**Mobile Crises Response**

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| **Required Policy** |

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| **Policy Required** | **Update Current or Create New** | **Draft or Policy Name** |
| No Wrong Door Policy | NEW | No Wrong Door Mobile Crisis Response |
| Policy related to maintaining staff coverage 24/7/365 | NEW | No Wrong Door Mobile Crisis Response |
| Law Enforcement interaction with Mobile Crises Response Team Policy | NEW | No Wrong Door Mobile Crisis Response |
| Mobile Crises Response location of service policy | Is this the mile range? |  |
| Mobile Crises Response follow up policy | updated | Mobile Crisis Response Team Protocol |
| Policy and Procedure for patient referrals (including but not limited to ED, hospital, CCRS Unit, outpatient, shelters) | NEW | Outpatient Clinical – External Referrals |
| Policy for Facilitation of Transportation to a Facility (internal or External) If agency is contracted with external agency, must maintain contract and records. Policy also must include alternate plan if primary transportation source in unavailable. | NEW | Crisis Transportation Procedure |
| Policy to show confidential client record will be maintained 42 CFR, HIPAA | existing | OP.9.5.01.00.00  OP 09.01.00.00  OP.09.01.00.01  OP.09.14.00.01  OP.09.14.00.00 |
| Acceptance of referrals form 988 crises response center (within 45 miles or 60 minute urban trip | 90 rural trip) | NEW | No Wrong Door Mobile Crisis Response |
| Agency shall provide at least one (1) follow up service within 14 days of the crisis event and can provide other follow up services for 90 days. These follow up services will include members of the original mobile crisis team whenever possible. | updated | Mobile crisis response team protocol |

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| **Required Training** |

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| **Training Required For** | **Training** | **Training Name and Location** | **Caidence** |
| **All members** involved in Mobile Crisis Response Team | * de-escalation strategies | CPI upon hire  <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.in.gov%2Fdcs%2Ffiles%2FProvider-Verbal-De-Escalation.pptx&wdOrigin=BROWSELINK>  or  Healthstream Anger rage and Deescalation | Upon Hire  annually |
|  | * trauma informed practice | HCI Trauma Informed Care at Orientation | annually |
|  | * harm reduction practices | https://youtu.be/ikmKxgCTXFA |  |
|  | * ethics in crisis care | Healthstream Behavioral Health: Overview of Ethics-20-907597 | annually |
|  | * person centered practices | HealthStream Person-Centered Planning - 20-872912 | annually |
|  | * suicide risk assessment | HealthStream Suicide Risk Assessment : the Suicide Intent Scale ( SIS) 20-478187  C-SSRS- develop training? |  |
|  | * safety risk assessment | Choose tool then develop training |  |
|  | * level of care assessment | LOCUS training annually | annually |
|  | * cultural awareness | HEB: Diversity in the Workplace (Cultural/Socioeconomic diversity)  HEB: Building an Inclusive Workplace Culture (Culture/Socioeconomic diversity for managers).  HEB: Diversity in the Workplace | annually |
|  | * patient rights and responsibilities | Create based on Policy |  |
|  | * psychotropic medications | Need- can Dr. Shiekh create or locate | annually |
|  | * Motivational Interviewing | Healthstream Motivational Interviewing - 20-873888 | Will this work? |
|  | * suicide intervention skills training (such as ASIST) | QPR Upon Hire  Responding to Clients who are suicidal-DCS training |  |
|  | * CPR and First Aid | Orientation Upon Hire | every 2 per cert. req. |
|  | * naloxone administration | The Overdose Lifeline Narcan video Intranasal Adapt https://www.overdoselifeline.org/how-to-administer-naloxone/ is located on the HCI Intranet under the Clinical Resources tab. |  |
|  | * CBT |  | **988 manual** |
|  | * Safety Planning based on Stanley Brown | <https://bgg.11b.myftpupload.com/wp-content/uploads/2021/08/Stanley-Brown-Safety-Plan-8-6-21.pdf>  <https://suicidesafetyplan.com/training/> | **988 manual** |
|  | * Lethal Means Restriction | Above, lesson 4 | **988 manual** |
|  | * Crisis Response Planning | https://ruralhealth.und.edu/assets/3122-20511/crisis-response-planning.pdf | **988 manual** |
|  | * 988 Operations Training Manual | **DOESN’T EXIST YET** | **988 manual** |
|  |  | **Crisis response for DD, Aging, BIPOC, LGBTQ+** | **988 manual** |
| **Certified Peers** | * Stages of Change | Behavioral Health Stages of Change 20-849530 | upon hire only |
|  | * Mental health and substance use disorders | Understanding Substance Abuse - 20-547485  Behavioral Health: Co-Occurring Disorders - 20-912775  Behavioral Health: Relapse Prevention - 20-841286 | annually |
|  | * Family Role in Peer Support |  | annually |
|  | * Conflict Resolution | Case Management: Conflict resolution Strategies 20-647812 | upon hire only |
|  | * Community harm reduction services | Create Resource Guide | upon hire only |
|  | * Certified Peer Support Professional (CPSP)   **OR**   * Certified Addiction Peer Recovery Coach (CAPRC) | **Must have or enroll** |  |
|  | * Certification in Crisis Peer Training | **Must have or enroll** | After working 1 year as certified peer specialist |

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| **Required Documentation** |

