SACRAMENTO COUNTY

MEDI-CAL MOBILE CRISIS SERVICES BENEFIT

BHIN No. 23-025

CWRT ADVISORY COMMITTEE MEETING
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SUMMARY

- Medi-Cal behavioral health delivery systems shall establish, or contract with providers to establish, qualifying mobile crisis teams that meet DHCS' training and implementation requirements set forth in this BHIN.
- All mobile crisis teams, regardless of delivery system, shall meet the same requirements.
- Counties may implement a fully integrated approach across mental health and substance use disorder (SUD) delivery system in which a single mobile crisis services infrastructure serves the entire county.
- A single integrated system may include multiple mobile crisis teams that are equipped to respond to beneficiaries regardless of whether they otherwise are served by the MHP or the county's SUD delivery system.

I. MOBILE CRISIS SERVICES BENEFIT

- Mobile crisis services provide rapid response, individual assessment and community-based stabilization to Medi-Cal beneficiaries who are experiencing a behavioral health crisis.
- Utilize de-escalation and stabilization techniques, reduce the immediate risk of danger and subsequent harm, avoid unnecessary emergency department care, psychiatric inpatient hospitalizations, and law enforcement involvement.
- Services include:
  - Warm handoffs to appropriate settings and providers when the beneficiary requires additional stabilization and/or treatment services
  - Coordination with, and referrals to, appropriate health, social and other services and supports, as needed
  - Short-term follow-up support to help ensure the crisis is resolved and the beneficiary is connected to ongoing care

II. DISPATCH OF MOBILE CRISIS TEAMS

- Counties shall establish a system for dispatching mobile crisis teams and develop policies and procedures that shall include, but are not limited to:
  - A single telephone number to serve as a crisis services hotline connected to the dispatch of mobile crisis teams to receive and triage beneficiary calls;
  - A standardized dispatch tool and procedures to determine when to dispatch a mobile crisis team; and
  - Procedures identifying how mobile crisis teams will respond to dispatch requests

III. MOBILE CRISIS TEAM REQUIREMENTS FOR INITIAL CRISIS RESPONSE

- The initial mobile crisis response shall be provided at the beneficiary's location or at an alternate location of the beneficiary's choice in the community by a multidisciplinary mobile crisis team.
- Mobile crisis teams shall meet the following standards:
  - At least 2 providers shall be available for the duration of the initial mobile crisis response.
  - At least 1 onsite mobile crisis team member shall be carrying, trained, and able to administer naloxone.
  - At least 1 onsite mobile crisis team member shall be able to conduct a crisis assessment.
  - The mobile crisis team providing the initial mobile crisis response shall include or have access to an LPHA. *Example: a mobile crisis team could consist of 2 peer specialists who have access to an LPHA via telehealth.*

IV. MOBILE CRISIS SERVICE ENCOUNTER

Each mobile crisis services ***encounter*** shall include, at minimum:

- **Initial face-to-face crisis assessment**;
- **Mobile crisis response**;
- **Crisis planning**, as appropriate, or documentation in the beneficiary's progress note of the rationale for not engaging the beneficiary in crisis planning; and
- **A follow-up check-in**, or documentation in the beneficiary's progress note that the beneficiary could not be contacted for follow-up despite reasonably diligent efforts by the mobile crisis team.

When appropriate, each mobile crisis services ***encounter*** shall also include:

- Referrals to ongoing services; and/or
- Facilitation of a warm handoff.

*Mobile crisis teams shall be able to deliver all mobile crisis service components, even though there may be some circumstances in which it is not necessary or appropriate to provide all components.

INITIAL FACE-TO-FACE CRISIS ASSESSMENT

The mobile crisis team shall provide a brief, face-to-face crisis assessment to evaluate the current status of the beneficiary experiencing the behavioral health crisis with the goal of mitigating any immediate risk of danger to self or others, determining a short-term strategy for restoring stability, and identifying follow-up care, as appropriate.

Any team member that has been trained to conduct a crisis assessment as part of required mobile crisis services training can deliver the initial face-to-face crisis assessment.

When delivering a crisis assessment, mobile crisis tams shall use a standardized crisis assessment tool.

