

Mobile Crisis Intervention

Providers contracted for this level of care or service will be expected to comply with all requirements of these service-specific performance specifications. Additionally, **providers of this service and all contracted services will be held accountable to the “General” performance specifications.**

Mobile Crisis Intervention is the youth (under the age of 21) -serving component of an emergency service program (ESP) provider. Mobile Crisis Intervention will provide a short-term service that is a mobile, on-site, face-to-face therapeutic response to a youth experiencing a behavioral health crisis for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing immediate risk of danger to the youth or others consistent with the youth’s risk management/safety plan, if any. This service is provided 24 hours a day, 7 days a week.

The service includes: A crisis assessment; engagement in a crisis planning process which may result in the development/update of one or more Crisis Planning Tools (Safety Plan, Advance Communication to Treatment Providers, Supplements to Advance Communication and Safety Plan, Companion Guide for Providers on the Crisis Planning Tools for Families) that contain information relevant to and chosen by the youth and family, up to 7 days of crisis intervention and stabilization services including: on-site face-to-face therapeutic response, psychiatric consultation and urgent psychopharmacology intervention, as needed; and referrals and linkages to all medically necessary behavioral health services and supports, including access to appropriate services along the behavioral health continuum of care.

For youth who are receiving Intensive Care Coordination (ICC), Mobile Crisis Intervention staff will coordinate with the youth’s ICC care coordinator throughout the delivery of the service. Mobile Crisis Intervention also will coordinate with the youth’s primary care physician, any other care management program or other behavioral health providers providing services to the youth throughout the delivery of the service.

Components of Service

1. Mobile Crisis Intervention is youth-serving component of an emergency service program (ESP) provider.
2. Providers of Mobile Crisis Intervention services are outpatient hospitals, community health centers, mental health centers and other clinics.
3. Mobile Crisis Intervention is delivered by a provider with demonstrated infrastructure to support and ensure
 - a. Quality Management / Assurance
 - b. Utilization Management
 - c. Electronic Data Collection / IT

	<p>d. Clinical and Psychiatric Expertise</p> <p>e. Cultural and Linguistic Competence</p> <p>4. Mobile Crisis Intervention provides mobile, community-based crisis intervention services, which are intended to reduce the volume of emergency behavioral health services provided in hospital emergency departments (EDs) and ESP offices, to reduce the likelihood of psychiatric hospitalization, and to promote resolution of crisis in the least restrictive setting and in the least intensive manner.</p> <p>5. Mobile Crisis Intervention provides crisis assessment and crisis stabilization intervention services 24 hours a day, 7 days a week, and 365 days a year. Each encounter, including ongoing coordination following the crisis assessment and stabilization intervention, may last up to 7 days.</p> <p>6. Mobile Crisis Intervention includes, but is not limited to:</p> <ul style="list-style-type: none"> ▪ Conducting a mental status exam; ▪ Assessing crisis precipitants, including psychiatric, educational, social, familial, legal/court related, and environmental factors that may have contributed to the current crisis (e.g., new school, home, or caregiver; exposure to domestic or community violence; death of friend or relative; or recent change in medication); ▪ Assessing the youth’s behavior and the responses of parent/guardian/caregiver(s) and others to the youth’s behavior; ▪ Assessing parent/guardian/caregiver strengths and resources to identify how such strengths and resources impact their ability to care for the youth’s behavioral health needs; ▪ Taking a behavioral health history, including past inpatient admissions or admissions to other 24-hour levels of behavioral health care; ▪ Assessing medication compliance and/or past medication trials; ▪ Assessing safety/risk issues for the youth and parent/guardian/caregiver(s). ▪ Taking a medical history/screening for medical issues; ▪ Assessing current functioning at home, school, and in the community; ▪ Identifying current providers, including state agency involvement; and ▪ Identifying natural supports and community resources that can assist in stabilizing the situation and offer ongoing support to the youth and parent/guardian/caregiver(s).
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	<ul style="list-style-type: none"> ▪ Solution focused crisis counseling; ▪ Identification and inclusion of professional and natural supports (e.g., therapist, neighbors, relatives) who can assist in stabilizing the situation and offer ongoing support; ▪ Clinical interventions that address behavior and safety concerns, delivered onsite or telephonically for up to 7 days; ▪ Psychiatric consultation and urgent psychopharmacology intervention (if current prescribing provider cannot be reached immediately or if no current provider exists), as needed, face-to-face or by phone from an on-call child psychiatrist or Psychiatric Nurse Mental Health Clinical Specialist. <p>7. Mobile Crisis Intervention assesses the safety needs of the youth and family. Mobile Crisis Intervention, with the consent of and in collaboration with the youth and family, guides the family through the crisis planning process that is in line with the family’s present stage of readiness for change. This includes a review and use of the set of Crisis Planning Tools (Safety Plan, Advance Communication to Treatment Providers, Supplements to Advance Communication and Safety Plan, Companion Guide for Providers on the Crisis Planning Tools for Families) where appropriate and in accordance with the Companion Guide for Providers. As the family chooses, Mobile Crisis Intervention engages existing service providers and/or other natural supports, as identified by the youth and family, to share in the development/update of the Crisis Planning Tools (e.g., ICC, In-Home Therapy Services, outpatient therapist). The tools are reflective of action the family believes may be beneficial. This may include, but is not limited to, the following:</p> <ul style="list-style-type: none"> ▪ Contacts and resources of individuals identified by the family who will be most helpful to them in a crisis; ▪ Goal(s) of the Safety Plan or other Crisis Planning tools as identified by the family; ▪ Action steps identified by the family ▪ An open-format (the Safety Plan) that the family can choose to use as needed. <p>If a youth already has an existing set of Crisis Planning Tools, Mobile Crisis Intervention shall utilize the tools as they apply to the current situation and/or reassess the tool’s effectiveness. Where necessary Mobile Crisis Intervention collaborates with the youth’s parent/guardian/caregiver(s) and other provider(s), to build consensus for revisions to the tools and to share them as directed by the family.</p> <p>8. Mobile Crisis Intervention identifies all necessary referrals and linkages to medically necessary behavioral health services and</p>
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	<p>supports and facilitates referrals and access to those services. Mobile Crisis Intervention also works with the youth's health plan to arrange for dispositions to all levels of care, including inpatient and 24-hour services, diversionary services, outpatient services, and ICC.</p> <p>9. Mobile Crisis Intervention provides the following additional services:</p> <ul style="list-style-type: none"> ▪ Crisis counseling and consultation to the family; ▪ Emergency medication management and consultation; ▪ Telephonic support to the youth and family; and ▪ Coordination with other crisis stabilization providers. <p>10. For youth who are receiving Intensive Care Coordination (ICC), Mobile Crisis Intervention coordinates with the youth's care coordinator, throughout the delivery of the service. For youth not in ICC, Mobile Crisis Intervention will coordinate with the youth's primary care physician, any other care management program or other behavioral health providers who provide services to the youth throughout the delivery of the service.</p> <p>11. The Mobile Crisis Intervention provider has policies and procedures relating to all components of this service. The Mobile Crisis Intervention provider ensures all new and existing staff members are trained on these policies and procedures.</p>
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Staffing Requirements

