System Partners
Banner University Medical Center
Cenpatico Integrated Care, Inc.
Community Bridges, Inc.
Community Health Associates (CHA)
Cornerstone Behavioral Health – El Dorado
Crisis Response Center (CRC)
El Rio
Green Valley Hospital
HOPE
La Frontera PHF
Marana Police Department
Northwest Hospital - Main and Vail ED
NurseWise (NW)
Oro Valley Hospital
Oro Valley Police Department
Palo Verde Hospital
Pima College Police Department
Pima County Attorney’s Office
Pima County Health Department
Pima County Sheriff’s Department
Sahuarita Police Department
Sonora Behavioral Health
Southern Arizona VA Health Care System
St. Joseph’s Hospital
St. Mary’s Hospital
South Tucson Police Department
Tohono O’odham Detention Center
Tohono O’odham Indian Health Services
Tohono O’odham Nation Police Department
Tucson Medical Center
Tucson Police Department
University of Arizona Police Department
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Overview & Purpose

The Cenpatico Crisis Protocol is intended to serve as a guideline detailing Pima County Crisis Providers work in collaboration to successfully deliver crisis behavioral health services. The protocol provides enhancement to the network and response capability of the crisis system to address mental health crisis in Pima County. Through ongoing communication and collaborative agreement, community system partners and mental health provider agencies agree to an environment where there is no wrong door.

Cenpatico Behavioral Health of Arizona, LLC and Cenpatico of Arizona, Inc. dba Cenpatico Integrated Care (herein referred to as Cenpatico) and their contracted providers and identified Pima County Community System partners agree to coordinate activities to facilitate the implementation of crisis services in Pima County. The elements of the Crisis System (including referral, assessment and service implementation processes) and the roles and responsibilities of each agency are outlined below.

Cenpatico and their contracted providers and identified Pima County Community System partners agree to work in partnership on behalf of persons experiencing a behavioral health crisis to ensure they receive the appropriate services and level of care that promote resiliency and healthy communities.

This guideline will be active from date of signature until modified by the involved parties. This guideline does not create or delegate obligations or financial responsibilities. This guideline is not a legal and binding contract or Memorandum of Understanding. This guideline should never override the obligation to provide the most clinically appropriate intervention based on each individual situation nor should they override law or professional responsibility to members. Agencies are encouraged to have adequate clinical supervision and guidance to support such actions.

Goals of the Crisis System

To ensure persons receive the appropriate services and level of care, stabilize persons in the community whenever possible, support individuals in their recovery, and promote resiliency and healthy communities.
Definitions

ACT Teams (ACT): Is an Evidence-Based Practice Model designed to provide treatment, rehabilitation and support services to individuals who are diagnosed with a serious mental illness and whose needs have not been well met by more traditional mental health services.

Active Episode of Care: Means a person has been opened within and are receiving services from a contracted RBHA funded agency. The person may have any of the following eligibility and entitlements:

- Title 19 (AHCCCS or SSI/MAO)
- Title 21 (KidsCare)
- Seriously Mentally Ill (SMI) only
- Medicare and SMI
- Medicare, SMI and Title 19

NOTE: Cenpatico is the physical health plan for persons designated as Seriously Mentally Ill (SMI) enrolled as Title XIX. Persons who are “Dual Eligible,” meaning they have both Medicare and Title 19 coverage, and enrolled in General Mental Health (GMH) or Substance Abuse (SA) services now receive all medically necessary physical and mental health services under acute care AHCCCS Plans. Cenpatico remains the crisis provider for all populations regardless of health plan assignment.

Admitting Officer- Per ARS 36-501: Means "a psychiatrist or other physician or psychiatric and mental health nurse practitioner with experience in performing psychiatric examinations who has been designated as an admitting officer of the evaluation agency by the person in charge of the evaluation agency".

Admitting Officer Pick Up Order: This is a document pursuant to ARS 36-525-A that states a peace officer shall on the advice of the admitting officer of the evaluation agency pursuant to section 36-524, subsection E apprehend and transport a person to an evaluation agency.

Amendment of the Outpatient Portion of a Court Order: The process outlined in ARS 36-540 (E) 5 in which the medical director of the mental health treatment agency can order a person court ordered to outpatient treatment back into inpatient treatment.

Application for Emergency Admission (Form MH-104): Paperwork completed to initiate a request for evaluation of a person who is in imminent danger and likely to harm himself/herself or others.

Application for Involuntary Evaluation (Form MH 100): Paperwork completed to initiate a request for an evaluation of a person who is alleged to be Persistently or Acutely Disabled (PAD) and/or Gravely Disabled (GD) and may also be alleged to be Danger to Self (DTS) and/or Danger to Others (DTO). The form utilized to initiate an involuntary evaluation of a person in non-emergent situations.
Behavioral Health Inpatient Facility (BHIF) *(Formerly referred to as Level I Inpatient, Level 1 Sub Acute)*: A facility licensed per 9 A.A.C. 20 and includes a psychiatric acute hospital (including a psychiatric unit in a general hospital).

**Brief Intervention Program (BIP):** Brief Intervention Programs (BIP) are a facility based crisis service that are an alternative to BHIF. They are designed to provide short term crisis intervention for adults and children who need additional 24/7 support but do not require placement in a behavioral health inpatient facility. They are available for crisis placements 24/7.

**Business Hours:** Monday through Friday from 8:00 am to 5:00 pm.

**Community Observation Center (COC):** Community Observation Centers provide facility based crisis intervention services to a person for the purpose of stabilizing or preventing a sudden, unanticipated, or potentially dangerous behavioral health condition, episode, or behavior. These intensive and time limited services are designed to prevent, reduce, or eliminate a crisis situation and are provided 24 hours a day, 7 days a week.

**Community Stabilization:** Community Stabilization is the overall goal of the crisis system. The Community Stabilization philosophy of care encourages crisis intervention in the community versus removing a person from the community to address a crisis. Cenpatico considers a person ‘community stabilized’ if after an initial crisis mobile team encounter, there is no inpatient hospitalization for a period of 45 days after this encounter.