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| **Document Required** |  |  |
| Certificate of Accreditation | Attached |  |
| State of Indiana Organizational Licensure|Certification approved by FSSA DMHA | Attached |  |
| State of Indiana Licensure | Certification by IDOH | Attached |  |
| Certification or License Number | Peer, clinical supervisor, clinical team members |  |
| **Staffing Plan** and Schedules for Mobile Crises Response Teams | STAFFING PLAN | VACANCY LIST |  |
| **Staffing Plan** Will Include 24/7 Access to Supervisor | STAFFING PLAN | VACANCY LIST |  |
| IC 12-21-8-10Division coordination requirements; **mobile crisis team requirements**  Sec. 10.  (b) The mobile crisis teams must include:  (1) a peer certified by the division; and  (2) at least one (1) of the following:  (A) A behavioral health professional licensed under IC 25-23.6.  (B) An other behavioral health professional (OBHP), as defined in 440 IAC 11-1-12.  (C) Emergency medical services personnel licensed under IC 16-31.  (D) Law enforcement based coresponder behavioral health teams.  (c) Crisis response services provided by a mobile crisis team must be provided under the supervision of:  (1) a behavioral health professional licensed under IC 25-23.6;  (2) a licensed physician; or  (3) a licensed advance practice nurse or clinical nurse specialist.  The supervision required under this subsection may be performed remotely. | STAFFING PLAN | VACANCY LIST |  |
| Proof that signatory for the agency has been authorized to execute agreement | Compliance plan attached |  |
| Registered with Indiana Secretary of State | attached |  |
| Drug Free Workplace | Employee Handbook attached |  |
| Utilizing an E-verify program and do not knowingly hire undocumented individuals. | FORM I-9 attached |  |
| Nondiscrimination of employment | Employee Handbook attached |  |

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| **Data Reporting Requirements** |

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| Number of Calls to Mobile Crises Teams | monthly | |
| Number of Mobile Crisis Response Per Month | monthly | |
| Number of mobile crisis responses that resolve (per month)  i. By referring to crisis receiving and stabilization services  ii.By referring to emergency room  iii.By referring to outpatient services  iv. By referring to other mental health supportive services  v. by referring to acute care psychiatric hospital or unit  vi. Other | monthly | |
| Must Report executive level changes with clinical privileges within 10 days via facility Facts Record | Within 10 | |
| Number of Crisis | Definition: Number of times a Mobile Crisis Team responds to a crisis including responding to the same crisis multiple times and/or the same individual multiple times | |
| Number of People Served - MCT | Definition: Number of unique individuals provided a mobile crisis service broken out by the county in which the individual is located  Please note that repeat callers are to only be counted once per reporting cycle | |
| Types of Crises Individuals Experienced - MCT | Definition: Number of unique individuals served who are experiencing the following crisis type:  i. Suicidal  ii. Homicidal  iii. Adult mental health and serious mental illness  iv. Youth mental health and serious emotional disturbance  v. Substance use disorder  vi. Other | |
| Demographics of Individuals Served - MCT | Definition: Number of unique individuals served by the following demographic groups:  i. Gender Identity  ii. Age Group  iii. Race  iv. Ethnicity  v. Veteran Status  vi. Intellectual Disability/Developmental Disability  Please note that the State will provide further guidance on the definition of each category above. | |
| Referral Sources - MCT | Definition: Number of unique individuals referred to Mobile Crisis from the following entities:  i. Law Enforcement  ii. Medical Hospitals  iii. Psychiatric Hospitals  iv. Behavioral Health Providers  v. Schools  vi. Department of Child Services  vii. Faith-based Organizations  viii. Homeless Shelter  ix. Family and Friends | |
| Referrals Given | Definition: Number of unique individuals who are given at least one referral to a community resource by Mobile Crisis Teams | |
| Types of Referrals Given | Definition: Number of community referrals given to individuals by Mobile Crisis Teams as captured in the following categories:  i. Food  ii. Housing  iii. Supplies  iv. Transit  v. Mental Health  vi. Physical Health  vii. Money  viii. Supports  ix. Education  x. Work  xi. Legal  xii. Other  Please note that it may be the case that multiple referrals are given to the same individual so this number will not align with the number of individuals who receive referrals (Please see Bullet 6) | |
| Naloxone Dispensations - MCT | Definition: Number of Naloxone dispensations provided during a Mobile Crisis Response | |
| Follow Up Contact - MCT | Definition: Number of unique individuals who received a follow-up contact whether over telephone call or via an in-person visit | |
| Mean Mobile Crisis Response Times | Definition: Average of total number of minutes "on-scene to resolution" with the individual | |
| Resolutions in the Community | Definition: Number of Mobile Crisis Responses that successfully de-escalated the crisis “on-scene” which prevented an individual from moving to a higher level of care | |
| Number of Mobile Crisis Responses Resolved via Other Methods | Definition: Number of mobile crisis responses resolved via the escalation to following higher levels of care:  i. Crisis Stabilization Unit (Crisis Receiving and Stabilization Services)  ii. Emergency Department  iii. Law Enforcement Custody  iv. Inpatient Facility (e.g., Acute/Long-term/Residential)  v. Substance Use Treatment Facility | |
| Protective Services Reports | Definition: Number of reports made to protective services tracked via the following categories:  i. Child Services  ii. Elder Services | |
| On a quarterly basis, the Contractor shall provide the State with a written status report in narrative format that highlights the progress made towards standing up its mobile crisis team by including details of successes, next steps, current challenges, future barriers, community engagement, and collaboration with other providers. This report shall also highlight best practices the Contractor is implementing, community partners that the Contractor is working with and referring to, and any other details the Contractor deems important. This report is the Contractor’s opportunity to communicate its needs, wants, successes, and challenges to the State. The State, in its sole discretion, may also request qualitative reports to be verbal. | |  |