

Best Practices for Aftercare and Follow-Up Strategies in Mobile Crisis Services

Arianna Mellinger, LCDC-1
Danielle Raghieb, LCSW
Joshua Severns, LCSW, ACADC



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Michelle Baass | Director

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

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Conflict of Interest Disclosures

Arianna Mellinger, Danielle Raghieb and Joshua Severns have certified that they have 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 members who are experiencing a behavioral health crisis. Mobile crisis services are designed to provide relief to members 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.*



A New Direction for Mobile Crisis Services

- » Change mobile crisis services so that the response is more resolution-focused and works to provide relief to people in crisis in the community.
- » Support people in crisis where they are, while using the least restrictive means necessary.

A New Direction for Mobile Crisis Services



» Mobile crisis services should be:

- Person-centered
- Trauma-informed
- Equity-driven
- Brief intervention: de-escalation and resolution focused
- Working from a lens of least restrictive interventions
- Culturally responsive, linguistically appropriate, and accessible

Welcome and Introductions



Today's Presenters



Arianna Mellinger, LCDC-1

*Person with Lived Experience,
Peer Support Specialist*



Danielle Raghieb, LCSW

*Training & Technical Assistance Specialist
Center for Applied Research Solutions*



Joshua Severns, LCSW, ACADC

*Subject Matter Expert
Kauffman and Associates Inc.*

Introductions

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

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

Learning Objectives

Participants will:

- » Understand the BHIN 23-025 requirements for follow-up check-ins and coordination with other delivery systems for mobile crisis service as part of the continuum of care
- » Gain insight into the reframing "aftercare and post-crisis follow-up" as a strategy that continues through stabilization and beyond
- » Explore effective aftercare and post-crisis follow-up strategies, including how to integrate Peer Support Specialists
- » Understand the importance of community-connected aftercare and follow-up, including MOUs
- » Explore strategies for referrals to ongoing support for effective transitions to care



Agenda

- » Introductions
- » Review BHIN 23-025 requirements on “mobile crisis encounter and follow-up check-ins, and coordination with other delivery systems”
- » Reframing the term “aftercare” to be understood as a strategy that continues through stabilization and beyond
- » Best practices and strategies for aftercare and follow-up check ins
- » The importance of Memoranda of Understanding (MOUs), for referrals, and linkages to ongoing care and effective community-connected aftercare and follow-up
- » Strategies to support effective transitions to various systems of care and appropriate resources based on individual and family needs
- » Discussion- What works? What doesn't?
- » Summary
- » Q & A

What is a crisis?

*A “behavioral health crisis” refers to any event or situation associated with an actual or potential disruption of stability and safety as a result of behavioral health issues or conditions. A crisis may begin the moment things begin to fall apart (e.g., running out of psychotropic medications or being overwhelmed by the urge to use a substance they are trying to avoid) and may continue **until the member is stabilized and connected or re-connected to ongoing services and supports.***

BHIN 23-025, pg. 3; National Council for Mental Wellbeing, “Roadmap to the Ideal Crisis System” (2021) p. 14.

What BHIN 23-025 says about Aftercare and Follow-Up Strategies



Mobile Crisis Service Encounter

BHIN 23-025 outlines that a Mobile Crisis Service Encounter (SPA 22-0043) covers the following mobile crisis service components. Each mobile crisis services encounter shall include, at minimum:

- » Initial face-to-face crisis assessment
- » Crisis planning, as appropriate
- » Facilitation of a warm handoff, if needed
- » **Referrals to ongoing services, if needed**
- » **A follow-up check-in, or documentation in the member's progress note that the member could not be contacted for follow-up despite reasonably diligent efforts by the mobile crisis team**

Follow-up Check-ins

Medi-Cal behavioral health delivery systems shall ensure that members receive a follow-up check-in within **72 hours** of the initial mobile crisis response.

- » The purpose of the follow-up check-in is to support continued resolution of the crisis, as appropriate, and should include the **creation of or updates to the member's crisis safety plan, or additional referrals to ongoing supports, as needed.**
- » If the member received a referral to ongoing supports during the initial mobile crisis response, **as part of follow-up the mobile crisis team shall check on the status of appointments and continue to support scheduling, arrange for transportation, and provide reminders as needed.**

Follow-up Check-ins

Follow-up may be conducted by any mobile crisis team member who meets DHCS' core training requirements and may be conducted in-person or via telehealth, which includes both synchronous audio-only (e.g., telephone) and video interactions.