**Crisis:** An acute, unanticipated, or potentially dangerous behavioral health condition, episode or behavior.

**Crisis Episode of Care:** Services provided by the crisis line, Crisis Mobile Teams, and ICC Agencies for up to 45 days to assist in stabilization of the crisis. “Crisis intervention services are provided to a person for the purpose of stabilizing or preventing a sudden, unanticipated, or potentially dangerous behavioral health condition, episode or behavior. Crisis intervention services are provided in a variety of settings, such as hospital emergency departments, face-to-face at a person’s home, over the telephone, or in the community. These intensive and time limited services may include screening, (e.g., triage and arranging for the provision of additional crisis services) assessing, evaluating or counseling to stabilize the situation, medication stabilization and monitoring, observation and/or follow-up to verify stabilization, and/or other therapeutic and supportive services to prevent, reduce or eliminate a crisis situation.

At the time behavioral health crisis intervention services are provided, a person’s enrollment or eligibility status may not be known. However, crisis intervention services must be provided, regardless of enrollment or eligibility status.”

**Crisis Intervention Services:** Continuum of services provided either by telephone or in person.
Danger to Others (DTO): A person who is so impaired that he/she is unable to understand his/her need for treatment and as a result, his/her continued behavior can reasonably be expected to result in serious physical harm to others.

Danger to Self (DTS): A person who is so impaired that he/she is unable to understand his/her need for treatment and as a result, his/her continued behavior can reasonably be expected to result in serious physical harm to self.


Gravely Disabled (GD): A condition evidenced by behavior in which a person, as a result of a mental disorder, is likely to come to serious physical harm or serious illness because he/she is unable to provide for his/her basic physical needs.

Guardian: A person who has the legal authority to make personal decisions for a ward relating to living arrangements, education, social activities, and authorization or withholding of medical or other professional care, treatment, or advice.

Information Liaison of the Day/Point of Contact: Providers must designate one person to serve as the Information Liaison of the Day (point-of-contact) for system partners, foster families seeking services, and specialty providers to call to obtain information about services, referrals, updated Comprehensive Assessments, Individualized Service Plans and monthly reports. The phone number for the Information Liaison of the Day must be live answered. All calls to the Information Liaison of the Day must be addressed and resolved within one (1) business hour of the call. Callers must be warm line transferred to the Information Liaison of the Day and callers are not to be told to call another number.

Intake and Coordination Care Agency (ICC Agency): (Also referred to as Outpatient Treatment Agencies or Provider Agencies). ICC Agencies are providers contracted with Cenpatico to provide; intake, assessment, service planning, clinical oversight of all services, service tracking and data reporting, enrollment and demographic submissions, education, engagement activities, psychiatric services and ensure adequate treatment service availability to all enrolled members.

ICC Agencies are further divided into High Needs Care Management Centers (HNCM) and Low to Moderate Needs Treatment (LMNT) Centers.

Natural Supports: There are two categories of Natural Supports

- "Informal Support" (support provided by those individuals who know or are related to the individual/family, but do not provide a paid service, such as a grandparent or neighbor who is connected to the individual/family)
- "Community Support" (those supports that are part of the individuals/family’s community, such as faith community, neighborhood or community organizations)
Persistently or Acutely Disabled (PAD): A severe mental disorder that meets all the following criteria:

a. If not treated has a substantial probability of causing the person to suffer or continue to suffer severe and abnormal mental, emotional or physical harm that significantly impairs judgment, reason, behavior or capacity to recognize reality.

b. Substantially impairs the person's capacity to make an informed decision regarding treatment and this impairment causes the person to be incapable of understanding and expressing an understanding of the advantages and disadvantages of accepting treatment and understanding and expressing an understanding of the alternatives to the particular treatment offered after the advantages, disadvantages and alternatives are explained to that person.

c. Has a reasonable prospect of being treatable by outpatient, inpatient or combined inpatient and outpatient treatment.

Petition: paperwork completed, after the initial application for evaluation or treatment, filed with the court by an evaluation agency, in order to place a person under either court ordered evaluation or court ordered treatment.

Revocation of the Outpatient Treatment Portion of a Court Order: process by which the medical director of the mental health treatment agency can order a person currently under court order into inpatient treatment.

Second Responder: Cenpatico contracted teams that follow up within 24 hours of initial crisis to further assist with stabilization.

Seriously Mentally Ill (SMI): A condition of persons who are eighteen years of age or older and who, as a result of a mental disorder as defined in A.R.S. 36-501, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. In these persons mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation. SMI is a designation (eligibility category) that comes with an insurance benefit package under the RBHA.

Social Detox: Short term crisis services provided to persons experiencing withdrawal from substances where medical supervision is not required.

Specialty Provider: A provider type that delivers specialized programs and treatment services in treatment facilities, the community, member homes or specified offices to meet the unique needs of special populations.

Title 36: Arizona’s state law for involuntary mental health commitment. The law is located in the Arizona Revised Statutes, Title 36 (Public Health and Safety) Chapter Five (Mental Health Services).
Title 36 Pre-Petition Screening: The review of an Application for involuntary Evaluation, including an investigation of facts alleged in such application, an interview with each applicant, and an interview, if possible, with the proposed patient. The purpose of the interview with the proposed patient is to assess the problem, explain the application and, when indicated, attempt to persuade the proposed patient to receive, on a voluntary basis, evaluation or other services.

Warm Transfer: A conference call initiated by one party to another party while the initiating party stays on the call while the call is introduced to and accepted by the intended recipient before the call is released.

WRAP Plan: Wellness Recovery Action Plan developed by the member to help monitor uncomfortable and distressing symptoms and identify ways to help reduce, modify or eliminate those symptoms by following plan strategies.

Wrap Services: Also referred to as ‘wrap around services;’ services provided at home or in the community as additional support to a person in crisis or to prevent a crisis.

