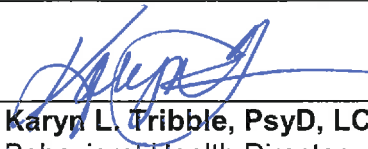




By:   
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Behavioral Health Director

**Crisis Services Division**  
Mobile Crisis Team Services Policy and Procedure

**Policy No:** 404-1-1  
**Date of Original Approval:** 12/16/19  
**Date(s) of Revision(s):**

**PURPOSE**

- This policy outlines how ACBH Crisis Division will operate its Mobile Crisis Teams to provide pre-crisis, crisis, and post-crisis services for Alameda County residents. The document describes the goal of matching clients to the appropriate care, providing recovery focused, trauma informed, and culturally affirming services while working to reduce inappropriate and/or over-utilization of inpatient acute psychiatric hospitalization and emergency services. This document serves to inform the public of the crisis continuum of care. Mobile crisis services and outreach teams are placed to provide for geographic distribution of mental health services within the MHP’s delivery system.
- Crisis Services will act as support to the program in the field. All ACBH providers (county or CBO) are expected to understand and be able to operationalize effective crisis intervention strategies with their program participants with or without assistance from Crisis Services.

**AUTHORITY**

- 42 C.F.R §438.206(c) (1) (iii) –Availability of Services.
- California Welfare & Institutions Code Section 5600.5 –The minimum array of services/geographic distribution.
- California Welfare & Institutions Code §5600.2(d.) –Outreach.
- California Department of Health Care Services Mental Health Plan Contract

**SCOPE**

All Mobile Crisis Services Division programs and program staff and all ACBH-contracted providers. This does not apply to outside agencies that are partnering with ACBH.

**POLICY**

This policy establishes how Mobile Crisis Teams will operate to meet the needs of community members being evaluated for pre-crisis, crisis, and post-crisis services.

I. Crisis Continuum of Care Mobile Teams

Mobile Crisis Teams are responsible for evaluating adults and children who are at-risk for hospitalization. Teams will try to avoid the use of psychiatric hospitalization and incarceration when appropriate and will provide alternative treatment resources including diversion to appropriate sub-acute settings in the community.

## II. Staffing and Hours of Operation:

At full capacity, the county will have 12 to 14 teams in the field from 7:00 a.m. – 11:00 p.m., seven days a week. Teams operate in North County, Mid-County, and South County. (See *Mobile Expansion 2019 chart* for more information about included cities, number and type of teams, and call focus. See *Crisis System Program Overview Procedure Manual* for more information about Crisis System staffing).

Service activities may include but are not limited to the following: assessment, collateral, brokerage, plan development, and crisis therapy (MHP Contract with DHCS).

## III. Mobile Crisis Teams

- A. Are authorized by the ACBH Director to initiate 5150 holds (Emergency Psychiatric Detention) and 5585 holds for children.
- B. Carry Police Department radios in Oakland only, and are contacted in the rest of the county via cell phone to assist law enforcement officers with evaluation and disposition of possible 5150 situations or with any other mental health-related situations.
- C. Can provide emergency psychiatric evaluation in homeless shelters, residence hotels, hospitals, other public agencies, and the community at large.
- D. Can provide Non-Urgent mobile outreach when crisis services is contacted directly.
- E. Do not provide evaluations for custody, competency, Supplemental Security Income, etc.

## PROCEDURE

### I. Referral Sources

- A. The following may serve as referral sources:
  - 1. Community calls to Mobile Crisis Team Headquarters (409 Jackson St., Hayward, CA 94544)
  - 2. Headquarters Clerical and On Duty Clinician
  - 3. ACCESS mobile consults (800) 491-9099
  - 4. Outreach/Engagement Team
  - 5. Follow Up/Linkage Team
- B. The Supervisor and On Duty Clinician assess and triage referrals based on situation, location, history, and which team would be best to make contact.
- C. The Supervisor and On Duty Clinician dispatch the appropriate team to address the referral.

### II. Mobile Crisis Teams

The mobile crisis teams include the following:

- A. Mobile Crisis Teams (MCT) (two clinician model): Will both 1) focus on conducting early intervention, prevention, and care connection at BART station “hot spots” and 2) be available for 911 mental health crisis call outs.
- B. Mobile Evaluation Teams (MET) (police officer and clinician model): Will focus on 911-generated mental health crisis calls in Oakland.
- C. Community Assessment and Alternative Transportation Teams (CATT) (EMT & clinician model): Will focus on community-based crisis intervention and medical clearance.
- D. Community Connections Team (CCT) (Clinician and Peer or Clinician and Family member): Will focus on screening and connection to services at BART “hot spots” and homeless encampments; partner with Healthcare Care for the Homeless, BART Police Department, and mobile teams for linkage to long term services.
- E. Familiar Faces (Familiar Faces Post-Crisis Follow-up Team (clinicians, peers/family): Will conduct follow up visits, care coordination with current provider, and linkage to services if unconnected within 24 to 48 hours of contact with a mobile team or Crisis Stabilization Unit.
- F. Crisis Connect/Post-Crisis Follow-Up Team (CC/PCFT) (Peers & Family Members): Will conduct telephonic post-crisis follow up calls within 24 to 48 hours to all non-high utilizers. This particular team is not field-based/mobile but works closely with field-based teams.