	<ol style="list-style-type: none"> 1. Mobile Crisis Intervention utilizes a multidisciplinary model, with both professional and paraprofessional staff and maintains staffing levels as warranted by data trends. 2. Mobile Crisis Intervention is staffed with master's level clinicians trained in working with youth and families, with experience and/or training in nonviolent crisis intervention, crisis theory/crisis intervention, solution-focused intervention, motivational interviewing, behavior management, conflict resolution, family systems, and de-escalation techniques. 3. Mobile Crisis Intervention is also staffed with bachelor's level or paraprofessional staff experienced or trained in providing ongoing in-home crisis stabilization services and in navigating the behavioral health crisis response system that support brief interventions that address behavior and safety. 4. A board-certified or board-eligible child psychiatrist or child trained Psychiatric Nurse Mental Health Clinical Specialist is available for
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	<p>phone consultation to Mobile Crisis Intervention 24-hours a day and must respond within 15 minutes of a request from Mobile Crisis Intervention staff and is available for face-to-face appointments with the youth for urgent medication management evaluations or urgent medication management appointments within 48 hours of a request if the youth has no existing provider</p> <ol style="list-style-type: none"> 5. All Mobile Crisis Intervention staff receives crisis specific training through the agency that employs them. Prior to serving families independently, Mobile Crisis Intervention staff also complete 12 hours of on-the-job training in CPI or equivalent program. A master's level clinician with at least two years of crisis intervention experience supervises this training. This training is documented. 6. All Mobile Crisis Intervention staff are trained in the following: performance specifications, clinical criteria, and per diem definitions for all MCE behavioral health covered services; <i>Systems of Care</i> philosophy and the <i>Wraparound process</i>; medications and side effects; First Aid/CPR; youth-serving agencies and processes (e.g., DCF, IEP, DYS, etc.); family systems; conflict resolution; risk management; partnering with parents/guardians/caregivers; youth development; cultural competency; and related core clinical issues/topics. This training is documented. 7. Mobile Crisis Intervention staff members are knowledgeable about available community mental health and substance use disorder services within their geographical service area, the levels of care, and relevant laws and regulations. They also have knowledge about other medical, legal, emergency, and community services available to the youth. 8. Mobile Crisis Intervention supervises all staff, commensurate with licensure level and consistent with credentialing criteria.
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Service, Community, and Collateral Linkages