Meeting Attendance

The strength of the crisis system is in part dependent upon the level of participation of involved system partners, the RBHA and local agencies. Successful meetings will also require a focus on systems issues. Specific complaints about individual situations should be handled as outlined in the Problem Resolution Process. All parties agree to have representation at meetings and agree to participate actively in the process.

Pima County Crisis System Meeting

This meeting has been established as a primary means for system partners, the RBHA and RBHA contracted agencies to discuss and examine the current procedures to address and intervene during a mental health crisis. The group represents a collaborative effort to identify barriers and strengths in the crisis system and to develop agreements and processes to build on strengths and resolve barriers.

Cenpatico Crisis Team Meetings

Cenpatico holds regular meetings to follow up with Crisis Mobile Team providers and crisis line provider (NurseWise) staff on how the crisis system is working.

Procedures to Identify and Address Joint Training Needs

Cenpatico is committed to working collaboratively with local system partners to identify trainings that will be needed as well as trainings that will be continued. Trainings that are available may include but are not limited to AZPOST trainings, Crisis System Overview, CIT Programming, Crisis Intervention and Stress Management (CISM) debriefing training and Mental Health First Aid.
Problem Resolution Process

Conflicts between agencies or regarding specific situations are to be handled between the agencies involved. Cenpatico is always willing to assist in this process if called upon to do so. Problem resolution is best initiated as soon as completed in real time by following their internal chain of command.

If your call to NW doesn’t go as we have described, ask for the supervisor or LEAD. NW will connect you with the Lead to help resolve the issue

The Cenpatico Crisis team provides support to the crisis line provider on call 24/7. If a critical incident occurs requiring Cenpatico notification, NW will contact our on call staff member.

If your issue is not an emergency but you would like to have it addressed, please notify your chain of command and email your Liaison the following:

- Date/Time of incident
- Subject’s name/DOB
- A brief incident summary

Systemic issues will be discussed in the Pima County Crisis Systems Meeting.

The Cenpatico First Responder Liaison assigned to Pima County is a resource for system partners when concerns arise. The Liaison can help resolve problems related to specific situations as they relate to the crisis system and can also help file official complaints with Cenpatico Customer Service, if necessary.

Each provider has an Information Liaison of the Day who is required to be available to address your concerns. To reach the Liaison of the Day, contact the specific provider office directly via their main phone number.

Conflicts or disagreements that arise regarding specific member situations should be handled in real time by contacting a NurseWise Lead. The First responder Liaison is also available to assist during regular business hours.

Emergency Preparedness and Continuity of Covered Services During a Crisis or Disaster

Cenpatico has a business continuity plan to ensure continuity of operations and services in the event of a crisis or disaster. Cenpatico collaborates with local emergency and disaster preparedness entities to ensure Cenpatico is included into the County’s response plans. Separate protocols and agreements are developed outside of the crisis system protocols.
Crisis During Business Hours

During regular business hours, outpatient service providers will provide crisis intervention to their members who are in a crisis and in their presence.

ICC Agencies should always strive to place a person in the least restrictive environment and should explore alternatives prior to transferring the person to a Community Observation Center.

Outpatient providers, ICC Agencies, will ensure there is sufficient staff coverage including protocols outlining the chain of command when a member is in crisis and in need of immediate intervention. In addition, contractual agreements between Cenpatico and provider agencies require that the agency has urgent and emergency appointments available to ensure that enrolled members can be seen at the agency when an emergency arises. ICC Agencies are able to facilitate hospitalization without utilizing the crisis system.

Notes on Medical Clearance

Medical clearance is not needed prior to admission. An exception would be upon request by the admitting physician due to a symptom generated concern that must be evaluated medically.

Medical clearance is not required by the CRC, any of the Community Bridges programs or admission to La Frontera’s PHF. There are also two sub-acute facilities located outside Pima County that are available to voluntary Pima County residents (the SAF in Yuma and the PAC in Apache Junction). Some BHIFs will accept an admission without medical clearance. If medical clearance is required, it may be possible to obtain labs and a clearance without using the ED and this option should be explored.

Note: The CRC does not provide medical clearance.

Crisis Services

What is Considered a Crisis?

A crisis is measured by the person experiencing it. If the situation exceeds the person’s coping skills, the person is in crisis.

Can the crisis system take calls for people diagnosed with a developmental disability, Alzheimer’s or Dementia?

Yes. There are no medical conditions that exclude a person from receiving crisis services. The crisis line and/or crisis team can assess, intervene and make recommendations for any person in crisis.
The NurseWise Crisis Line (NW)
The NurseWise Crisis Line is available 24 hours a day, 7 days per week by calling 866-495-6735. If a crisis mobile team (CMT) is needed the request must be made to NurseWise who will triage and dispatch CMTs. NW will check enrollment status for every call.

What Happens After the Crisis? Is there Any Follow-up?
NurseWise completes follow up on every crisis call within 72 hours. The purpose of the follow up is to ensure that the person has been engaged in services.

Crisis Mobile Team (CMT)
There are two CMT providers in Pima County: Community Bridges Incorporated (CBI) and Community Health Associates (CHA). Each agency covers the entire county. CMTs are activated by calling the NurseWise crisis line. CMT assessment and intervention services in the community are available to any person in the county regardless of insurance or enrollment status. Community Health Associates will respond to the following emergency departments; Green Valley Hospital and Northwest Hospital’s Vail ED. CMTs are not authorized to respond to hospital medical floors.

CMTs will respond within one hour for the greater Tucson metro area and within 90 minutes for all other areas. CMTs must respond to law enforcement requests within 30 minutes for the greater Tucson metro area and within one hour for all other areas.

Per AHCCCS contractual requirements, CMTs should always strive to place a person in the least restrictive environment. For crisis, this may mean a referral to a facility based crisis service. Facility based crisis services include Brief Intervention Programs (BIP), Social Detox, and Community Observation Centers. If there are no other safe alternatives, placement in a psychiatric facility may be needed on an emergency basis.

