

## **Mobile Crisis**

### Service Definition

The Mobile Crisis Response Service (MCRS) provides community-based face-to-face rapid response to individuals in an active state of crisis. This service operates 24 hours a day, seven days a week. MCRS offers short-term, behavioral health, intellectual/developmental disability, and/or Autism Spectrum Disorder (ASD) crisis response for individuals in need of crisis assessment, intervention, and referral services within their community. This service is unique in that it provides in-person intervention to persons in their community who may be in crisis. MCRS may be provided in community settings including, but not limited to homes, residential settings, other treatment/support settings, schools, hospital emergency departments, jails, and social service settings. Interventions include a brief, situational assessment; verbal and or behavioral interventions to de-escalate the crisis; assistance in immediate crisis resolution; mobilization of natural support systems; and referral to alternate services at the appropriate level.

MCRS includes in-field crisis assessment, crisis de-escalation, rapid assessment of strengths, problems, and needs; psychoeducation, brief behavioral support, and intervention; and referral to appropriate services and supports. MCRS functions to provide a short-term linkage and referral between persons in crisis and the appropriate/additional behavioral health and/or IDD services and supports, while reducing the rate of hospitalization, incarceration, out of home placement and unnecessary emergency room visits. This service includes post crisis follow-up to ensure linkage with recommended services.

### Admission Criteria

The service is available to individuals with behavioral health diagnoses and/or intellectual and developmental disabilities, including autism spectrum disorder, aged four (4) years and above who meet the following eligibility criteria:

1. The individual is experiencing an acute Behavioral Health, Intellectual/Developmental Disability, ASD, and or Co-occurring crisis (inclusive of two (2) or more of these conditions); and
2. The individual and/or family/caregiver lacks the skills necessary to cope with the immediate crisis and there exists no other available, appropriate community supports to meet the needs of the person; and
3. The individual needs immediate care, evaluation, stabilization, or treatment due to the crisis as evidenced by:
  - A substantial risk of harm to self or others by the individual; and/or
  - The individual is engaging in behaviors presenting with serious potential legal or safety consequences; or
4. Screening provided by the Georgia Crisis and Access Line (GCAL) indicates the presence of a behavioral health, an intellectual/developmental disability, and/or ASD crisis presentation.
5. The individual served does not have to be a current or past-enrolled recipient of DBHDD services or supports

### Continuing Stay Criteria

N/A

### Discharge Criteria

1. The acute presentation of the crisis situation is resolved.
2. Appropriate referral(s) and service engagement/s to stabilize the crisis situation are completed.
3. Recommendations for ongoing services, supports or linkages have been documented; and
4. Post-crisis follow-up has been completed within 1-3 days of crisis contact.

#### Service Exclusions

Individuals in the following settings are excluded from MCRS dispatch; Crisis Stabilization Units (CSU), Behavioral Health Crisis Centers (BHCC), CRR-I, psychiatric hospital (state or private); state prisons; youth detention center; and regional youth detention center

#### Clinical Exclusions

1. All persons receiving MCRS must have present indications of a behavioral health disorder, an Intellectual/Developmental Disability and/or ASD.
2. MCRS shall not be dispatched for individuals presenting solely with a need for Substance Use Disorder (SUD) intervention.
3. MCRS shall not be dispatched in response to a medical emergency

