

# Facilitation of Warm Handoffs to Alternative Treatment Settings

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M-TAC



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CALIFORNIA DEPARTMENT OF  
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# M-TAC

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

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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 Response 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**



# Introductions

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

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

# Today's Presenters



**Avery Belyeu, MDiv**

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Health Management Associates  
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# Agenda

- » Learning Objectives
- » An Introduction to Warm Handoffs
  - What are Warm Handoffs?
  - Why are Warm Handoffs Effective?
- » Determining Warm Handoff Strategies
- » Key Components of a Warm Handoff
- » Transportation and Other Considerations
- » Infrastructure Suggestions to Facilitate Warm Handoffs
- » Summary
- » Q&A

# Learning Objectives



- » Review warm handoff requirements as described in BHIN 23-025.
- » Explain the key components of a warm handoff.
- » Discuss the value of warm handoffs for increasing safety and improving outcomes.
- » Explain a person-centered approach to facilitating warm handoffs to alternative treatment settings.
- » Discuss necessary infrastructure to ensure successful warm handoffs, including community partnerships, an awareness of facility capacity and cultural fluency, and coordination protocols describing warm handoff processes.
- » Describe key considerations including the BHIN 23-025's guidance regarding transportation.

# Learning Building Blocks

- » Previous trainings related to this topic:
  - Crisis Safety Plan Development
  - Community Partnership Coordination Strategies
- » Upcoming trainings related to this topic:
  - Transportation Strategies for Members Experiencing a Behavioral Health Crisis (October 25)
  - Documentation Requirements for Mobile Crisis Services (November 16)
- » All archived trainings can be found on the [M-TAC Website](#)



# An Introduction to Warm Handoffs



# What is a Warm Handoff?

- » The term “warm handoff” originated in customer service where it is used to describe referrals that ensure that the customer is connected to someone who can provide what he or she needs. In health care, this typically means that one member of the health care team introduces another team member to the person receiving care, explaining why the other team member can better address a specific issue, and emphasizing the other team member’s competence.
- » Often “warm handoff” is used to describe the handoff between a medical provider and a behavioral health specialist. In this strategy, the emphasis of the warm handoff is specifically on **engaging the individual in crisis and family in the handoff.**

# What is a Warm Handoff?

- » “A warm handoff includes coordination with other delivery systems to facilitate care transitions and guide referrals for members, ensuring that the referral loop is closed, and the new provider accepts the care of the member. Such decisions should be made via a patient-centered shared decision-making process.”

# What is a Warm Handoff?

- » “In some cases, the member may need to be transported to a higher level of care, such as a sobering center, crisis respite, crisis stabilization unit, psychiatric health facility (PHF), psychiatric inpatient hospital, general acute care hospital, or crisis residential treatment program. If the member requires further treatment at a higher level of care, the mobile crisis team shall connect the member with the appropriate care option by facilitating a warm handoff. The mobile crisis team shall also arrange for or provide transportation to effectuate the warm handoff, if needed.”

# What is a Warm Handoff? Recap

- » A warm handoff is a handoff that is conducted in person, between the mobile crisis team and another provider, in front of the individual in crisis (and family if present).
- » It includes the individual in crisis as a team member so they can hear what is being discussed about the clinical problem, understand their status, and participate in their plan of care.
- » A warm handoff is person-centered and actively engages the individual in the decision-making process.
- » Warm handoffs require collaboration and coordination with providers and facilities.
- » Warm handoffs may require coordination of transportation.

# Why Are Warm Handoffs Effective?





# Person-Centered Approach

Warm handoffs are a person-centered approach that achieve the following benefits:

- » Engages the person and their family, improving outcomes and follow through.
- » Assures individuals are matched with the best possible resource for their needs, including assuring the best possible match to culturally and linguistically appropriate resources.
- » Creates a feeling of empowerment.
- » Provides clear communication about next steps and increases treatment compliance and family and community support.
- » Allows the individual in crisis (and family member) to verify the information being communicated between the health care teams and to offer additional context as needed.

# Improves Safety and Outcomes

- » Research demonstrates that reliable and effective communication are essential for safety and improved clinical outcomes.
- » Warm handoffs facilitate clear communication between providers and decreases the risk of communication break-downs.

# Decreases Emergency Department Visits and Law Enforcement Involvement

- » Warm handoffs are a key strategy for reducing ED visits<sup>1</sup> and law enforcement involvement in crisis management<sup>2,3</sup>.
- » Connecting members directly to the most appropriate follow-up resource improves outcomes<sup>4</sup>.

<sup>1</sup>Fendrich et al., 2019; <sup>2</sup>North Carolina Office of State Budget and Management 2023; <sup>3</sup>Be Heard (2021); <sup>4</sup>Balfour et al., (2020)

# Discussion

**What are other benefits of warm handoffs?**



# Identifying a Warm Handoff Strategy



# Warm Handoffs within the Context of Mobile Crisis Assessment

- » Warm handoffs may occur at dispatch and/or during a mobile crisis visit.
- » Examples of situations that may warrant a warm handoff include:
  - Physical injury
  - Unsafe condition\* (e.g., lethal weapon, environmental concern, dangerous/protective animal, abusive person with person in crisis)
  - Lack of access to basic needs (e.g., shelter, food, safety)
  - Connection to follow-up resources (e.g., substance use treatment, behavioral health services, Regional Center)



# Discussion

**What are other conditions where a warm handoff might be beneficial to a person in crisis?**



# Making the Determination (part 1)

- » If the person in crisis needs urgent medical attention for a physical injury, mobile crisis teams should engage 911 immediately and continue to gather information (as appropriate).
- » If the person in crisis is experiencing an opioid overdose, mobile crisis teams should immediately have naloxone administered AND contact 911. They may continue gathering information from the caller (as appropriate) until help arrives.
- » Inclusion of EMTs, AEMTs, Paramedics, and Community Paramedics are determined by county-level resources.
  - According to the BHIN 023-025, EMTs, AEMTs, Paramedics and Community Paramedics may be best positioned to support physical examinations, when needed, and provide individualized care to members who are at risk of preventable hospital admission or re-admission due to chronic care or acute physical needs (p.11).