- » Follow-up may be conducted by a mobile crisis team member that did not participate in the initial mobile crisis response. If the mobile crisis team member conducting follow-up is not part of the mobile crisis team that provided the initial crisis response, the individual providing follow-up shall coordinate with the team members that participated in the initial mobile crisis response to gather information on the recent crisis and any other relevant information about the member.

There may be times when the mobile crisis team is unable to engage the member in follow-up. Examples include but are not limited to the member is in inpatient treatment, otherwise incapacitated, unwilling to engage, or cannot be reached despite reasonably diligent efforts. The mobile crisis team shall document those instances where the member cannot be engaged for follow-up.

Reframing Aftercare and Post Crisis Follow-up



What is Aftercare and Follow-up?

What is Aftercare?

Aftercare is defined as the care that a patient receives during the healing or recovery phase, or for the long-term consequences of a disease, condition, or injury (American Academy of Professional Coders).

What is Follow-up?

Follow-up care can involve home visits, letters, phone calls, emails, or texts that are designed to check in with individuals who have recently experienced a crisis to assess their well-being and level of risk and to support them as they continue their journey towards recovery (National Suicide Prevention Lifeline).

Reframing of Aftercare and Post-Crisis Follow-Up

» Traditional View

- The term "aftercare" often implies a service that follows "after" the crisis incident has been resolved.

» Limitations

- It assumes that the individual had some form of care prior to the crisis, which is often not the case.
- May not consider the ongoing needs of the individual or the potential for recurrence.
- It can lead to a fragmented approach to care, where the mobile crisis service and aftercare are seen as separate, disconnected services.

Reframing of Aftercare and Post-Crisis Follow-Up

- » Reframing to “Organizing a Continuum of Care”
 - Emphasizes that care can start at the onset of a crisis and continues through stabilization and beyond.
 - It involves a range of stakeholders, including community organizations, healthcare providers, and the members themselves.
 - It sets the stage for more effective outreach and relationship-building with local resources.
- » Benefits of a Reframed Approach
 - Facilitates a "warm handoff" where the individual is introduced to ongoing support structures.
 - Enables more effective use of community resources, as the mobile crisis team has a strong understanding of local services.
 - Leads to better long-term outcomes by ensuring that the individual is supported throughout their journey, reducing the likelihood of crisis re-presentation.

Coordination with Other Delivery Systems

A mobile crisis response is a powerful indicator that a member needs additional services or that something is not working well with their current array of services; it warrants an alert to other providers who are involved in the member's care and coordinated follow-up.

- » Mobile crisis teams shall alert a member's Medi-Cal behavioral health delivery system within **48 hours** of a mobile crisis response and provide basic information about the encounter (e.g., disposition of the mobile crisis call).

Best Practices and Strategies for Aftercare in Mobile Crisis Services



Connected Aftercare and Follow-up

- » **Reduces Return to Care:** Effective aftercare that is closely connected to community networks can reduce the likelihood of chronic crises.
- » **Reduces Risk:** Reduces risk of death, suicidality, emergency department usage, post-crisis events, or discharge from care by having a continuum of care in place.
- » **Builds Community Trust:** Consistent and effective follow-up care fosters trust within the community, which can be crucial for future mobile crisis services.
- » **Ensures Ongoing Care with Warm Handoffs:** Community relationship-building, warm handoffs, and follow-up check-ins with the individual can be a supportive bridge to long-term care.
- » **Best Practice:** Supporting an individual through a crisis and creating connection between the individual and treatment is considered a best practice.

(Gould et al., 2018)

(Scott et al., 2015)

(Lloyd-Evans et al., 2016)

Best Practices: Structured Follow-up and Monitoring

» Why Structured Follow-Up is Crucial

- Ensures that all critical aspects of aftercare are consistently addressed
- Facilitates the tracking of key performance indicators (KPIs) and outcomes
- Allows for a standardized approach that can be audited for quality assurance

» Components of Structured Follow-up

- A structured follow-up process is widely seen as a best practice for follow-up and monitoring for at-risk individuals following a crisis
- Pre-defined checklists or protocols for each follow-up session
- Scheduled timeframes
- Designated team members responsible for different aspects of the follow-up

» Monitoring

- Use of Electronic Health Records (EHR) for real-time data entry
- Regular team meetings to staff cases

Best Practices and Strategies for Follow-up Check-ins

- » Follow-up check-ins can be scheduled during the initial mobile crisis encounter (before you leave)
 - i.e., During the transition from the end of the initial mobile crisis response, you can say “We will be providing a follow-up check-in (via phone, or home visit) over the next 72 hours; is there a preferred time that works best for you?”
 - Notification systems are helpful ways to provide reminders to individuals
- » Make sure to include time blocks and availability (timing also needs to work for the teams scheduling and availability)- supervisors should manage and support the moving parts

Best Practices and Strategies for Follow-up Check-ins

Let the individual know either you or someone from the team will be conducting the follow-up check-in

- » Ask what works best for them: in-person, phone call, text, chat, or telehealth?
- » Provide them as much information about what will happen during the check-in as possible; be specific.