	<ol style="list-style-type: none"> 1. As the youth-serving component of ESP providers, Mobile Crisis Intervention is integrated into the ESP's infrastructure, services, policies and procedures, staff supervision and training, and community linkages. 2. Mobile Crisis Intervention upon completion of a crisis assessment, works with the parent/guardian/caregiver(s) to provide needed crisis stabilization services and, if necessary, with the youth's insurance carrier to obtain authorization for medically necessary level of care for the youth. 3. Mobile Crisis Intervention will ensure smooth access to MassHealth behavioral health services in the area by maintaining regular communication and interagency relationships (e.g. MOU).
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	<ol style="list-style-type: none"> 4. Mobile Crisis Intervention coordinates all behavioral health crisis response with the youth's existing providers, including Intensive Care Coordination (ICC), In-Home Therapy Services and outpatient providers (e.g., mentors, therapists), other care management programs and primary care provider (PCP)/primary care clinician (PCC). Mobile Crisis Intervention facilitates referrals for, and provides information on, both Medicaid and non-Medicaid services (e.g., ICC, PAL, DCF, voluntary services, in-home therapy). 5. Mobile Crisis Intervention, with required consent, makes referral to ICC, In-Home Therapy Services or other services as needed. 6. Mobile Crisis Intervention supports linkages with the family's natural support system, including friends, family, faith community, cultural communities, and self-help groups (e.g., Parental Stress Line, AA, PAL, etc.). 7. For youth with ICC/In-Home Therapy Services that provide 24-hour response, Mobile Crisis Intervention staff contacts the provider for care coordination and disposition planning. The ICC/In-home Therapy Services staff and Mobile Crisis Intervention staff communicate and collaborate on a youth's treatment throughout the mobile crisis intervention or crisis stabilization to develop a disposition plan that is consistent with the youth's Individual Care Plan (ICP)/treatment plan. With required consent, the ICC care coordinator/In-Home Therapy Services clinician is required to participate in all meetings that occur during the youth's tenure with Mobile Crisis Intervention. 8. For youth engaged in services that do not provide 24-hour response, Mobile Crisis Intervention staff contacts the provider for the purpose of care coordination and disposition planning. Mobile Crisis Intervention staff communicates with the provider and collaborate on a youth's treatment to develop a disposition plan that is consistent with the youth's treatment plan. 9. Mobile Crisis Intervention establishes formal relationships (e.g., MOU) including collaborative education and training with local police, emergency medical technicians (EMTs), schools, child welfare, local healthcare professionals and juvenile justice to promote effective and safe practices related to the management of emergency services for youth with mental health issues and their parent/guardian/caregivers(s). 10. With obtained consent, crisis assessments occur in the youth's home setting or appropriate alternative community setting. Crisis assessments only occur in a hospital emergency department (ED) if the youth presents an imminent risk of harm to self or others; if youth and/or parent/caregiver refuses required consent for service in home or
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	<p>alternative community settings; or if request for Mobile Crisis Intervention services originates from a hospital emergency department.</p> <p>11. In those instances in which a youth is sent to a hospital emergency department (ED), Mobile Crisis Intervention mobilizes to the ED. The number of hospital-based interventions will be closely monitored to ensure that Mobile Crisis Intervention services are delivered primarily in community settings.</p>
<p>Quality Management (QM)</p>	
	<p>1. Mobile Crisis Intervention participates in all ESP network management, utilization management, and quality management initiatives and meetings.</p>
<p>Process Specifications</p>	
<p>Treatment Planning and Documentation</p>	<ol style="list-style-type: none"> 1. Telephonic requests for Mobile Crisis Intervention are triaged through the established phone triage system of the ESP team. All calls are answered by the ESP by a live staff person. An answering machine or answering service is not permitted, including those directing callers to call 911 or to go to a hospital emergency department (ED). Mobile Crisis Intervention arrives within one (1) hour of receiving a telephone request 24 hours a day, 365 days a year. For remote geographical areas, Mobile Crisis Intervention arrives within the usual transport time to reach the destination. 2. Mobile Crisis Intervention includes both a master’s level clinician trained in working with children and families, with experience and/or training in nonviolent crisis intervention, crisis theory/crisis intervention, solution-focused intervention, motivational interviewing, behavior management, conflict resolution, family systems, and de-escalation techniques; and a paraprofessional or a Family Support and Training staff (Family Partner) experienced or trained in providing ongoing in-home crisis stabilization services and in navigating the behavioral health crisis response system who supports brief interventions that address behavior and safety; that mobilize to the home or other site where the youth is located (e.g., school, group home, residential program, etc.), 24 hours a day, 7 days a week. Between the hours of 10pm and 7am, Mobile Crisis Intervention staff may be on-call and dispatched by pager. 3. If Mobile Crisis Intervention determines that the situation warrants intervention by police or EMT personnel, Mobile Crisis Intervention calls and coordinates with them to ensure safety, and Mobile Crisis Intervention also responds in person to the location of the crisis.

