include clinical rationale.
10. Obtains call back information from callers in the event a call is dropped unexpectedly.
11. Ensures the hold period for calls placed on hold following initial screening does not exceed 60 seconds on a monthly average.
12. Includes triage and referral functions, and coordinates with 911 and other emergency responders, crisis providers, or crisis systems, including the 988 Suicide and Crisis Lifeline.
13. 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 to the ACC-RBHAs. 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.
14. Prioritizes Public Safety Personnel requests for mobile dispatch to the extent possible and shall not refuse these requests.
15. 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.
16. Ensures crisis specialists are knowledgeable about pre-petition screening and court ordered evaluation and treatment processes unique to each County.

17. Provides follow-up telephone support to the individual, or Health Care Decision Maker (HCDM) when applicable, 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.
18. Documents and makes available clinical information, including client level screening, assessment, outcome, and disposition data.
19. Employs technology systems that:
 - a. Allow information and data to be shared throughout the continuum of the crisis system, in real time,
 - b. Facilitate communication between crisis providers, ACC-RBHA Contractors and an enrolled member's Contractor of enrollment,
 - c. Include planning, intervention, and referral information in an electronic record,
 - d. Include tracking for the status/disposition of referrals and adhere to all reporting requirements specified in Attachment A,
 - e. Interface with, and utilize the Health Information Exchange (HIE),
 - f. Implement real-time performance outcome dashboards to publicly display aggregate crisis call disposition, outcome, and reporting metrics, and
 - g. Implement integrated appointment scheduling.
20. As clinically indicated and based upon available information, the crisis specialist shall make every effort to ensure a warm hand off/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.

B. MOBILE CRISIS INTERVENTION SERVICES

ACC-RBHAs shall ensure that 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.

1. The ACC-RBHA Contractor shall ensure Mobile Crisis Intervention services are available in sufficient quantity to meet the following mobile crisis team response times:
 - a. The ACC-RBHA Contractors serving Maricopa and Pima counties shall require mobile crisis teams to respond on site within an average of 60 minutes within these counties,
 - b. ACC-RBHA Contractors serving all other areas of the state shall require mobile crisis teams to respond on site within an average of 90 minutes,
 - c. Mobile team response times shall be calculated beginning from the time a mobile team dispatch has been identified as clinically indicated by the single statewide call center crisis counselor to the time the team arrives on site. Mobile team dispatches with less than a three-minute response time shall be removed from the overall GSA calculation of minimum, maximum, mean, and median response times to ensure that reported data accurately reflects community response time, and
 - d. The Contractor shall report in Attachment A the minimum, maximum, mean, and median response times in their Contracted area for each of the months.

ACC-RBHAs shall ensure that Mobile Crisis Intervention services are not 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 Public Safety Personnel when warranted. Mobile Crisis Intervention Services shall be provided on tribal lands when right of entry has been granted by the Tribe.

ACC-RBHAs shall ensure that Mobile Crisis Intervention Services are provided by appropriately licensed agencies and staffed by qualified BHPs or by Behavioral Health Paraprofessionals (BHPP) or 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).

2. The ACC-RBHA Contractor shall ensure Mobile Crisis Teams:
 - a. Respond to all locations, wherever the individual is experiencing the crisis (e.g., home, work, community, nursing home) without duplicating or replacing existing behavioral health services available at that location,
 - b. Offer language translation and interpretation services and utilizes language assistive devices for individuals who are deaf or hard of hearing, as specified in ACOM Policy 405,
 - c. Provide an immediate 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,
 - d. Provide community resource linkage and referrals to individuals and their caregivers, family members and/or other natural supports,
 - e. When available, utilize an individual's existing Crisis and Safety Plan, or any additional pertinent clinical information during the assessment process,
 - f. 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 supports the individual can rely on if the symptoms exacerbate,
 - g. 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 triaging, stabilizing, and determining clinically appropriate level of care. Transportation shall be provided as specified in AMPM Policy 310-BB,
 - h. Respond with the least restrictive means possible, only involving Public Safety Personnel, when necessary,