Intake and Coordination of Care Agencies (ICC Agencies)
Are also available to members for intensive wrap (supportive) services, providing the necessary supports to avoid crisis and/or out of home placement and can conduct crisis assessment, brief intervention and treatment for members at their facility who are in crisis. High Need Recovery Centers are required to develop crisis plans for members at risk; the crisis plan may include being available for crisis intervention after hours and on weekends.

Both the NW crisis line and Crisis Mobile Teams are required to coordinate care with the ICC Agency when an assigned member is in crisis. CMTs and NW can contact the information liaison of the day for assistance in standard coordination of care during business hours. After hours, the Administrator on Call for the ICC Agency can be contacted for health and/or safety issues that cannot wait until regular business hours. The Administrator on call must respond to all requests within one (1) hour of being called.
**MyHealthDirect Appointments (MHD)**

MyHealthDirect offers a platform that interfaces with all Cenpatico contracted providers’ schedules so emergency and after hours follow up and intake appointments can be completed. This often becomes part of a safety and follow up plan for a person who was in a crisis. NW schedules these appointments after a recommendation by the CMT or a Community Observation Center.

**Warm Line**

The Warm Line is a confidential, non-emergency phone line for any resident of a Cenpatico covered county, age 16 and older, who needs to talk. The service offers peer support operators who have first-hand experience living with mental illness or substance use – either through personal experience, or the experience of a close family member. The number is 520-770-9909. The hours of operation are 8:00 AM-12:00 midnight, 7 days a week.

**Tribal Warm Line (TWL)**

The Tribal Warm Line is a Cenpatico peer support service operated by NurseWise. The TWL provides no cost over-the-phone support to American Indian community members and is staffed by Tribal Support Partners (TSPs) who are tribal members living in their own communities. The number is 855-728-8630. The hours of operation are 8:00 AM- 8:00 PM, 7 days a week.

**Teen Lifeline**

Teen Lifeline is a free and confidential crisis hotline for youth in Arizona. Trained peer counselors are available to speak with youth and teenagers about any problems or crisis they are facing. Teen Lifeline’s crisis hotline is available by call or text at 602-248-8336 (call or text) or 800-248-8336 (call only) from 3:00 PM - 9:00 PM, 7 days a week. Outside of these hours, the call will be answered by a crisis professional.

**Dedicated Crisis Line-Tohono O’odham**

The Tohono O’odham dedicated crisis line is a 24-hour crisis line that specifically serves the Tohono O’odham Nation in Pima and Pinal counties. The number is 844-423-8759.

**Critical Incident Stress Management (CISM)**

CMTs can be accessed to complete CISM services. CISM is an adaptive, short-term psychological helping-process that focuses solely on an immediate and identifiable problem. It can include pre-incident preparedness to acute crisis management to post-crisis follow-up.

Requests for CISM services are made by calling NurseWise.
Community Observation Centers

Crisis Response Center (CRC)

The CRC is a free standing, behavioral health walk-in facility that provides services for people in crisis, in need of immediate psychiatric intervention or inpatient psychiatric treatment. The CRC can provide services for both adults and children. Services may be accessed 24/7 via referral or walk-in basis. Referrals are accepted from, but not limited to, CMTs, EDs, law enforcement and other system partners. They accommodate persons who are voluntary and involuntary for treatment. The CRC has an outpatient walk-in clinic for both adults and children, a 23-hour observation unit for adults and a 23-hour observation unit for children. If a higher level of care is needed, the CRC offers a short term inpatient unit for adults. The main phone number for the facility is 520-301-2400 and is answered 24/7.

Community Bridges, Inc. (CBI) Access Point (AP)

The CBI AP is a free standing facility serving voluntary adults (18 and older) with an emphasis on persons who are in crisis and need immediate intervention due to substance use. Services may be accessed 24/7 via referral or walk-in basis. Referrals are accepted from, but not limited to, CMTs, EDs, law enforcement and other system partners. CBI is able to treat persons with a co-occurring substance use disorder & mental illness as well as persons in need of immediate psychiatric intervention. This facility has a 23-hour observation unit, an inpatient unit for persons who need short term stabilization and/or detoxification services. The main phone number for the facility is 520-618-8700 and is answered 24/7.

For additional information regarding substance use services, click here.

Brief Intervention Programs (BIP)

- Brief Intervention Programs are facility based crisis services that are an alternative to behavioral health inpatient hospitalization. They are designed to provide short term crisis intervention for adults and children who need additional 24/7 support but do not require placement in a behavioral health inpatient facility. They are available for crisis placements 24/7.

BIP Process

Criteria for BIP Placement:

- T-19 eligible and enrolled to an ICC Agency
- T-19 eligible and not enrolled to an ICC Agency
- The CMT, in coordination with the BIP facility, will coordinate enrollment with the ICC Agency of the persons choosing within 24 hours
- T-19 and Medicare GMH members are not eligible
By Outpatient Providers (OP Providers)
Outpatient providers serving enrolled Cenpatico members are able to seek direct admissions to a BIP for their enrolled voluntary members if they determine that an emergency admission is needed. In these situations, there is no requirement for pre-authorization. The OP provider is expected to locate and transport the person to the accepting BIP facility.

By Crisis Mobile Teams
CMTs are encouraged to consider a referral to a BIP when a member needs 24/7 support that cannot be found in the community and the presentation does not require an inpatient hospitalization. The CMT will report this as part of their disposition and will coordinate with NW and NW will locate a bed and facilitate placement.

Community Observation Center or Living Room Referrals
If the person has been at a Community Observation Center (eg. the CRC or the Access Point) or a Living Room, that facility is able to make a referral directly to a BIP. In this situation, the facility will facilitate placement directly with the receiving BIP.

Second Responder Services
Cenpatico has developed several second responder service teams that provide limited follow up services to persons post crisis. Referrals are made only by a CMT or a COC via NW. Once the referral is made, second responders have up to 24 hours to commence services which are limited to 45 days.

