

# Mobile Crisis Team Composition and Staffing Strategies

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M-TAC









CALIFORNIA DEPARTMENT OF  
**HEALTH CARE SERVICES**

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# M-TAC

**Medi-Cal Mobile  
Crisis Training  
and Technical  
Assistance Center**

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# Conflict of Interest Disclosures

Avery Belyeu has certified that she has no relevant relationships with any commercial or nonprofit organizations that represent a conflict of interest.

Jennifer Hodgson has certified that she has no relevant relationships with any commercial or nonprofit organizations that represent a conflict of interest.

# Mobile Crisis Services

- *Mobile crisis services provide rapid response, individual assessment and community-based stabilization to Medi-Cal beneficiaries who are experiencing a behavioral health crisis. Mobile crisis services are designed to provide relief to beneficiaries experiencing a behavioral health crisis, including through de-escalation and stabilization techniques; reduce the immediate risk of danger and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations and law enforcement involvement.*

# **Welcome and Introductions**



# Presenters



**Avery Belyeu, MDiv (she/her)**

*Principal*

Health Management Associates  
(HMA)



**Jennifer Hodgson, PhD, LMFT**

*Principal*

Health Management Associates  
(HMA)




# Introductions

In the chat box, we invite you to share your:

- » Name
- » Role
- » Organization
- » One thing you're hoping to learn today

# Agenda

- » Introductions
  - » Mobile Crisis Team Composition
  - » Working Together as a Diverse Team
  - » The Role of Telehealth
  - » Mobile Crisis Team Scenarios
  - » Recruitment and Retention
  - » Q&A
- 



# Learning Objectives for today's session

- » Understand a person-centered approach in crisis assessment for increased engagement and establishing a sense of security
- » Brief intervention and immediate support to calm crisis state
- » Understand how to support an individual to experience relief throughout a crisis assessment and various components
- » Review of the importance of self-care and a healthy work environment

# Mobile Crisis Team Composition



# Team Composition Requirements

**Table 1. Qualified Mobile Crisis Team Members by Delivery System**

## Rehabilitative Mental Health Treatment Providers

- Physician
- Psychologist
- Waivered Psychologist
- Licensed Clinical Social Worker
- Waivered/Registered Clinical Social Worker
- Licensed Professional Clinical Counselor
- Waivered/Registered Professional Clinical Counselor
- Marriage and Family Therapist
- Waivered/Registered Marriage and Family Therapist
- Registered Nurse
- Certified Nurse Specialist
- Licensed Vocational Nurse
- Psychiatric Technician
- Mental Health Rehabilitation Specialist
- Physician Assistant
- Nurse Practitioner
- Pharmacist
- Occupational Therapist

## SUD Treatment Providers

- Licensed Practitioner of the Healing Arts (LPHA) as defined in the “Provider Qualifications” subsection of the “SUD Treatment Services” section of Supplement 3 to Attachment 3.1-A of the California Medicaid State Plan.
- Alcohol and Other Drug (AOD) Counselor
- Peer Support Specialist

## Expanded SUD Treatment Providers

- LPHA as defined in the “Practitioner Qualifications” subsection of the “Expanded SUD Treatment Services” section of Supplement 3 to Attachment 3.1-A of the California Medicaid State Plan.
- AOD Counselor
- Peer Support Specialist

## Other Provider Types

- Community Health Workers as defined in the Community Health Worker Services preventive services benefit.
- Emergency Medical Technicians. Emergency Medical Technicians must be certified in accordance with applicable State of California certification requirements.
- Advanced Emergency Medical Technicians. Advanced Emergency Medical Technicians must be certified in accordance with applicable State of California certification requirements.
- Paramedics. Paramedics must be licensed in accordance with applicable State

# Understanding Mobile Crisis Team Composition

Core variances include:



**Number** of onsite team members



**Composition** of the onsite team



**Use of telehealth** to supplement onsite team composition

# Potential Team Compositions

Rehabilitative  
Mental Health  
Treatment  
Providers

SUD Treatment  
Providers

Expanded SUD  
Treatment  
Providers

Other Provider  
Types

# Potential Team Compositions Examples

- » Two Peer Support Specialists with Telehealth access to Licensed Practitioner of the Healing Arts (LPHA) or another clinician
- » Community Health Worker and Peer Support Specialist: With Telehealth Access to LPHA or another clinician
- » Peer Support Specialist and LPHA
- » One Mobile Crisis Team member onsite with telehealth connection to an LPHA or Licensed Mental Health Professional



# Discussion Prompt

**What team composition** do you currently experience most often?

**What team composition** do you plan to use when the benefit is fully implemented?

**What challenges and opportunities** do you notice with different team compositions?



# **Working Together as a Team**



# Core Competencies and Knowledge

## Required for all Mobile Crisis Team Members

- Core Trainings
- Required Enhanced Trainings

At least one onsite Mobile Crisis Team Member:

- Has been trained to conduct a crisis assessment
- Is carrying, trained, and able to administer naloxone

# Understanding the Role of Clinicians

Behavioral health care providers' role in  
mobile crisis teams

- Key functions and roles:
  - Provide necessary support of assessment and safety planning in complex cases
  - Provide key mentorship and debriefing support for nonclinical team members
  - **What other unique roles do you see clinicians play?**