#### Required Components

1. A mobile crisis team responder offering any diagnostic impressions must be a person identified in O.C.G.A. Practice Acts as qualified to provide a diagnosis and who possess training and experience in behavioral health and intellectual/developmental disability assessment.
2. The licensed clinician on the Mobile Crisis Team is to provide oversight and clinical supervision to the operation of the team and is responsible for ensuring that the appropriate team members are dispatched or are available for consultation based on the clinical data provided by the Georgia Crisis and Access Line (GCAL).
3. The Mobile Crisis Team is to:
  - a. Respond and arrive on site within 59 minutes of the dispatch by GCAL; and
  - b. Address the crisis situation to mitigate any risk to the health and safety of the individual and/or others; and
  - c. Consult with medical professionals, when needed, to assess potential medical causes that might be contributing to the crisis prior to recommending any intensive crisis supports involving behavioral interventions.
4. The Mobile Crisis Team members are responsible for completing comprehensive assessment(s) of the current crisis situation. This assessment process shall include interviews with the individual, care providers and/or family members, observation of the current environment, and review of behavior and individual support plans if available. The licensed professional or BCBA on the team is responsible for ensuring that the assessment process is thorough and complete.
5. A crisis plan will be developed to help manage, prevent, or reduce the frequency of future crises occurring. When available, an individual's existing crisis plan should be utilized by the MCRS team when it is appropriate to the presenting situation. When a crisis plan does not exist, MCRS will engage the individual/family/caregivers in a therapeutic plan that fosters a return to pre-crisis level of functioning and connect or reconnect the individual to treatment services and other community resources.

- a. Also, when available and offered by the individual, a Wellness Recovery Action Plan (WRAP) shall be utilized by MCRS to support the individual's preferences.
  - b. When available, an individual's behavior support plan shall be utilized by MCRS during the assessment process.
6. All interventions shall be offered in a clinically appropriate manner that respects the preferences of the individual in crisis while recognizing the primary need to maintain safety.
7. Reasonable and relatively simple environmental modifications that do not require continuing programmatic efforts are considered before intensive crisis supports and/or a behavior plan is recommended or implemented.
8. When applicable and accessible, community supports, natural supports, and external helping networks should be utilized for crisis planning to assist in crisis prevention.
9. When the Mobile Crisis Team makes a disposition, the licensed clinician or BCBA communicates all recommendations within 24 hours to all applicable parties (e.g., Provider Agencies Families/Caregivers/ Guardians, Support Coordination Agencies, known Care Coordinators and/or Regional Field Office I&E Teams as applicable).
10. The MCRS shall comply with the current GCAL process for dispatch of mobile crisis, including non-refusal of calls or dispatch.
11. When the Mobile Crisis Team completes services, the licensed clinician or BCBA on the team completes a written summary that shall:
  1. Minimally include:
    - Description of precipitating events
    - Assessment and Interventions provided
    - Diagnosis or diagnostic impressions
    - Response to interventions • Crisis plan
    - Recommendations for continued interventions
    - Linkage and Referral for additional supports (if applicable); and
  2. Be completed and documented within a 24-hour period after a disposition has been determined.
12. Within 24 hours of completion of the MCRS intervention a follow-up phone call is made and documented to individuals served or their representative/parent/guardian. Exceptions to this requirement are for persons for whom the mobile crisis intervention results in placement in a hospital, CSU, BHCC, intensive in-home IDD supports, or an IDD crisis home.
13. The MCRS provider must develop policies and procedures consistent with DBHDD policies for referral and engagement with Crisis Stabilization Units (CSUs) Behavioral Health Crisis Centers (BHCCs), Crisis Respite Homes and In-Home IDD Supports; (i.e., staffing, eligibility, service delivery, GCAL interface).
14. Additionally, the MCRS provider must develop policies and procedures that include criteria for determination of the need for higher levels of care, indicators for referral to medical/health services and how staff should access support from healthcare professionals; how the staff will be trained to employ positive behavior supports, trauma informed care, and crisis intervention principles in the delivery of mobile services; and how the safety of staff members is maintained.

15. MCRS will collaborate with the individual's health and support providers to ensure linkage with follow-up post crisis treatment. This may include Core providers, Specialty providers, Detoxification providers, IDD service providers, local physicians, BHCCs/CSUs, and other public and social service agencies (such as DFCSs schools, treatment courts, law enforcement, Care Management Organizations [CMOs], etc.). When the MCRS provider determines during a community-based intervention that an individual is enrolled with a CMO, the CMO will receive notification within 72 hours through an identified inbox and provided basic status information (name, date of intervention, written summary, final referral, and disposition, for the CMO to follow up on treatment services and other community resources for the member.
16. The MCRS must maintain accreditation by the appropriate credentialing body (The Joint Commission, The Commission on Accreditation of Rehabilitation Facilities, The Council on Accreditation).