Pima County Second Responder Services
Peer Crisis After Care (PACT)
Eligible population: all adult members (T19 and NT19)

Foster Care Stabilization
Eligible population: Medicaid enrolled children in foster care

IDD and Behavior Management
Eligible population: All Medicaid enrolled adults and children with IDD

Housing
Eligible population: All SMI designated members (T19 and NT19)

Note: These services are also available to ICC Agencies outside of a crisis episode via the existing specialty agency referral process. When accessed via this process, these programs are not considered Second Responder Services.
Drug and/or Alcohol Use

Per ADHS Practice Protocol Co-occurring Psychiatric and Substance Disorders, “Assessment begins at the point of clinical contact, regardless of the client’s clinical presentation. Initiation of assessment should not be made conditional on arbitrary criteria such as length of abstinence, non-intoxicated alcohol level, negative drug screen, absence of psychiatric medication, and so on.”

Thus, a person under the influence who self identifies as being in crisis is eligible for the array of crisis services offered by the RBHA. There is no requirement for the person to reach a certain level of sobriety before being assessed. The only requirement is that the person must be able to physically participate in an interview.

The Title 36 statute does not preclude a person under the influence of substances from being petitioned for involuntary evaluation. The statute does require that there be evidence of a “mental disorder” as defined in ARS 36-501.25.

Services Available for Substance Use

CBI Detoxification Services

CBI has a medical detoxification facility located in Pima County. This facility offers medical detoxification and psychiatric services. The person is assessed upon presentation to determine what type of treatment is indicated. CBI provides outpatient substance use services and can assist in enrollment in an open episode of care.

All referrals for detoxification services are made through the Access Point. Please refer to the AP section via a link here.

Criteria for Referrals

The CBI Access Point is available 24 hours per day, 7 days per week to take referrals.

- The person is not medically compromised
- The Person is voluntary for treatment
- The person is currently under the influence of a substance or has used substances in the last 7 days (used benzodiazepines in the last 30 days)

Transfers of Care

As a result of the ‘no wrong door’ philosophy, once assessed, persons in crisis may need to be transferred from one facility to another in order to receive the most appropriate treatment.

The Access Point will also receive transfers from EDs per individual memorandums of understanding (MOU) with local hospitals.
Crisis Mobile Team Response in the Community

Services Available
A Crisis Mobile Team is available to all persons in the community to assist in overcoming a crisis situation, assess for the need for an out-of-home placement, and coordinate safety planning. Crisis Mobile Teams are committed to responding to the community including but not limited to places such as the home, school, church, and the streets. There is no need to bring a person in crisis to an Emergency Department unless there is a medical emergency.

CMTs are required to have vehicles to facilitate transportation and field interventions as well as cell phones for communications.

Transportation Requirements for Persons Experiencing a Crisis
ICC Agencies: ICC Agencies are required to make arrangements for transportation to scheduled medical and behavioral health appointments.

The crisis system: When a member has contact with the Cenpatico Crisis System, Crisis Mobile Teams are expected to facilitate necessary transportation for the member in real time if a higher level of care is needed. Cenpatico has instructed CMTs to always assess and identify whether a transport can be provided in a safe manner by the following (in this order):

1. Natural Supports
2. The ICC Agency
3. The Facility Receiving the Person
4. The CMT
5. Urgent Transportation Dispatched by NW

Each situation where a person is in crisis must be evaluated from a clinical perspective and should be treated individually. This is all taken into account in deciding what kind of transport is most appropriate for the person.

Crisis Services Available to Private Psychiatrists & Medical Practitioners (in office)/Persons at a Local Psychiatrist’s Office
A crisis mobile team can be requested by a local psychiatrist by calling the NurseWise crisis line at 866-495-6735. The CMT will provide assessment, crisis intervention and recommendations for further treatment (if applicable). A CMT is not able to facilitate an inpatient admission for a person with private insurance under the care of a private psychiatrist or medical practitioner. In these situations, the private psychiatrist or medical practitioner would be responsible for facilitating a direct inpatient admission by coordinating with the person’s insurance carrier and/or a psychiatric facility.

*NOTE: This does not prevent a CMT from completing a T36 pre-petition screening at a private psychiatrist’s office.*
Crisis Protocol: Pima County 2016

Crisis Mobile Team Response on the Reservations
Cenpatico has a MOU with the Tohono O’odham Nation (TON) that allows Cenpatico contracted providers to provide crisis services on the TON. The Crisis Mobile Team Services are available 24 hours a day 7 days a week. In addition, there is a Crisis Mobile Team collocated in the Tohono O’odham Detention facility, 7 days a week 10 hours a day.

Neither Cenpatico nor its contracted agencies have the authority to remove an American Indian involuntarily from tribal land. Title 36 does not apply on tribal land. In these situations, the Tribal Police should be contacted to ensure the safety of the tribal member. Each Tribal Community has a Crisis Protocol and this can be accessed by contacting the Cenpatico Tribal Liaison.

Tohono O’odham Behavioral Health (TOBH) Main Line – (520) 383-6165. When a tribal member is enrolled in TO Behavioral Health, coordination of care needs to occur with their office.

Crisis Mobile Team Response to Group Homes and Residential Facilities
Group home and residential staff are expected to be trained in crisis intervention and are expected to provide crisis intervention services as need. During regular business hours the ICC Agency should be contacted for facilitation of care and discussions surrounding inpatient treatment. After hours the Crisis Mobile Team can respond to assist with crisis assessment and coordination of follow up services. If the member is enrolled to a high needs recovery center, the placement should identify if there is a plan for after-hours crisis intervention by either checking internally (if the member is at a facility run by the ICCA) or by calling NW.

Crisis Mobile Team Services at an Inpatient Psychiatric Facility
CMTs will not respond to an inpatient psychiatric facility. The only exception would be if the facility is requesting a pre-petition screening.

Crisis Mobile Team Services at Local Emergency Departments
Pima County Hospitals either provide or contract with other agencies for assessment and coordination services, with two exceptions. Cenpatico CMTs provide assessment services for the Green Valley ED and Vail EDs 24 hours a day 7 days a week. The emergency department can contact NurseWise for an assessment.

