



QRTIPS

Health Care Agency • Behavioral Health Services • CYS Quality, Review & Training

April 2010 QRT Tips

This section provides monthly critical reminders in relation to CYS documentation standards.

CRISIS INTERVENTION

The language used for the purpose of documenting a crisis intervention service and the components included in the progress note narrative are critical. According to EPSDT documentation standards, a crisis situation is one that requires an immediate therapeutic response with a patient/youth exhibiting acute psychiatric symptoms in order to alleviate problems which, if untreated, present an imminent threat to the patient or others. The service may be provided either face-to-face or by telephone with the client/child or with their significant support person anywhere in the community. "Essential ingredients" required in documentation of crisis services are as follows:

- **SYMPTOMS DESCRIPTION** and problem behaviors observed by the clinician and reported by caregivers and/or the client in order to clearly support this event as requiring crisis intervention (e.g., client jumped out of a moving vehicle, minor threatening and assaulting caregivers, child engaged in self-injurious behaviors, minor continues to be unstable and disruptive, etc.).
- **MENTAL STATUS EXAM** that accurately describes the client's mental state at the time of your evaluation (e.g., client presents as anxious, agitated, defiant, and oriented x4).
- **RISK ASSESSMENT** in which the clinician determines whether or not the client is currently a danger to self, others, or is gravely disabled (e.g., clinician conducted risk assessment in order to ascertain client's state of mind and potential for danger to self or others. Client acknowledges some transient suicidal ideation, but denies current thoughts of harming self/others and denies any intent, and is not gravely disabled).
- **FIVE-AXIS DIAGNOSIS**, reached as a result of your crisis assessment, that accurately describes the current diagnostic picture for the patient.
- **DISPOSITION** illustrating how the crisis situation was resolved and what safety measures have been put in place for the client and/or others (e.g., Will client be hospitalized and, if so, where? If not, will they follow up at outpatient clinic and when? Did the client contract for safety with you verbally or in writing? If a very serious threat of harm to others was made, was that party and the authorities notified (Tarasoff situation)?

****Describe all steps taken (client interview, consults with caregivers, phone calls to those parties involved, time spent completing all necessary forms and paperwork, etc.) in documenting the event, as all are done in service of resolving the crisis situation. Remember, the identified crisis must be the client's crisis in order to bill the service to MediCal!**