	<ol style="list-style-type: none"> 4. Mobile Crisis Intervention immediately works to de-escalate the situation and intervenes to ensure the safety of all individuals in the environment, utilizing the interventions and services listed under the “components of service” section above. 5. Mobile Crisis Intervention completes a comprehensive crisis assessment, including the elements listed under the “components of service” section above and engages in delivering crisis stabilization services. 6. To complete the crisis assessment and crisis intervention, Mobile Crisis Intervention seeks consent to speak with collateral contacts (e.g., ICC care coordinator, In-Home Therapy Services clinician, outpatient therapist, psychiatrist, DCF worker, etc.) and natural supports (e.g., friends, neighbors, extended family, etc.) to enlist their support in stabilizing the situation and developing/updating the set of Crisis Planning Tools and aftercare plan. 7. For youth enrolled in ICC, Mobile Crisis Intervention staff collaborates with the ICC provider to ensure coordination of care around the youth’s Individual Care Plan (ICP) and, the set of Crisis Planning Tools, developed by the ICC care planning team. ICC providers are available 24/7 by phone or pager to answer calls from Mobile Crisis Intervention. Mobile Crisis Intervention coordinates with the ICC provider throughout the intervention. 8. The child psychiatrist or child trained Psychiatric Nurse Mental Health Clinical Specialist responds to Mobile Crisis Intervention staff requests for consultation within 15 minutes of the request, 24-hours per day, and 365 days per year. For urgent medication evaluations or urgent medication management appointments, the Mobile Crisis Intervention provider ensures face-to-face appointments with the youth’s existing prescriber or with Mobile Crisis Intervention’s psychiatric clinician within 48 hours. 9. If the crisis assessment indicates that placement outside of the home in an acute 24-hour behavioral health level of care (e.g., Crisis Stabilization setting, acute inpatient hospital, community based acute treatment (CBAT) setting, or intensive community based acute treatment (ICBAT) setting) is medically necessary, Mobile Crisis Intervention obtains authorization as needed; arranges transfer and admission to an appropriate facility; and consults with the receiving provider to assist the receiving provider to develop a plan for stabilizing the crisis that was addressed by the Mobile Crisis Intervention. 10. If the crisis assessment indicates that the youth is stable to remain
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	<p>in the community or current placement, Mobile Crisis Intervention obtains authorization for medically necessary community-based services and coordinates with the youth and family and the community-based service provides to ensure that the youth is receiving medically necessary services.</p> <p>11. If the youth is not already enrolled in ICC, Mobile Crisis Intervention may arrange a follow-up appointment with the ICC provider in the youth's service area and coordinates with the ICC provider for the following 7 days to ensure that the youth is receiving medically necessary services.</p>
<p>Discharge Planning and Documentation</p>	<ol style="list-style-type: none"> 1. For youth who remain in the community, Mobile Crisis Intervention will be in contact with the family for a period of up to 7 days following discharge from a mobile crisis intervention, to insure that the aftercare plan developed during the intervention has been implemented and will offer assistance as necessary in order to insure that the plan is implemented. 2. For youth with ICC, Mobile Crisis Intervention plans and coordinates <i>all</i> referrals for aftercare services with the ICC care coordinator. Mobile Crisis Intervention conducts at least one phone call or face-to-face meeting with the ICC provider and the family to facilitate the transition. 3. For youth with In-Home Therapy Services (or who Mobile Crisis Intervention has referred for In-Home Therapy Services), Mobile Crisis Intervention conducts at least one phone call or face-to-face meeting with the In-Home Therapy Services provider and the family to facilitate the transition. 4. Mobile Crisis Intervention facilitates access to Crisis Stabilization Services, ICC, In-Home Therapy Services, or other levels of care/covered services as medically necessary and ensures that families have established a connection with the services and supports identified through Mobile Crisis Intervention assessment and intervention. Mobile Crisis Intervention remains involved with the youth and his/her parent/guardian/caregiver(s) until aftercare services are established and work has begun with the identified aftercare provider(s). Simply making a referral for an aftercare service does not meet the criteria for ensuring that the youth and his/her parent/guardian/caregiver(s) have established a connection with a provider. If the parent or guardian declines aftercare supports and services, this must be clearly documented in the youth's medical record. 5. With required consent, the Mobile Crisis Intervention provider sends copies of the crisis assessment to all necessary providers as identified by the youth and parent/guardian/caregiver, including state agency,

	school, and juvenile justice personnel. With signed consent, a copy of any Crisis Planning Tools is shared with all individuals and/or providers as identified by the youth and family.
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