MOBILE CRISIS RESPONSE

During the mobile crisis service encounter, the mobile crisis team shall intervene to de-escalate the behavioral health crisis and stabilize the beneficiary at the location where the crisis occurs, unless the beneficiary requests to be met in an alternate location in the community.

The mobile crisis response may include, but is not limited to:

- Trauma-informed on-site intervention for immediate de-escalation of behavioral health crises;
- Skill development, psychosocial education and initial identification of resources needed to stabilize the beneficiary;
- Immediate coordination with other providers involved in the beneficiary's care'
- Immediate coordination with other crisis receiving and stabilization facilities (e.g., sobering centers, crisis respite, crisis stabilization units, etc.); and
- Provision of harm reduction interventions, including the administration of naloxone to reverse an opioid overdose, as needed.

CRISIS PLANNING

As appropriate during the mobile crisis services encounter, the mobile crisis team shall engage the beneficiary and their significant support collateral(s), if appropriate, in a crisis planning process to avert future crises. Crisis planning may include:

- Identifying conditions and factors that contribute to a crisis;
- Reviewing alternative ways of responding to such conditions and factors; and
- Identifying steps that the beneficiary and their significant support collateral(s) can take to avert or address a crisis.

When appropriate, crisis planning may include the development of a written crisis safety plan. To the extent information is available and appropriate, the written crisis safety plan shall include, but is not limited to:

- A review of any immediate threats to the individual's or others' safety and well-being, such as accessible firearms or medications which could be used in a plan for self-harm or harm to others;
- Conditions and factors that contribute to a crisis;
- Alternative ways of responding to such conditions and factors;
- Additional skill development and psychosocial education;
- Short and long-term prevention and strategies and resources the beneficiary can use to avert or address a future crisis, including harm reduction strategies.

FOLLOW-UP CHECK-INS

Counties shall ensure that beneficiaries receive a follow-up check-in within 72 hours of the initial mobile crisis response.

- The purpose of the follow-up check-in is to support continued resolution of the crisis, as appropriate, and should include the creation of or updates to the beneficiary's crisis safety plan, or additional referrals to ongoing supports, as needed.
- If the beneficiary received a referral to ongoing supports during the initial mobile crisis response, as part of follow up the mobile crisis team shall check on the status of appointments and continue to support scheduling, arrange for transportation, and provide reminders as needed.
- Follow-up may be conducted by any mobile crisis team member who meets DHCS' core training requirements and may be conducted in-person or via telehealth.
- Follow-up may be conducted by a mobile crisis team member that did not participate in the initial mobile crisis response.

SERVICE SETTING RESTRICTIONS

Mobile crisis services shall not be provided in the following settings due to restrictions in federal law and/or because facilities and settings are already required to provide other crisis services:

- Inpatient Hospital;
- Inpatient Psychiatric Hospital;
- Emergency Department;
- Residential SUD treatment and withdrawal management facility;
- Mental Health Rehabilitation Center;
- Psychiatric Health Facility (PHF);
- Special Treatment Program;
- Skilled Nursing Facility;
- Intermediate Care Facility;
- Settings subject to the inmate exclusion such as jails, prisons, and juvenile detention facilities;
- Other crisis stabilization and receiving facilities (e.g., sobering centers, crisis respite, crisis stabilization units, crisis residential treatment programs, etc.).

V. STANDARDS: RESPONSE TIMES

Mobile crisis teams shall arrive:

- Within 60 minutes of the beneficiary being determined to require mobile crisis services in urban areas; and
- Within 120 minutes of the beneficiary being determined to require mobile crisis services in rural areas.

V. STANDARDS: LAW ENFORCEMENT

When a mobile crisis team is dispatched, it is considered a national best practice for the team to respond without law enforcement accompaniment unless special safety concerns warrant inclusion.

While LE officers may accompany a mobile crisis team when necessary for safety reasons, they shall not qualify as a member of the mobile crisis team for purposes of meeting Mobile Crisis Team Requirements.

