

DEPARTMENT FOR BEHAVIORAL HEALTH,  
DEVELOPMENTAL AND INTELLECTUAL DISABILITIES

Crisis Services Instructions and Objectives

Description and Guiding Principles

The Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities contracts with the Community Mental Health Centers to serve as the behavioral health safety net for Kentucky's citizens. CMHCs must provide a timely, effective response to all individuals who seek services during a behavioral health crisis/emergency. The CMHC's system shall serve individuals with mental health disorders, substance use disorders, intellectual and other developmental disabilities and co-occurring disorders. As the regional public safety net, the CMHC shall adhere to the following guiding principles.

**Kentucky Crisis Services Guiding Principles**

- ◆ **Embraces Recovery:** In a recovery-oriented approach to crisis care, the risks of harm to self or others are recognized; however, crises are viewed as challenges that present opportunities for growth and empowerment.
- ◆ **Significant Role for Peers:** Recovery-oriented crisis care carefully engages the experiences, capabilities, and compassion of people who have experienced mental health crises.
- ◆ **Trauma-Informed Care:** Environments and treatment approaches that are safe and calm can facilitate healing.
- ◆ **Zero Suicide/Suicide Safer Care:** Comprehensive crisis services is foundational to suicide prevention. Comprehensive crisis intervention systems must include all of the core elements and core principles and practices of Zero Suicide/Suicide Safer Care.
- ◆ **Safety and Security for Clients and Staff:** Ensuring safety and the perception of safety for both clients and staff is essential for effective crisis care.
- ◆ **Respect:** Crisis services programs and staff shall:
  - Respect the needs and wishes of each person and/or family experiencing a behavioral health crisis; and
  - Value and protect the rights, privacy, and confidentiality of each person in crisis, unless the person presents an imminent risk and confidentiality would compromise the required intervention; and
  - Consider the strengths and resources of the person in crisis, the family, and the community; and
  - Collaborate with others involved with the person in crisis, whenever appropriate and possible.
- ◆ **Comprehensive Array:** Each CMHC shall design an emergency service system that is comprehensive in order to meet regional, client and family needs in emergency situations.
- ◆ **Accessibility:** The CMHC is responsible for providing behavioral health crisis responses to all individuals who seek services when experiencing a behavioral health or intellectual and other developmental disabilities crisis, regardless of age, diagnosis, payor source, ability to pay, priority population group or agency of origin.
- ◆ **Timeliness:** Quick response times are a critical feature of an effective behavioral health emergency system.
- ◆ **Inclusion:** Every person has the right to receive a timely, effective emergency response from his or her CMHC.
- ◆ **Least Restrictive Setting:** Crisis services preserve community placement whenever possible and prevent institutionalization, hospitalization, or increased levels of care. Services preserve natural supports of the individual experiencing the emergency to the greatest extent possible.
- ◆ **Accountability:** The crisis service system is accountable to individuals, their caregivers, families, communities, and funding sources.
- ◆ **Collaboration:** Collaboration with pertinent stakeholders, such as law enforcement, hospitals, consumers, youth, and family members, is essential for developing local crisis systems of care.
- ◆ **Data Informed:** Decision making at the individual and system level is guided by data.

DEPARTMENT FOR BEHAVIORAL HEALTH,  
DEVELOPMENTAL AND INTELLECTUAL DISABILITIES

**Crisis Services Instructions and Objectives**

- ◆ **Evidence Based Practice:** Crisis services responses are delivered in a holistic manner using evidenced based and best practices.
- ◆ **Cultural Competence:** Crisis services are provided by staff who are culturally and linguistically competent.
- ◆ **Community Awareness:** The procedure for accessing emergency behavioral health services is common knowledge in the community.