Persons in Need of Involuntary Mental Health Treatment
Per ARS 36-545.06 “Each county… shall provide directly or by contract the services of a screening agency and an evaluation agency for the purposes of this chapter” [Title 36 Chapter 5].
• Any person can complete an Application for Evaluation
• Cenpatico is responsible for the non-emergency pre-petition screening process
• CBI is the entity that facilitates the pre-petition screening process and determines if it will be an inpatient or outpatient evaluation
• NurseWise is responsible for finding bed placement for persons at the CRC and/ or Emergency Department under application for emergency admission for evaluation
• The County is fiscally responsible for the evaluation portion of the court ordered evaluation process
• There is no need to use the involuntary process simply because the person is in crisis
• Crisis services are available to the entire community and can be accessed when a person is seeking services voluntarily

Note regarding persons enrolled in an open episode of care— at the time this process is initiated, every attempt should be made to coordinate with the person’s clinical team.

The Emergency Process

If a person is unwilling or unable to seek treatment voluntarily and presents as a danger to themselves or others, any member of the community who has observed the behavior can complete an Application for Emergency Admission for Evaluation. The application must be completed by the individual who has observed the evidence of a danger to self or others. If assistance is needed, a Crisis Mobile Team (CMT) can be dispatched to assist in completion of the documentation and facilitation of the process. The Crisis Mobile Team is accessed through NurseWise, the 24 hour crisis line for the County (1-866-495-6735).

The Non-Emergency Process

Community Bridges Incorporated (CBI) is contracted to complete non-emergency pre-petition screenings and filing of petitions for court ordered evaluation. CBI can be contacted by calling (520) 618-8677.

Pre-Petition Screening Process: Any person who believes a person may be persistently or acutely disabled or gravely disabled can complete an application for involuntary evaluation. The CBI T-36 team will complete a Pre-Petition screening within 48 hours, excluding weekends and holidays, of receipt of the application. CBI will complete the assessment where the person is (i.e. home, community, hospital, treatment facility). Three attempts will be made to contact the person and arrange screening. Upon completion of the screening or end of screening time line, the application and screening will be staffed with a Psychiatrist who will make a final determination as to whether a petition for court ordered evaluation is appropriate.

If a petition for court ordered evaluation is not considered appropriate, a safety plan must be initiated and completed for the person. If a person is enrolled in an active episode of care, the
clinical team will take lead in the development of the safety plan in collaboration with the screening team. If the person is not enrolled in an active episode of care, either the screening team or a CMT will develop a comprehensive plan for safety and follow up services.

If it is determined that a court ordered evaluation is appropriate, the T-36 screening team will submit the application to the Pima County Attorney who will review for completeness and determine whether the allegations support filing a petition for court ordered evaluation in the superior court. If the judge signs the order, the order is sent to the Pima County Clerk’s office. The assigned law enforcement agency with jurisdiction, who will most often use their Mental Health Support Team (MHST) if they have one, will retrieve from the Clerk’s office, the packets which include the orders to transport to an evaluating facility. Law enforcement will locate the person named in the order, serve the order, and transport the person to the evaluating agency.

What if an Application for Emergency Admission is Declined?

An application for Emergency Admission can only be declined after a review by an Admitting Officer. If this occurs, a safety plan must be developed and may include referral to the T-36 team. For enrolled persons, the clinical team must assist with this safety plan. If the person is not enrolled, NurseWise can assist in facilitating enrollment and in identifying supportive crisis services as part of a safety plan.

A Person in a Pima County ED

Non-Emergency Process

If a person is in need of involuntary mental health treatment, the ED will complete an Application for Involuntary Evaluation, and deliver the original Application to the CBI Title 36 screening team by calling (520) 618-8677.

Emergency Process

If a person exhibits behaviors indicating a danger to themselves or others, an Application for Emergency Admission for Evaluation will be completed by hospital staff or persons who have witnessed emergent behaviors.

The process differs between evaluating and non-evaluating facilities.

Non–Evaluating ED: The Emergency Department will contact NurseWise to request a bed placement at an evaluating facility. The ED will fax the entire packet to NurseWise, who will review the packet to assure it is complete. NurseWise will fax the completed packet to evaluating hospitals in search of a bed. The accepting evaluating hospital will call NurseWise to coordinate admission. The doctor at the accepting evaluating facility will review the initial application for appropriateness. At this time the doctor may decline or drop the application if it does not meet the standards. All final outcomes (bed placement and dropped applications) will be documented by NurseWise. Once the person is accepted, transportation is arranged (see section below).
**Evaluating ED:** The ED faxes the face sheet and Application to NurseWise. NurseWise logs the information. The Evaluating ED may keep the patient if they have an open bed or coordinate with NurseWise for bed placement. Once the accepting evaluating Hospital agrees to take the patient, transportation is arranged per the section below.

**Transportation from an ED to an Evaluating Facility**

Either the emergency department or Nurse Wise will arrange transportation to the evaluating facility for the person.

**A Person in the Community**

**Emergent Process**

If a person in the community is in need of emergent involuntary mental health services, is either unable or unwilling to voluntarily seek treatment, any community member can call the NurseWise crisis line and request a CMT. The CMT will attempt to engage the person in mental health services voluntarily. If they are unable to get the person to agree to voluntary treatment, the CMT will complete an Application for Emergency Admission for Evaluation. Upon completion of the Application, the CMT will contact law enforcement to request their assistance. When law enforcement arrives on scene, the CMT will call the CRC at 520-301-2456 and request an order to transport. The CMT will provide information regarding the allegations of the application and engage in clinical staffing with the CRC Admitting Officer. Upon approval of the application, the CMT will pass the phone to law enforcement and the Admitting Officer will give law enforcement verbal orders to transport. Law enforcement will transport the person and the original application to the receiving facility as directed by the Admitting Officer.