### III. **Response of Mobile Crisis Teams**

#### A. Information

Mobile Teams provide consumers with access to information (orally and/or written) about services the county offers, including eligibility criteria, and the steps consumers have to take to access services. This information includes:

- 1. Emergency, transitional, and supportive housing resources
- 2. Other supports (peer providers, benefit counselors, vocational rehabilitation, primary care, substance use treatment, and religious or spiritual support when requested).

#### B. Services

Mobile Teams offer many services that consumers can access based on their needs, including alternative crisis services (diversion from emergency rooms, inpatient hospitals, and jail). The services include:

- I. Peer Respite program
- II. Mobile Crisis Team
- III. Post-Crisis Follow-up Team
- IV. Familiar Faces
- V. Community Connections
- VI. Crisis Stabilization Unit (CSU) and Crisis Residential Treatment (CRT) services

- VII. Use of Reddinet Behavioral Health page and the Alameda County Community Health Record
- VIII. Detox and Sobering Centers
- IX. Substance Use screening
- X. Urgent Medication clinic
- XI. Wellness Centers
- XII. Warm Lines

IV. Post-Crisis/Follow-up Services

- A. Mobile Crisis Teams provide for continuity and coordination of care by supporting aftercare and discharge planning.
- B. Referrals to the Follow-up Teams are based on individual need (Crisis Connect/Post-Crisis Follow-up; Familiar Faces; Community Connections; and to our greater system of care).
- C. Mobile Crisis Team staff will make every effort to link individuals in the field with follow-up services as needed.

V. Data Collection and Outcomes

- A. ACBH Crisis Division tracks mobile team contacts and diversion efforts. Data will be collected on a quarterly basis beginning in Fiscal Year 2019-2020, and will include the following:
  - 1. Demographic information
  - 2. Location of contacts
  - 3. Where a consumer was diverted to in the MHP system
  - 4. Incidents of re-hospitalization within 30 days, 60 days, 90 days, six months and one year
  - 5. Follow-up on referrals
  - 6. Follow-up efforts with people who are homeless
  - 7. Transportation options provided
  - 8. Consumer satisfaction with contacts and placement
- B. The following Results Based Accountability (RBA) Performance Measures will also be collected on a quarterly basis beginning in Fiscal Year 2019-2020.

<b>Community Response</b>	
<b>How Much Did We Do?</b>	<b># of unduplicated and duplicated clients served</b> (Cumulative and By Service counts) <b># of Crisis Services encounters</b> (in community setting) / # of referrals to 5150 vs. # of referrals to non-acute setting
<b>How Well Did We Do It?</b>	<b>% of clients diverted to non-acute settings</b> ( <i>Provided an objective of Crisis Services is to intervene and deescalate, then diverting to non-acute setting measures quality of service</i> )
<b>Is Anyone</b>	<b>% of clients with decrease in utilization of acute services following Crisis Services engagement</b> (pre vs. post-intervention assessment)

<b>Better Off?</b>	<b>% of clients who participate in a voluntary service within a month after crisis intervention</b>
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<b>Staff Training</b>	
<b>How Much Did We Do?</b>	<b># of trainings provided and # of trainings attended by staff (tracked through Alameda County Learning Center)</b> # of staff trained (based on session attendance) –Target 100% of staff trained.
<b>How Well Did We Do It?</b>	<b>% of staff fully trained in Culturally and Linguistically Appropriate Services (CLAS) Standards</b> – Target 100% of staff trained in 1/3 of the CLAS Standards by June 30, 2020; 100% of staff trained in all CLAS Standards by June 30, 2022. <b>% of staff who reported that training was useful for their work</b> – Target 80% of staff identify the training as useful
<b>Is Anyone Better Off?</b>	<b>% of staff trained who indicate trainings increased their knowledge of culturally affirming services.</b> – Target 80% of staff identify the trainings as increasing their ability to provide culturally affirming services.

VI. ReddiNet (Bed Availability)

ReddiNet is a platform that will provide the number of available beds at Crisis Stabilization Units, Crisis Response Teams and other facilities. This will assist in connecting a client to the most appropriate service in the moment, especially if they are not on a 5150 or 5585 hold. Mobile Crisis staff will be able to view ReddiNet through a web browser or application on a tablet, smartphone and/or computer.

VII. Language And Cultural Needs

In addition to training Crisis staff in the National Culturally and Linguistically Appropriate Services (CLAS) Standards, the Crisis Services Division strives to provide for culturally competent assessment in multiple languages by recruiting bilingual staff. Mobile Crisis Teams can provide services to adults speaking other languages by using translation services (including video translation) provided by the contracted Language Line, County operated translation services, or private providers as appropriate. (See separate ACBH Language Service policy.)