V. STANDARDS: TRANSPORTATION

When needed, a mobile crisis team shall arrange for or provide transportation to an appropriate level of care or treatment setting. The mobile crisis team may transport the beneficiary directly as part of providing the mobile crisis service.

If the mobile crisis team provides transportation or accompanies a beneficiary who is being transported by an Non-Medical Transportation (NMT) provider, EMS, or law enforcement, it can receive an add-on reimbursement to reflect the expanded nature of its mobile crisis encounter in such circumstances.

TRAINING

All mobile crisis team members shall meet the State's training requirements. The core training curriculum will include:

- Crisis Intervention and De-escalation Strategies;
- Harm Reduction Strategies;
- Delivering Trauma-informed Care;
- Conducting a Crisis Assessment; and
- Crisis Safety Plan Development.
- Mobile crisis team members must meet core training curriculum requirements before delivering qualifying mobile crisis services.

Mobile crisis team members must also complete required enhanced training curriculum, which will include:

- Provider Safety
- Delivering Culturally Responsive Crisis Care
- Crisis Response Strategies for Special Populations (e.g., children, youth and families, tribal communities, and beneficiaries with I/DD).

BHS MOBILE CRISIS CONTINUUM

IMPLEMENTATION OF MEDI-CAL MOBILE CRISIS SERVICES BENEFIT



CRISIS SERVICES LINE	MOBILE CRISIS TEAMS	FOLLOW UP SERVICES
988	CWRT	CWRT
916-999-HOPE	CWRT	CWRT
FURS/The Source	The Source	The Source
911/Dispatch	CWRT	CWRT
	MCST*	CST*

*Mobile Crisis Support Team (MCST) and Community Support Team (CST)

BHS MOBILE CRISIS CONTINUUM

IMPLEMENTATION OF MEDI-CAL MOBILE CRISIS SERVICES BENEFIT

916-999-HOPE Line vs. 988

- DHCS requires a single telephone number to serve as a crisis services hotline to serve Sacramento County residents under this benefit.
  - BHS utilizes 988 to meet this requirement.
- DHCS also requires a local telephone number to receive and triage beneficiary calls.
  - BHS established the HOPE line to meet this requirement.
- BHS will continue to encourage 988 as the main entry point for crisis calls.
  - Minimizes community confusion by advertising two lines.
  - 988 supports sufficient staffing to manage a high call volume.
- HOPE line allows:
  - Direct access to the CWRT Dispatch Call Center when needed.
  - A bi-lateral referral process with Law Enforcement agencies and Emergency Medical Services/Fire.

BHS MOBILE CRISIS CONTINUUM

WORKFLOW

CRISIS SERVICES LINE

- Provides immediate support through text, chat, or phone
- Assesses need for mobile crisis response
- Provides dispatch referral for mobile crisis response
- Complete risk assessment to assess and link beneficiaries with on-going follow-up care
- Assist beneficiaries in planning for safety including utilizing natural supports
- Provide information and referrals for community resources
- Provide crisis interventions to support callers in resolving their crisis
- Provide referrals after the resolution of the crisis to appropriate resources, including Managed Care Plans and educational resources on school campuses

MOBILE CRISIS TEAMS

- Provides trauma-informed on-site intervention for immediate de-escalation of behavioral health crises
- Provides initial face-to-face crisis assessment
- Provides skill development, harm reduction interventions
- Administer naloxone, as needed
- Immediate coordination with other providers involved in the beneficiary's care
- Immediate coordination with other crisis receiving and stabilization facilities (e.g., sobering centers, crisis respite, crisis stabilization units, etc.)
- Provides crisis and safety planning
- Provides warm handoffs to appropriate settings and providers when the beneficiary requires additional stabilization and/or treatment services

FOLLOW UP SERVICES

- Provides follow-up check-in within 72 hours of the initial mobile crisis response
- Provides short-term follow-up support to help ensure the crisis is resolved and the beneficiary is connected to ongoing care
- Provides referrals to appropriate health, social and other services and supports, as needed
- Create or provide updates to the beneficiary's crisis safety plan, or additional referrals to ongoing supports, as needed
- Check on the status of appointments and continue to support scheduling, arrange for transportation, and provide reminders, as needed