FY 2025

**Form 132**

- Courtney Welsh has been added as a contact.
- Information regarding IDD crisis services is no longer collected in this form.
- For Section 2, Regional Array of Crisis Services and Components, the following changes have been made:
  - Ready Access to Pharmacy Services, Pharmacy Services within 24 Hours or Next Business Day, Crisis Observation Stabilization Services, Behavioral Health Crisis Transportation, Residential Crisis Stabilization Services in a RCSU – SUD or Co-Occurring MH and SUD have been added.
  - Service names or definitions have been revised for Mobile Crisis Intervention Services, Residential Crisis Stabilization Services, and Behavioral Health Crisis Respite.
  - Residential Crisis Stabilization Services
- For Section 3, System of Care Scope, “RN Nurses” and “Qualified Mental Health Professionals” have been added in question 2. Four new questions have been added related to mobile crisis staffing and coverage, seclusion and restraint policies, access to emergency medications, and innovations in crisis staff recruitment (with four questions deleted).

**Form 113D**

- Courtney Welsh has been added as a contact.

**Instructions**

- These guidelines are offered to assist you in completing both the plan and budget and periodic reporting requirements. Please share them with appropriate staff.
- Centers are required to report all client related services in the client and event data sets. The following information is provided to assist with some specific data set reporting and to detail the information to be reported manually for those services that cannot be coded in the data set.
- As indicated on the Notice of Available Regional Funding (NARF), Centers receive restricted behavioral health funds for emergency services for both adults and children. Please indicate the planned spending on the MH Financial Planning and Implementation Report (Form 117) for each project listed. Also, complete the following applicable forms during the indicated period – during Plan and Budget, quarterly or semi-annually.

**DEPARTMENT FOR BEHAVIORAL HEALTH,  
 DEVELOPMENTAL AND INTELLECTUAL DISABILITIES**

**Crisis Services Instructions and Objectives**

Due with Plan and Budget
<ul style="list-style-type: none"> <li>• <b>Form 101</b> – Jail Triage Project Budget and Financial Report (New Vista only)</li> <li>• <b>Form 102</b> – Jail Triage Project Report Form (New Vista only)</li> <li>• <b>Form 113D</b> – Crisis Services Planning &amp; Implementation Report</li> <li>• <b>Form 117</b> – MH Financial Planning &amp; Implementation Report</li> <li>• <b>Form 132</b> – Crisis Services Application</li> </ul>

**Form 113D:** Please submit the *Crisis Services Planning & Implementation Report* during Plan and Budget AND on a semi-annual basis to report services that CMHCs are unable to enter into the Event Data Set.

Due Quarterly
<ul style="list-style-type: none"> <li>• <b>Form 101</b> – Jail Triage Project Budget and Financial Report (New Vista only)</li> <li>• <b>Form 102</b> – Jail Triage Project Report Form (New Vista only)</li> <li>• <b>Form 117</b> – MH Financial Planning &amp; Implementation Report</li> </ul>

Due Semi-Annually
<ul style="list-style-type: none"> <li>• <b>Form 113D</b> – Crisis Services Planning &amp; Implementation Report</li> </ul>

**Event Data Set Reporting**

**Service Code 138: Residential Crisis Stabilization – Adult (Behavioral Health)**

**Service Code 139: Residential Crisis Stabilization – Child and Adolescent (Behavioral Health)**

Unit of Service: Per Diem

Definition: Residential Crisis Stabilization services are provided in Crisis Stabilization Units. Crisis Stabilization Units are community-based, residential programs that offer an array of services including screening, assessment, treatment planning, individual, group, and family therapy, and peer support in order to stabilize a crisis and divert the individual from a higher level of care. It is not part of a hospital. They are used when individuals in a behavioral health emergency cannot be safely accommodated within the community, are not in need of hospitalization but need overnight care. The purpose is to stabilize the individual, provide treatment for acute withdrawal, when appropriate, and re-integrate them back into the community, or other appropriate treatment setting, in a timely fashion. These units provide a non-hospital residential setting and services 24 hours per day, 7 days per week, 365 days a year. The estimated length of stay for children is 3 to 5 days. The estimated length of stay for adults is 7 to 10 days. Services shall be provided in accordance with applicable Kentucky Statute and Regulations.

Regions providing overnight crisis stabilization in alternative settings (e.g., apartments, family care homes, emergency respite support) should also use this code.

Client Day: A client day shall begin at midnight and end 24 hours later. A part-day of admission shall count as a full day.