**NON-COMPLIANCE**

Procedures to be completed in the event of a policy non-compliance:

- I. Where Mobile Team staff are not abiding by the procedural requirements that apply to the specific team, the direct supervisor and Division Director will be notified and take corrective action, including reviewing the policy and or other disciplinary action. In the event that notification is the result of a grievance received via Consumer Assistance, supervisors will review the situation with line staff and take corrective action, as indicated.

- II. Definition of the non-compliance: Any failure to abide by the stated policy. As an example: Mobile Crisis staff fail to utilize diversion opportunities when appropriate, which results in an unnecessary use of an acute service.
- III. Reports of non-compliance can be made in writing or verbally to supervisors, and staff shall not face retribution for reporting non-compliance.
- IV. Reports of non-compliance shall be communicated to supervisors and the Division Director within 72 hours to ensure timely response and corrective action. Members of the public reporting non-compliance shall communicate the information to the Division Director via [CrisisDivision@acgov.org](mailto:CrisisDivision@acgov.org).
- V. Consumers who are dissatisfied with the services received through the Crisis Division have the right to file a grievance or appeal with the MHP via Consumer Assistance 1 (800) 779-0787.
- VI. Any communication that contains protected health information or otherwise confidential information should be sent through secure methods such as email with secure encryption.
- VII. Should an emergency situation arise where conformance with this policy is impractical, the supervisor(s) and Division Director will be notified immediately.

**CONTACT**

<b>BHCS Office</b>	<b>Current as of</b>	<b>Email</b>
Crisis Services Division	7/2/19	CrisisDivision@acgov.org

**DISTRIBUTION**

This policy will be distributed to the following:

- ACBH Staff
- ACBH County and Contract Providers
- Public

**ISSUANCE AND REVISION HISTORY**

**Original Authors:** Stephanie Lewis, Division Director

**Original Date of Approval:** 12/16/19

**Date of Revision:**

<b>Revise Author</b>	<b>Reason for Revise</b>	<b>Date of Approval by (Name)</b>

**DEFINITIONS**

Term	Definition
<b>ACCESS</b>	This program provides general mental health and substance screening and referral for Alameda County residents. Most referrals for County mental health services must go through the ACCESS Line for screening and approval before receiving an appointment with a provider.
<b>DHCS</b>	California Department of Health Care Services (DHCS) means the single State department responsible for administration of the federal Medicaid program (referred to as Medi-Cal in California), California Children Services, Genetically Handicapped Persons Program, Child Health and Disabilities Prevention, and other health related programs. DHCS provides State oversight of the Managed Care Plans (MCPs) and the Mental Health Plans (MHPs).
<b>PRE-CRISIS</b>	The focus of pre-crisis services is to offer ideas and strategies to improve the person's situation, and help access what is needed to avoid crisis. (DHCS)
<b>CRISIS</b>	The focus of crisis services is stabilization and crisis resolution, assessment of precipitating and attending factors, and recommendations for meeting identified needs. (DHCS)
<b>POST-CRISIS</b>	The focus of post-crisis services is to check in with individuals who have recently experienced a crisis to assess their well-being and level of risk and to tailor support to the individual's needs. Post-crisis services are structured and focus on continued assessment of risk. (Lifeline Follow-up)
<b>PEER RESPITE</b>	A voluntary, short-term, overnight program that provides community-based, non-clinical crisis support. It operates 24 hours per day in a homelike environment, staffed and operated by people with psychiatric histories or who have experienced trauma and/or extreme states.
<b>WARM LINE</b>	A non-emergency resource for anyone seeking emotional support.
<b>WELLNESS CENTER</b>	Walk-In centers that provide individualized wellness action planning, short-term case management and psychiatry services. Most "barrier free" access to services in the ACBH system.
<b>DIVERSION</b>	Efforts to divert individuals from incarceration and hospitalization into community treatment settings.
<b>CLAS STANDARDS</b>	National Culturally and Linguistically Appropriate Services (CLAS) is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equality. CLAS is about respect and responsiveness: Respect the whole individual and respond to the individual's health needs and preferences. <a href="https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf">https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf</a>
<b>ACUTE SETTINGS</b>	Settings that treat individuals who require immediate intervention and are at risk for further decompensation, danger to self or others, or grave disability.
<b>SUB-ACUTE SETTINGS</b>	Settings designed to resolve the imminent risk or onset of acute or crisis mental health symptoms for individuals experiencing a decreased level of functioning.

## ATTACHMENTS

- 5150 Evaluation Form
- Diversion Form

- Crisis Continuum of Care Flow Chart
- Outreach calendar (WIC §5600.2(d).) Assertive outreach; making mental health services available to homeless and hard-to-reach individuals with mental disabilities.