# Planning at the County Level is Key

- » Counties will want to collaboratively develop a response plan that details how their mobile crisis team will engage in warm handoffs with other community partners.
  
- » According to the BHIN 23-025 (p. 5-6):
  - Medi-Cal behavioral health delivery systems shall coordinate with the 988 Suicide and Crisis Lifeline, local law enforcement and 911 systems, the Family Urgent Response System (FURS), and community partners to ensure members have information about mobile crisis services. Medi-Cal behavioral health delivery systems shall document their strategies for establishing a crisis services hotline for use by members in crisis and their outreach plans in their mobile crisis services implementation plans (described in section VIII(c)).

# Questions to Consider When Developing the County's Mobile Crisis Implementation Plan

Under what circumstances would you want to engage in a warm handoff with:

- 988 Suicide and Crisis Lifeline?
- Local Law Enforcement?
- 911 dispatch?
- Family Urgent Response Systems (FURS)?
- Other community partners and dispatch lines?

# Making the Determination (part 2)

- » If the person in crisis communicates intent to harm self and/or other(s) and has method and access to the identified lethal means, law enforcement/911 should be engaged as part of the response plan.
  - Joint response may be dispatched (when county resources are available).
- » Mobile crisis team dispatch may send a mobile crisis team and/or warm transfer to a crisis line (e.g., 988 Suicide and Crisis Line) when appropriate (e.g., caller declines mobile crisis services).

# Key Components of a Successful Warm Handoff





# Key Components

- » Be in person (whenever possible) and in front of the individual in crisis and family.
- » Include an introduction by the mobile crisis team member to the next care provider.
- » Include all pertinent details.
- » Include a review of next steps and who is responsible for each.
- » Include a review of what is important to the patient/family.
- » Provide an opportunity for all participants, including the person in crisis and family, to question, clarify, and confirm information.

Source: Agency for Healthcare Research and Quality. Design Guide for Implementing Warm Handoffs.

<https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/design-guide-warm-handoff.pdf>

# Other Considerations



# Transportation

- » A warm handoff may include transportation to a treatment setting.
- » For more information about transportation, join *Transportation Strategies for Members Experiencing a Behavioral Health Crisis* on November 2<sup>nd</sup>.
- » “When needed, a mobile crisis team shall arrange for or provide transportation to an appropriate level of care or treatment setting. The mobile crisis team may transport the member directly as part of providing the mobile crisis service. If the mobile crisis team cannot provide transportation itself, or if there are outstanding medical or safety concerns, the mobile crisis team shall coordinate with non-medical transportation (NMT) providers, EMS, or law enforcement, if necessary, to arrange transportation and ensure the member is connected with appropriate care. If EMS, NMT, or law enforcement is utilized to transport the member directly to a higher level of care, the mobile crisis team shall remain onsite until the transportation provider arrives. At its discretion, the mobile crisis team may have one or more team members accompany the member inside the vehicle to the higher level of care.” (BHIN 23-025, p. 21)

# Building Infrastructure to Facilitate Warm Handoffs



# System Collaboration Model

Purpose: Cross system partners decide how to work together *at the point of crisis response to achieve the best outcomes for all.*

- Identify and reach out to stakeholders – find interested and passionate parties
- Listen and learn about each other: organizational mission, culture, values, needs, preferences
- Identify resources to work together, as needed – meeting space, facilitator
- Identify data and or other resources available to understand current environment



- Prioritize needs and preferences
- Develop your strategy and action plans
- Develop protocols for working together at the point of crisis response (e.g., when to involve police)
- Identify needed data to collect
- Determine length of time to move forward

- Reporting out data collected
- Celebrate successes
- Identify areas of continued growth
- Collectively advocate for system improvements

- Communicate new protocols
- Provide training for law enforcement, mobile crisis, others
- Rehearse new approaches
- Launch new protocols

# Collaboration for Coordination

- » Coordination with key agencies and community partners
  - Shared protocols to facilitate warm handoffs may include information such as:
    - Key contact leads at the facility
    - Agreements regarding the warm handoff process from the mobile crisis team to the provider or designated facility representative
- » Community partnerships
  - Assure connection to the most appropriate resource
  - Consider cultural fluency and safety for marginalized groups (e.g., LGBTQIA+ competency)

# Warm Handoff Tools

- » Consider creating a fact sheet to educate the individual in crisis and family regarding the warm handoff process. It may include:
  - Key contact information
  - Next steps and timelines
  - Member's needs and desires

# Discussion

**What are your next steps to create and build the infrastructure and tools to effectively facilitate warm handoffs?**





# Summary

- » Warm handoffs ensure continuity of care, ensure the referral loop is closed, and center participation of the individual in crisis throughout.
- » Research demonstrates that warm handoffs improve outcomes and increase safety by increasing communication between providers.
- » A person-centered approach to warm handoffs should include understanding an individual's needs and preferences, and, when possible, connection to resources and care settings that best align with the patient.
- » Warm handoffs should occur in front of the individual in crisis and family to ensure transparency and clear communication.
- » Infrastructure to facilitate warm handoffs includes coordination protocols with partner facilities that outline warm handoff processes.

# 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**

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