Best practice is for the person who provided the service to conduct the follow-up; however, that may not always be possible.

- » When the initial mobile crisis team members are not available to deliver the follow-up check-in, it is crucial to share important information with the team members that will be delivering the check in.
- » Information to include: review of safety plan, if developed; review of ongoing referrals provided; review and follow-up on any appointments scheduled.

Strategies for Aftercare and Follow-up Check-ins

When conducting an initial follow-up, it is important to explore how the individual is feeling/coping after the crisis event.

- » During this process, we are ensuring safety, instilling coping strategies, relevant education, and skill-building (coping strategies, harm reduction strategies, distraction); all things people can do in real time.
- » The tone of the call should be kind, professional, respectful, and friendly; mirror and summarize statements, show up without judgement.
- » Useful questions to support this process:
 - » How have you been feeling since we last spoke? Has anything changed or been better or worse for you?

Strategies for Aftercare and Follow-up Check-ins

Revisit and review the crisis safety plan if one was developed during the response. If a safety plan was not developed during the initial mobile crisis response, it can be created during the follow-up.

Explore what has been both useful and not useful about the safety plan. If appropriate, replace unhelpful items with more relevant and useful strategies.

- » It is important that everyone has access to the crisis safety plan, including the individual and the mobile crisis team. If the safety plan is updated/revised during the follow-up check-in, the individual should receive a copy. Ask them how they would like to receive it.

Best Practices and Strategies for Aftercare and Follow-up Check-ins

Explore engagement with ongoing care, as appropriate.

- » Review any plans made for referrals or linkage to ongoing care during the initial response.
 - Were any appointments made that need to be followed-up on? Is the individual engaged and willing to follow through with support (i.e., calling together to make appointments, schedule/arrange for transportation)?
- » If they are already connected to care, confirm that there is a clear plan to connect with their providers and agreement on how you will support this process.

Best Practices and Strategies for Aftercare and Follow-up Check-ins

Considering the continuum of care, what additional connections are needed to ensure stabilization?

- » What other connections are needed to support stabilization: social services, legal aid, housing, food banks, transportation services, etc.?
- » It is important to support the individual with problem-solving through any barriers or obstacles to ongoing services (transportation, access, other logistical and structural barriers, etc.).
- » Individuals may decline or reject clinical interventions but may be open to alternative supports like peer support, or additional linkages based on individual needs (food, housing, etc.).

The Role of Peer Support Specialists: Unique Skills and Real-World Value

“Peer support workers often take the lead on engagement and may also assist with continuity of care by providing support that continues beyond the resolution of the immediate crisis.” (SAMHSA National Guidelines for Behavioral Health Crisis Care, 2020).

Peer Support Specialists bring a unique perspective with their own lived experience with crises.

This can be particularly effective in the aftercare process:

- » Ability to build rapport quickly.
- » Understanding the emotional and psychological nuances of a crisis and how a person feels after a crisis.
- » The ability to relate to the person in crisis- truly empathetic experience.
- » Evidence suggests that including peer workers on mobile crisis teams reduces subsequent use of crisis and emergency services.

Team Strategies for Managing Timely Follow-up Check-ins within 72 hours

- » Mobile crisis team members should coordinate to determine which team member will provide the follow-up check in within 72-hours of the initial mobile crisis response.
- » Teams can coordinate continuity of care and scheduling of follow-up check-ins by:
 - » Intentional scheduling and shift planning
 - Assigning team members to collaborate and deliver follow-up care
 - Creating a central hub and secure shared calendar, secured email amongst team members, etc.
 - Making sure to connect and share important information with whomever will be providing the follow-up check-in.

Referrals to Ongoing Services



Referrals to Ongoing Services

Referrals to Ongoing Services : Medi-Cal behavioral health delivery systems shall ensure that mobile crisis teams refer members, as appropriate, to available ongoing mental health and/or SUD treatment, community- based supports, social services, and/or other supports to help mitigate the risk of future crises. Mobile crisis teams shall identify appropriate services and make referrals or appointments during the initial mobile crisis response if appropriate, or as part of follow-up check-ins, as needed.

