

OUTPATIENT CRISIS INTERVENTION SERVICES

I. Definition of Service:

Services are provided in response to a mental health crisis resulting in acute destabilization of the client's functioning in the community and are focused on rapid restoration of baseline functioning. Crisis Intervention Services provide short-term treatment in an outpatient setting. Such services are typically provided more than twice per week or more than one hour per day over a period of a month or less. Services may include: frequent case management contact to help the client employ effective coping skills toward crisis stabilization; assistance finding and utilizing community resources; rapid referral for traditional mental health services, including psychiatric medication evaluation, or; any additional service intended to support and promote adequate coping.

II. Admission Criteria:

All of the following criteria are necessary for admission:

- A. The individual/family presents in crisis with symptoms consistent with a covered DSM-IV-TR diagnosis.
- B. There are acute and significant symptoms that are likely to result in a decreased level of functioning that jeopardizes the ability of the individual/family to function in the community or to remain in their home.
- C. If the client exhibits suicidal or homicidal ideation, s/he is able to contract for safety in an outpatient environment.

III. Exclusion Criteria:

Any of the following criteria are sufficient for exclusion from this level of care.

- A. Client meets criteria for a more or less intensive level of care.
- B. Client has a condition requiring acute inpatient medical care.
- C. A pattern of repeated crises that have not responded favorably to this type of intervention.

IV. Continued Stay Criteria:

- A. Continues to meet admission criteria.

V. Discharge Criteria

Any of the following criteria are sufficient for discharge from this level of care.

- A. The client has regained their baseline level of functioning.
- B. A plan for continued services at a more or less intensive level of care has been implemented.
- C. The individual/family concur that the crisis has subsided.

VI. Frequency of Review:

- A. Determined on a case-by-case basis, but typically after the first 10 sessions or two weeks, whichever occurs first, and every 5 days thereafter.