- i. Prioritize 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 Public Safety Personnel, not to be included in the calculation of community response minimum, maximum, median, and mean response times when reporting on Attachment A and Attachment B,
- j. Have Global Positioning System (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,
- k. Coordinate care with an enrolled member's behavioral health provider (if known) when an enrolled member is in crisis,
- l. Are trained to provide for the specialty needs of the community, including youth and children, persons experiencing homelessness, and individuals with physical, intellectual, or developmental disabilities,
- m. Interface with and utilize the HIE when applicable, and
- n. Provide post-crisis follow-up within 72 hours of the initial crisis episode. Follow-up may be in-person or telephonic, depending on the needs of the individual. Follow-up shall include but is not limited to:
 - i. Reassessing risk,
 - ii. Reviewing/updating immediate and short-term safety plans,
 - iii. Collaborating with immediate/available supports, and
 - iv. 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 enrolled members 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 for Opioid Use Disorder (MOUD) options covered in the AHCCCS drug list available on the AHCCCS website.

ACC-RBHAs shall ensure that a clinical assessment is 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, acuties 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 adult individual meet admission criterion, 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, completing the assessment to identify treatment needs or making 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, Public Safety Personnel, and mobile crisis team drop offs.

2. Have the capacity to address and deliver care for minor physical health needs.
3. Coordinate and transfer an individual to an appropriate level of care, if necessary.
4. Prioritize and facilitate swift intake from Public Safety Personnel, not to exceed 15 minutes.
5. 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 crisis service providers to create a single, statewide, competency based specialized training program for crisis services providers. Training requirements shall consist of a single statewide list of outlined topics, identified by AHCCCS, required to establish competency of crisis providers. The ACC-RBHA Contractor shall be responsible for selecting the individual training course or modality that meets the requirement for each topic area. 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 intervention,
 - 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. Physical, intellectual, and developmental disabilities,
 - o. Psychiatric medications and side effects,
 - p. De-escalation techniques,
 - q. Language assistive devices, and
 - r. 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 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 and when a lack of skill/knowledge is identified.
6. Include education, training, coaching and supervisory resources as well as supervisor attestations of demonstrated practitioner competency available and stored on a 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

For AHCCCS enrolled members, the ACC-RBHA Contractor shall ensure notification is provided to the member's plan of enrollment, providers (e.g., TRBHA, health home, Primary Care Provider (PCP), if known), and other appropriate parties when an enrolled member engages with the crisis system. This notification shall occur within 24 hours of an enrolled member 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 enrolled member's interaction with the crisis system include, at a minimum:

1. Enrolled member demographic information (e.g., name, date of birth, AHCCCS ID, health plan 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. For enrolled members, the post-crisis care plan shall be provided to the member's health plan of enrollment within 24 hours of contact so that subsequent services can be initiated. Post-crisis care plans shall include, at minimum, a description of the purpose of the contact, a description of the interventions and referrals provided, a description of any allegations or statements that may indicate the need to initiate and Incident, Accident, and Death (IAD) report (refer to AMPM Policy 961) and any additional information that may be relevant for follow up action by the plan of enrollment.

The member's health plan of enrollment shall ensure that post crisis care coordination and service delivery occur when an enrolled member engages in crisis services, with the objective to address the member's ongoing needs and ensure resolution of the crisis. Refer to AMPM Policy 1040 for outreach and engagement requirements and ACOM policy 417 for general behavioral health appointment standards.

Care coordination shall occur between the member's health plan of enrollment, the ACC-RBHA Contractor, crisis providers and, if applicable, TRBHAs serving the member. TRBHAs are responsible for care coordination as outlined in their IGA.

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 individual to appropriate services, including a Crisis and Safety Plan, and
 - b. Provide evidence-based 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 enrolled 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 the 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 Public Safety Personnel, hospital systems, and county, school districts, 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 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 include completion of the cover letter template detailing unmet metrics and notable trends when compared to previous reporting periods and interventions implemented based on trends identified. All reported data should be split out and reported based upon the region in which the crisis originated, including call metrics, Crisis Mobile Team dispatch, disposition, and crisis stabilization facility utilization.

Attachment B shall be submitted directly to AHCCCS, copying all ACC-RBHA Contractors at the time of submission.