- » When providing referrals, it's important to examine need: what would help the individual and family reach stabilization?
- » Follow up on any referrals provided during the initial mobile crisis response:
 - Were referrals made to the most appropriate system of care? What other supports may be needed? Are additional needs identified during the follow-up check in?
 - Asks: how do we facilitate support to individuals and families by connecting or re-connecting to resources and other systems of care?

Importance and Role of Memoranda of Understanding (MOUs)

Memoranda of understanding (MOUs) ensure that the continuum of services that exist in a community are accessible; the role of the mobile crisis team is to support and create a pathway into these other systems.

- » MOUs are more than just a legal agreement; they drive meaningful and effective person-centered and community-oriented care.
- » MOUs enable mobile crisis teams to work with community partners and providers to ensure individuals have access to ongoing services in a timely manner.
- » Intentional MOUs with diverse community partners can support effective transitions of care for individuals and families in crisis beyond their immediate mental health needs.
 - » It is vital that we look at what other needs are not being met (food, housing) and what other services (social services, child welfare) might support stabilization in the community.

Strategies to Support Effective Transitions to Care and Resources

What is a “Passport to Care”?

- » A comprehensive, portable resource document (can be digital or hard copy) that contains essential information about next steps for ongoing care and how and where to access resources.
- » Can be formal or informal (a template or a piece of plain paper).
- » Example: <https://www.esht.nhs.uk/wp-content/uploads/2017/10/This-is-me-My-Care-Passport.pdf>

Some Components to Consider for a Passport to Care

- » Medical history, current medications, and treatment plans.
- » Contact information for healthcare providers and emergency contacts.
- » Personalized care goals, needs, and preferences.
- » Legal documents such as Advanced Directives or Power of Attorney.

Strategies to Support Effective Transitions to Care and Resources

Passports to Care Benefits

- » Streamlines the referral process by providing all necessary information in one place.
- » Enhances the quality of care by ensuring that all providers have access to the same comprehensive information.
- » Empowers members to take an active role in their care.

Real-World Applications

- » Use in transitional care settings to facilitate warm handoffs.
- » Use as a tool for Peer Support Specialists to help members navigate services.
- » Use in community outreach programs to connect individuals with local resources.

Strategies to Support Effective Transitions to Care and Resources

» Caring Cards

- Handwritten or digital cards sent post-crisis as a tangible reminder of the support network available.
- Can include motivational messages, emergency contact numbers, and reminders for scheduled appointments.
- Research shows that such personalized gestures can have a significant impact on the individuals' engagement and mental wellbeing.

» Community and Family

- Engaging community resources or family members in the follow-up process, where appropriate and with the member's consent.
- This can provide an additional layer of support and accountability.

For Discussion

- » What are some strategies that have worked best for you when engaging individuals in aftercare and follow-up?
- » What have been some challenges or barriers supporting individuals after the initial response?

Feel free to place your answers in the chat or come off mute.





Summary

- » Mobile crisis teams must comply with BHIN 23-025 requirements for follow-up check-ins.
- » Coordination with other delivery systems supports the continuum of crisis care in California and has positive impact on member outcomes.
- » Reframing aftercare and follow-up from static to continuous decreases hospitalizations, recurrent crisis calls, and self-injurious behaviors.
- » Mobile crisis teams can use specific, effective aftercare and follow-up strategies to ensure that members have access to all systems of care to meet all their needs.
- » Mobile crisis teams need innovative strategies to develop community partnerships to ensure and support smooth transitions of care to other delivery systems.

Questions?



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Your feedback is important to us!

Post-Survey, attendees need to opt into the 90-day survey so we can collect your emails to send out the Certificates of Completion.

The completion of this survey is vital to our quality control and to the future funding of this project, as it allows us to provide you with training and technical assistance at no cost. In addition, it allows us to continually improve our services and provide the information and resources you need in the field.

**Please take a few minutes to complete the survey!
Your time and feedback are greatly appreciated and valued!**

Thank You!



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Contact Us



For General Questions

Mobilecrisisinfo@cars-rp.org

Miranda March (Project Director)

mmarch@cars-rp.org

Danielle Raghiv (Field Director)

draghib@cars-rp.org

David Eric Lopez (TTA Specialist)

dlopez@cars-rp.org

Andrew Ha (Project Manager)

aha@cars-rp.org

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