# The Role of Peer Support Specialists

- » Inclusion of people with lived experience is considered a best practice
- » A Peer Support Specialist may participate as a mobile crisis team member if they have a current, State-approved Medi-Cal Peer Support Specialist certification in addition to required Mobile Crisis Team training.
- » Benefits of including Peer Support Specialists:
  - "May give beneficiaries experiencing behavioral health crises greater opportunity to see and interact with someone they can relate to while they are receiving services."
  - "Peer Support Specialists may be better equipped than other team members to lead client engagement, connect beneficiaries with ongoing supports, and follow-up."
  - "Peer Support Specialists may establish a rapport, share experiences, and engage with family members or other significant support collaterals to educate them about self-care and ways to provide further support." [BHIN 23-025](#), pg. 10

# The Role of Community Health Workers

- » "CHWs may include individuals known by a variety of job titles, including promotores, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals"
- » "CHWs must meet the minimum qualifications through the certificate pathway or the work experience pathway as set forth in the California State Medicaid Plan" and also complete required mobile crisis services training.
- » Benefits of including CHWs:
  - "Like Peer Support Specialists, CHWs are trusted members of their communities who may be best positioned to help serve as cultural liaisons or assist behavioral health professionals in developing a crisis plan or connecting a beneficiary to ongoing services and supports" [BHIN 023-025](#), pg. 10

# The Role of Emergency Medical Technicians, Paramedics, and Community Paramedics

## » Benefits of Including EMTs, AEMTs, Paramedics and Community Paramedics:

- "...support physical examinations, when needed, and provide individualized care to beneficiaries who are at risk of preventable hospital admission or re-admission due to chronic care or acute physical needs."
- "These providers may also support a behavioral health professional's assessment to determine if a beneficiary requires emergency transport to an alternative setting for continued care." [BHIN 023-025](#), pg. 11

What benefits do you see these MCT members play beyond those described here?

# Understanding the Role of Telehealth





A top-down view of a desk with a silver laptop on the left, a lined notebook with a white pen on the bottom left, and several small potted plants on the right. The plants include a large green leafy one, a succulent, and a small cactus. The right side of the image is torn, revealing a white background with text.

# When Telehealth May Be Used

For consultation with a clinician when:

- Only one team member is onsite
- When the two onsite team members are:
  - Peer Support Specialists, Community Health Workers, and or EMTs/AEMTs





# When Telehealth May Be Used

For additional support including:

- "Connect the beneficiary with highly trained and specialized practitioners, including psychiatrists and psychiatric nurse practitioners;
- Connect the beneficiary with a provider who can prescribe medications;
- Deliver follow-up services;
- Consult with appropriate specialists for beneficiaries who have intellectual and/or developmental disabilities (I/DD); and/or
- Engage translators or interpreters for beneficiaries who may need American Sign Language or other interpretation or translation services." [BHIN 023-025, p. 9](#)

# Discussion Prompt

**What challenges do you experience when using telehealth to supplement an initial onsite visit?**

**What are opportunities to overcome those challenges?**



# Mobile Crisis Team Scenarios



# Scenario Questions

## » Consider:

- How does the team composition contribute to successful outcomes?
- What challenges could different team compositions present? How would those challenges be addressed?
- What are key takeaways regarding team recruitment, makeup, and collaboration?



# Scenario 1

## Key Scenario Parameters

- » Team make-up: An LPHA and a Peer Support Specialist
- » Community member in crisis
  - English as a second language
  - Family members have limited English language proficiency
- » Outcome
  - Successful crisis assessment and safety planning with connection to culturally appropriate and specific resources





# Scenario 2

## Key Scenarios Parameters

- » Team make-up: A Peer Support Specialist and a Community Health Worker
- » Community Member in Crisis
  - Active suicidal ideation
- » Telehealth Access
  - Telehealth utilized for support from LPHA
- » Outcome: Suicide risk assessment completed, effective de-escalation, and next day appointment made for outpatient services



# Scenario 3

## Key Scenarios Parameters

- » Team make-up: EMS and LPHA
  
- » Community Member in Crisis:
  - Suspected opioid usage and potential overdose
  
- » Outcome:
  - Naloxone successfully administered
  - Transport to a local emergency department/ and or care coordination facilitating a meeting with a MAT prescriber







# Scenario Questions

Are there other scenarios that you are considering as you think about potential team composition and community needs?

# **Outreach, Recruitment, and Retention**



A young man with short, curly hair, wearing glasses and a denim jacket over a grey hoodie, is looking thoughtfully to the left. He is holding a yellow folder or book. The background is a blurred indoor setting with bright lights.

# Outreach Strategies for Recruitment

## Out-of-the-box recruitment

### » Potential partners

- Peer organizations
- Community-based organizations
- Colleges and universities
- Out of-the-box recruitment



# Outreach Strategies for Recruitment

## Discussion Questions:

- Are there specific partners you want to engage in recruitment efforts?
- What tools, resources, or education may be needed to assist in partnering for recruitment?



# **Retention Strategies**

# Preparing Your Organization for a Diverse Workforce

- » Retention barriers for non-clinical team members
- » Creating an inclusive culture
- » Creating shared vision, culture, and goals
  - Investing in team cohesion
  - Creating shared understanding of:
    - Roles
    - Strengths
    - Protocols

# Preparing Your Organization for a Diverse Workforce

- » Support for non-clinical staff
  - Tailored supervision and mentorship
  - Opportunities for debriefing and support
  - **Other ideas?**



# For Discussion

**What recruitment and retention strategies** could you consider using as soon as possible?







# Summary

- Per the BHIN, Mobile Crisis Team's may vary in size, composition, and utilization of telehealth.
- The integration of non-clinical professionals and experts in mobile crisis teams presents unique opportunities for community support and trust building.
- The use of telehealth may serve as import resource to onsite teams to provide clinical expertise and consult with specialists.
- Diverse team composition provides unique opportunities and challenges for recruitment, retention, and team cohesion.

# Questions and Open Discussion



**Thank You!**