### Staffing Requirements

1. The following training components must be provided during orientation for all new staff:
  - Community-based crisis intervention training and TIP 42 training.
  - Cross training of BH and IDD MCRS staff.
  - DBHDD array of Adult Mental Health, Child and Adolescent Mental Health, Addictive Diseases, Intellectual & Developmental Disabilities crisis services, and community psychiatric hospitals.
  - DBHDD Community Behavioral Health and IDD Provider Manual service definitions.
  - Rapid crisis screening.
  - Dispatch decision tree.
  - Web-based data access and interface with DBHDD information system.
2. The Mobile Crisis Team includes minimally two staff responding.
  - a. Of those, one (1) is a Licensed Clinical Social Worker/Licensed Professional Counselor/Licensed Marriage and Family Therapist/ Licensed Psychologist (LCSW/ LPC/LMFT/Licensed Psychologist Ph.D./Psy.D.); and
  - b. When the screening indicates that the individual in crisis has IDD, the two-person team must also include a Behavioral Specialist (BS), BCBA, or BCaBA (dispatch of a licensed clinician is always required along with this practitioner).
  - c. Additional staff who may be dispatched when a behavioral health need is identified include paraprofessional/direct support staff, a registered nurse, an additional social worker (MSW), safety officer, and/or a Certified Peer Specialist (CPS, CPS-AD, CPS-Y, and CPS-P)].
  - d. In addition, a physician will be available to the MCRS team for consultation, if needed. Other physicians (psychiatric or medical) may consult as necessary.
  - e. Each mobile crisis team must include at least one staff member with specialization in ASD; so, when there is a known or suspected indication of ASD, the following team compositions are allowed:
    - i. A BCBA or BCBA-D who serves as the lead in a mobile crisis response for individuals with ASD and any second recognized practitioner type named herein; or
    - ii. Licensed practitioner (as named in a. above) along with a BCBA, BCaBA or RBT.

3. All team members are required to comply with the Professional Licensing or Certification Requirements and the Reporting of Practice Act Violations, 04-101, including maintaining valid/current license or certification and compliance with all DBHDD training requirements for paraprofessional, licensed or certified staff.

#### Service Accessibility

1. MCRS must be available by staff skilled in crisis intervention 24 hours a day, 7 days a week with emergency response coverage, including psychiatric, medical, and nursing consultation services as required.
2. All mobile crisis service response times for arrival at the site of the crisis must be less than 59 minutes of dispatch by the GCAL.
3. Services are available 24-hours a day, 7 days a week, and include face-to-face contact offered in eligible settings (e.g., home/community, school, jail, emergency room).
4. MCRS may not be provided in an Institution for Mental Diseases (IMD, e.g., treatment units for state or private psychiatric hospital, psychiatric residential treatment facility or crisis stabilization program), nursing homes, youth development center (YDC), or State Prisons.
5. Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient's health. Electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site. Telemedicine is never to be utilized as the primary means of delivery of MCRS services.

#### Documentation Requirements

1. Providers must document services in accordance with the specifications for documentation requirements specified in Part II, Section IV of the Provider Manual and in keeping with this section G. Documentation will include the following.
  - Calls received.
  - Referring source; individual, agency,
  - Time of received call,
  - Specific plan of action to address need.
  - Composition of responders
  - Time of arrival on-site
  - Time of completion of assessment
  - Description of intervention,
  - Diagnosis and or diagnostic impressions
  - Documentation of disposition, linkages provided/appointments made
  - Behavioral recommendations provided.
  - Provision of assessment upon Release of Information
  - Contact information for follow-up
  - Follow-up contact.
2. Each MCRS shall provide monthly outcomes data as defined by the DBHDD.

#### Billing & Reporting Requirements

1. All other applicable DBHDD reporting requirements must be followed.

2. Where there are individuals covered by Georgia CMOs and the specific CMO is identified, the MCRS provider will report the MCRS intervention to the CMO