**Non-Emergent Process**

If an Application for Involuntary Evaluation is needed NurseWise should be called. NurseWise will dispatch a CMT who will attempt to engage the person in mental health services voluntarily. If they cannot engage the member in services voluntarily, they will assist in completion and facilitation of an Application for Involuntary Evaluation. The team will assist the applicant in completing the application, if needed. The application will then be delivered to CBI as a request for a pre-petition screening.

The CBI T-36 team will then complete a Pre-Petition screening per the *Pre-Petition Screening Process*. Community members can walk in and request assistance from the T-36 department of CBI during business hours.

**A Person at an ICC Agency during Office Hours**

**Emergent Process**

During regular business hours service providers will provide crisis intervention to enrolled members who are in the presence of their treatment provider. The clinical team should provide services as outlined in section entitled *Crisis During Business Hours*. If the team is unable to engage the person in treatment, and the person is a danger to self or others, the person who
Crisis Protocol: Pima County 2016

has witnessed behaviors, will complete the Application for Emergency Admission for Evaluation. Upon completion of the Application, the ICC Agency will contact law enforcement to facilitate transportation to a receiving facility. Once on scene, law enforcement will call the CRC at 520-301-2456 and request an order to transport. Law enforcement will transport the person and the original application to the receiving facility as directed by the Admitting Officer.

Non-Emergent Process

If an Application for Involuntary Evaluation is needed, the ICC Agency will complete the Application and contact the CBI T-36 team to coordinate delivery of the application for further assessment.

The CBI T-36 team will complete a Pre-Petition Screening per the Pre-Petition Screening Process

Law Enforcement and the Crisis System

All First Responder requests for crisis services are prioritized for an expedited crisis system response.

When Law Enforcement is Involved

Emergency Process

If law enforcement encounters a person who appears to be in crisis and who refuses voluntary services, a peace officer may take into custody any individual the peace officer has probable cause to believe is, as a result of mental disorder, a danger to self and others, and that during the time necessary to complete the petition screening procedures set forth in section 36-520 the person is likely without immediate hospitalization to suffer serious physical harm or serious illness or to inflict serious physical harm on another person. The peace officer shall transport the person to the CRC and complete an Application for Emergency Admission for Evaluation.

Non-Emergent Process

If the person is believed to be in need of an Involuntary Evaluation, a peace officer may complete an Application for Involuntary Admission and deliver it to the CBI T-36 screening team or call NurseWise to request a CMT. NurseWise will dispatch the CMT to provide assistance to law enforcement. The CMT will assist law enforcement with the completion and facilitation of an Application for Involuntary Evaluation, and if needed, assist the Applicant with the Application. The Application will then be delivered to the CBI T-36 team as a request for a pre-petition screening.

The CBI T-36 team will complete a Pre-Petition screening per the Pre-Petition Screening Process.
A Person Who is Detained and Not Voluntary for Mental Health Evaluation

If a detainee in the Pima County Adult Detention Center is unwilling or unable to accept treatment, detention staff will follow their internal processes surrounding T-36.

An Involuntary Person on the Tohono O’odham Reservation

Neither Cenpatico nor its contracted agencies have the authority to remove an American Indian person involuntarily from tribal land. Title 36 does not apply on tribal land.

Voluntary Crisis Services for Detained Persons

Contractual agreements between Cenpatico Integrated Care and local ICC Agencies require all said agencies to coordinate care of enrolled members who are in detention centers, including those on tribal lands. Coordination of care can be achieved by visiting the inmate and/or participating in treatment and release planning.

At the Pima County Detention Centers (Adult and Juvenile)

Pima County Detention Centers will follow their internal process.

At the Tohono O’odham Tribal Detention Center

If an inmate in the detention center is in a psychiatric crisis, the jail can call NurseWise and request a CMT. The CMT can provide crisis assessment and short term crisis intervention as well as recommendations to detention staff. The CMT can only make recommendations to the jail and cannot remove a person from the jail to facilitate further treatment.

Jail Diversion and Safety

The goal of the crisis system is to intervene quickly in a crisis and stabilize the person in the community whenever possible. Facility based crisis services are also available when a person needs an additional level of support. The Cenpatico crisis system is a partner with law enforcement to ensure diversion at the patrol level as well as a reduction in the amount of persons going to local emergency departments when there is no known medical problem. All community members who remain in the community after a crisis have a safety plan developed by the CMT as well as 72 hour follow up after the initial crisis to avoid a subsequent crisis.

Agreements, protocols and Memorandums of Understanding may be developed with the County Jail to further define collaborative efforts to divert persons in need of mental health and substance use services away from the jails.
Revocation of the Outpatient Treatment of an Existing COT (RCOT) (ARS.36-540.01 I)

If all attempts at outreach and engagement and crisis planning have failed to re-engage a member under court ordered treatment, a revocation may be necessary. A revocation would result in hospitalization of the member.

**During Regular Business Hours**

Revocations are the responsibility of the member’s clinical team led by their medical director.

**Emergent Amendment/Revocation A.R.S. 36-540 (E)(5)**

If the individual is presenting with DTO/DTS behaviors and requires immediate hospitalization, the provider can verbally amend the outpatient treatment plan without an order from Court. The Medical Director or physician designee must contact an inpatient psychiatrist, discuss and agree that the individual requires immediate inpatient treatment. The Medical Director or physician designee may authorize a peace officer to transport the individual to the inpatient treatment facility.

The Medical Director of the outpatient treatment facility must file a motion for an amended court order requesting inpatient treatment no later than the next working day following the individual being taken to the inpatient facility. If this paperwork is not filed in this timeframe, the individual may be detained and treated for no more than 48 hours, excluding weekends and holidays.

When an individual is hospitalized pursuant to an amended order, the provider must inform the individual of the right to judicial review and the right to consult with counsel pursuant to A.R.S. 36-546.

**PIMA COUNTY: Use Provider Manual Form 3.9.8-PIMA County-Emergent Amendment**

The agency will also be responsible for arranging for transportation of the member to a Behavioral Health Inpatient Facility and locating a bed.