DEPARTMENT FOR BEHAVIORAL HEALTH,  
DEVELOPMENTAL AND INTELLECTUAL DISABILITIES

**Crisis Services Instructions and Objectives**

**Service Code 176: Mobile Crisis (Behavioral Health/Intellectual Disabilities)**

Unit of Service: 15 Minutes

This code should be used for mobile for both adults and children.

Definition: Mobile Crisis Services are designed to provide community-based interventions and supports for those experiencing a mental health or behavioral health crisis. The intent is to provide crisis services at the client's location rather than requiring the client to leave his/her environment. The response may involve one or more staff members. Services shall be provided in accordance with applicable Kentucky Statute and Regulations.

Mobile Crisis provides the same services as crisis intervention, except the location for the service is not in the office. Services are available 24 hours a day, 7 days a week, 365 days a year. This service is provided in duration of less than 24 hours and is not an overnight service. This service provides crisis response in home or community to provide an immediate evaluation, triage and access to acute behavioral health services including treatment and supports to effect symptom reduction, harm reduction or to safely transition persons in acute crises to appropriate least restrictive level of care.

Special Note: Requires completion of field "Place of Service" SV105 (FAO-07) which cannot be "in office".

**Service Code 200, 210, 211: Crisis Intervention (Behavioral Health/Intellectual Disabilities)**

**200** (15 minutes) - H2011

**210** (first 60 minutes) - 90839

**211** (each additional 30 minutes) - 90840

Unit of Service: 15 Minutes, 30 minutes, 60 minutes

Service Codes: H2011, 90839, 90840, or other valid procedure code

Definition: Crisis Intervention shall be a therapeutic intervention provided for the purpose of immediately reducing or eliminating risk of physical or emotional harm to the client, or others. This service shall be provided as an immediate relief to the presenting problem or threat. It must be followed by non-crisis service referral as appropriate. It must be provided in a face-to-face, one-on-one encounter between the provider and the client. Services shall be provided in accordance with applicable Kentucky Statute and Regulations. Crisis intervention may include further service prevention planning such as lethal means reduction for suicide risk and substance use relapse prevention.

## Objectives

The following objectives should be used to determine the information that needs to be collected to adequately report on the array of emergency services that are provided in the region.

**Form 101 – Jail Triage Project Budget and Financial Report (New Vista only)**

1. Personnel
2. Travel
3. Training
4. Equipment
5. Subcontracts

DEPARTMENT FOR BEHAVIORAL HEALTH,  
DEVELOPMENTAL AND INTELLECTUAL DISABILITIES

**Crisis Services Instructions and Objectives**

**Form 102 – Jail Triage Project Report Form (New Vista only)**

1. Total number of triage calls
2. Total number of triage calls by risk level assignment
3. Total number of calls by clinical category
4. Total number of calls by criminal charge
5. Total number of jail beds participating by county

**Form 113D – Crisis Services Planning and Implementation Report**

1. Adult Diversion from The Justice System - Court Ordered Evaluations (KRS 202A & KRS 202B) and Uniform Citations from Law Enforcement
2. Consultation and Education to Jail Staff
3. Children's Diversion from The Justice System Program \*
4. Consultation and Education to Juvenile Detention/Juvenile Justice Center Staff
5. Crisis Intervention Teams (CIT)
6. Call Center Services
7. Emergency Psychiatric Services (Seven Counties Services only) or
8. Lifespring Unit at Baptist Health Hardin (Communicare only)

\* Children's Diversion from the Justice System Program

The Children's Diversion from the Justice System Program includes children receiving services at the CMHC due to a KRS 645 court order, children in crisis referred by the Court Designated Worker, children in crisis referred by the FAIR Team, and children brought in for a crisis evaluation by law enforcement. This should include all children with any of the above-mentioned justice system involvement that CMHC staff evaluate for services/level of care.

**Form 132 – Crisis Services Application**

Section 1: Crisis Services Contacts

Section 2: Regional Crisis Services Arrays

Section 3: System of Care Scope

Section 4: Compliance with Contract Deliverables