

## Crisis Intervention and Stabilization Team (CIST)

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### Program Description

Crisis Intervention and Stabilization Team (CIST) will provide short-term crisis management and therapeutic services to individuals over 18. The service aims to provide brief, intensive crisis de-escalation and enhance/build communication and conflict resolution skills to individuals in their residences for up to six weeks. Services will begin within 24 hours of discharge from an identified referral source. The service will include approximately 2-3 sessions per week in the individual's residence or community location, with the option for more contacts when needed, particularly at the beginning of treatment to aid in stabilization. Individuals will have access to psychiatry services when unavailable to ensure there is no disruption in the medication regimen. Telehealth may only be utilized at the member's request.

CIST will work with individuals whose needs require more prolonged engagement with a more intensive therapeutic support team than Community Mobile Crisis Response Teams (CMCRT) can provide, but also whose current challenges can likely be alleviated or whose service intensity needs to be lessened with brief treatment. Teams will address complex needs, including family systems stressors, substance use, suicide risk, trauma/grief, medication issues, single or multi-system stressors/discord/coordination of care issues, and symptomatic DSM-5 diagnoses. This includes individuals with Behavioral Health and Intellectual disAbility needs. CIST will provide brief therapeutic support and emphasize the individual's adaptive coping and autonomy. CIST will be resolution-focused, and service will decrease frequency as stability increases.

If the member requires a higher level of care during the CIST treatment episode, the CIST team will remain in place for a minimum of five days to ensure continuity of care. The CIST team will work with the current treatment team to determine the length of stay and ongoing member treatment needs and work with the CBH team on discharge planning from the CIST team.

### Admission Criteria

- A.** The individual is over the age of 18.
- B.** The individual voluntarily consents to treatment.
- C.** The individual presents with emotional or behavioral needs, which represent a change in baseline functioning that adversely impacts the individual's ability to function, typically in one or more life domains (family, living situation, community).
- D.** There is evidence based on crisis plans, assessments, and other relevant information that timely brief intervention can be reasonably expected to:
  - 1.** Resolve or prevent further behavioral/emotional escalation or impairment in functioning.

## Crisis Intervention and Stabilization Team (CIST)

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2. Return the individual to baseline functioning or improve emotional symptoms and behaviors.
3. Improve coping skills and resources to help preserve optimal functioning in life domains (family, living situation, community).

The individual meets any one of the following criteria or a combination:

- A. The individual exhibits moderate- to high-level risk to self or others, requiring timely brief intervention and 24-hour on-call support for further assessment and safety planning to maintain current living arrangements and life functioning and avoid a more restrictive level of care.
- B. The individual has moderate- to high-intensity behavioral or emotional needs, which, without intervention, will further interfere with their ability to function in at least one of the following life domains: family, living situation, social, work, or community. The individual's strengths and coping skills are exceeded by the demands of the situation and the individual's presenting needs.

### Exclusion Criteria

Any of the following criteria is sufficient for exclusion from this level of care:

- A. Assessments and other relevant information indicate that the individual needs a less or more intensive therapeutic service.
- B. The absence of voluntary consent to treatment.
- C. Emotional symptoms and behaviors are the primary result of a medical condition that warrants medical treatment.
- D. If the individual is involved with another prior-authorized service, including but not limited to Inpatient Services, Subacute Mental Health Treatment, Crisis Residence, Long Term Structured Residence, Mobile Psychiatric Rehabilitation Services, Mental Health Partial Hospitalization, Residential Rehabilitation Services for Drug and Alcohol Dependence/Addiction, Non-hospital Extended Acute Care, Community Treatment Team, Assertive Community Treatment, and Adult Mental Health Residential Treatment, this is considered a duplication of service. Individuals linked to outpatient and case management services are eligible for CIST. The CIST provider must collaborate with case management and outpatient providers.

## Crisis Intervention and Stabilization Team (CIST)

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### Continued Stay Criteria

At three weeks of service, All the following are necessary for continuing treatment at this level of care for up to six weeks:

- A.** Further work and stabilization are needed to resolve the crisis the individual presents.
- B.** Interventions are focused on reducing risk and behavioral symptoms and maintaining life in the community.
- C.** Progress about specific symptoms or impairments is straightforward and can be described in objective, measurable terms. However, some treatment goals have not yet been achieved, and adjustments in the treatment plan include strategies for achieving these unmet goals.
- D.** A psychopharmacological evaluation is completed when clinically necessary, and ongoing treatment is initiated and monitored. (Minimally, the necessary evaluation has been arranged.)
- E.** Treatment planning includes the individual's strengths and is based on the person's needs. Interventions are intended to stabilize and improve functioning and include the following:
  - 1.** Crisis intervention
  - 2.** Short-term, in-home therapy
  - 3.** Behavioral assistance
  - 4.** Family therapeutic support
  - 5.** Support and education (e.g., symptom management)
  - 6.** Substance abuse screening and referral to substance abuse treatment for individuals with primary or co-occurring substance use disorders
  - 7.** Coordination and development of informal and natural support systems such as faith-based organizations, self-help support, peer support, etc.
- F.** There is a documented clinical necessity for active, individualized transition planning.

### Discharge Indicators

Any of the following criteria is sufficient for discharge from this level of care:

## **Crisis Intervention and Stabilization Team (CIST)**

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- A.** The individual’s documented treatment plan goals and objectives for this intensity of service have been met, and a detailed transition plan or barriers to care planning are described and documented.
- B.** Assessments and other relevant clinical information indicate the individual meets medical necessity criteria for a higher or lower intensity level of care, including specialized services such as long-term substance use residential treatment.
- C.** The individual withdrew consent for treatment.