Law enforcement will transport the person and the original application to the receiving facility as directed by the Admitting Officer.

**Direct Admission to a Behavioral Health Inpatient Facility**

*NOTE: A direct admission can occur without medical clearance barring any symptom driven reasons requiring a medical screening. In order for the person to be admitted to a psychiatric facility under his or her insurance, he or she must have a treatable psychiatric condition.*
By Outpatient Providers (Voluntary only)
Outpatient providers serving enrolled Cenpatico members are able to seek direct admissions to a Behavioral Health Inpatient Facility for their enrolled voluntary members if they determine that an emergency admission is needed during regular business hours. In these situations, there is no requirement for pre-authorization or for Certification of Need (CON) paperwork to be submitted. (See Section Crisis During Business Hours for more details.)

By Crisis Mobile Teams (Voluntary Only)
CMTs can refer persons in a mental health crisis who are voluntary for treatment to a Behavioral Health Inpatient Facility for direct admission. NurseWise will place the person in an inpatient setting. Once a bed is located, NurseWise should call the facility to staff the situation and get approval for the person to be admitted. In these situations there is no reason to take the person to the ED prior to admission. The admitting psychiatrist may request, based on symptom driven concerns, that the person be medically screened prior to admission. If medical clearance is requested, NurseWise will gather information about the specific medical symptoms or concerns that require medical clearance and will ensure this is documented. This information will also be clearly relayed to ED staff. Once accepted to a facility, NW will arrange transportation with preference given to natural supports, the clinical team, or non-ambulance transportation.

By Another Hospital (ED or Medical Floors)
Any medical hospital has the capability of transferring a person from the ED or a medical floor directly to another medical facility that can address the psychiatric condition of the patient. In general, this practice would require a “doc to doc” and would not require a call to NW or to the CMT. This may be beneficial for persons who have private insurance, no insurance, or those who need medical detoxification services.

Coordination of Care Local Hospitals
Per the provider manual, coordination and communication should occur with any known medical provider of a RBHA enrolled member.

Coordination with the ED on Enrolled Persons
When an enrolled member arrives at an ED, the ED can call the ICC Agency to notify them that the member is there. The ICC Agency is required to coordinate care with the ED by sending clinical information, jointly identifying needs, advising of treatment recommendations and assisting with discharge planning (with an emphasis on community stabilization).

Coordination with the ED on NON-Enrolled Persons
In Pima County, the following hospitals use either in-house social work departments or subcontracted agencies to conduct mental health screening and assessment services; Northwest, Oro Valley, Tucson Medical Center, St. Joseph’s, St. Mary’s, Banner University Medical Center South and Tucson campuses.
Community Health Associates CMT provide assessment services for Green Valley Hospital Northwest Hospital ED at Vail and can be dispatched by calling NurseWise. CHA will coordinate with NurseWise and ICC Agencies when a Cenpatico Member is in one of these facilities.

For those who arrive at the ED and have private insurance, the person’s private insurance should be accessed to assist the person.

**Coordination with Hospitals for Medically Admitted Patients Enrolled with an ICC Agency**

If a person who is enrolled with an ICC Agency is admitted to the hospital for medical reasons, a member of the clinical team should be available to coordinate care with hospital staff within 24 hours of admission. The clinical team should also be involved in discharge planning.

Hospital staff facilitating discharge planning should contact and coordinate with the assigned recovery coach.

**Coordination with Southern Arizona VA Health Care System**

Please refer to the Cenpatico VA Protocol for details. Every effort should be made to coordinate with the Southern Arizona VA Health Care System.
Signature Pages

Cenpatico, their contracted providers and identified Pima County Community System partners agree to work in partnership on behalf of persons experiencing a behavioral health crisis to ensure they receive appropriate services and a level of care that promotes personal resiliency and a healthy community.

This Protocol was developed in collaborative partnership with all Pima County system partners and will be the established Protocol for the 2017 calendar year.

This Protocol does not identify or delegate financial responsibility. This is not a legal or binding contract. It is not a memorandum of understanding.

Your agency signature below indicates receipt of this Protocol.

Effective Date: _______12/16/106_________  Last Revision Date(s): __12/16/16__

(To be reviewed annually.)

______________________________________________ Date: ________________
Banner University Medical Center

______________________________________________ Date: ________________
Cenpatico Integrated Care, Inc.

______________________________________________ Date: ________________
Community Bridges, Inc.

______________________________________________ Date: ________________
Community Health Associates

______________________________________________ Date: ________________
Cornerstone Behavioral Health - El Dorado

______________________________________________ Date: ________________
Crisis Response Center

______________________________________________ Date: ________________
Green Valley Hospital

______________________________________________ Date: ________________
HOPE

______________________________________________ Date: ________________
La Frontera PHF

______________________________________________ Date: ________________
Marana Police Department
Northwest Hospital (Main & Vail ED)  
_date  
signature on file  
NurseWise (NW)  
_date  
Oro Valley Hospital  
_date  
signature on file  
Oro Valley Police Department  
_date  
signature on file  
Palo Verde Hospital  
_date  
signature on file  
Pima College Police Department  
_date  
signature on file  
Pima County Attorney’s Office  
_date  
Pima County Behavioral Health Department  
_date  
signature on file  
Pima County Sheriff’s Department  
_date  
signature on file  
Sahuarita Police Department  
_date  
Sonora Behavioral Health  
_date  
signature on file  
St. Joseph’s Hospital  
_date  
St. Mary’s Hospital  
_date  
signature on file  
The City of South Tucson Police Dept.  
_date  
signature on file  
Tohono O’odham Detention Center  
_date
Crisis Protocol: Pima County 2016

Tohono O'odham Indian Health Services

signature on file
Tohono O'odham Nation Police Dept.

Date: ___________________

Tucson Medical Center

signature on file
Tucson Police Department

Date: ___________________

signature on file
University of Arizona Police Department

Date: ___________________