Triage and Appropriate Dispatch of Mobile Crisis Teams

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DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

M-TAC

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

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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.*

Behavioral Health Information Notice 23-025, p. 3

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

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Principal

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Agenda

- BHIN 23-025 Dispatch Requirements
- Dispatch Overview
  - What is the Role of Dispatch?
  - What is Technology Assisted Dispatch?
- Results of a Well-Coordinated Dispatch
- Safety Protocols for Dispatch: Considerations
- Creating a Sense of Warmth and Compassion Throughout the Process
- DHCS Dispatch Tool and Companion Guide
- Summary
- Q&A

Learning Objectives

Participants will:

- Review dispatch requirements as described in BHIN 23-025.
- Identify critical decision points for counties to consider as they develop and enhance their mobile crisis team infrastructure.
- Address the importance of safety and resource considerations in county-level mobile crisis response plans.
- Identify ways to decrease unnecessary law enforcement and hospitalizations among individuals experiencing mental health and substance use crises using a person-centered, trauma-informed, culturally responsive approach to dispatch decision-making.
- Discuss the newly developed DHCS dispatch tool for mobile crisis teams.

Learning Building Blocks

- Previous trainings related to this topic:
  - Crisis Assessment Part 1
  - Trauma-Informed Care
  - Crisis Safety Plan Development
  - Consultation and Supervision with Mobile Crisis Teams from a Trauma-Informed and Culturally Responsive Lens
  - Community Partnership Coordination Strategies
  - Staffing Mobile Crisis Teams and Team Composition
  - Co-occurring Disorders/Responding to SUD Crises
  - Considerations and Strategies for Meeting Timeliness Standards
  - Introduction to Culturally Responsive Crisis Care for Diverse Communities
  - Culturally Responsive Crisis Care for Tribal Communities
  - Culturally Responsive Crisis Care for Children/Youth and Families and Children with IDD
  - Culturally Responsive Crisis Care for Ind/Families with IDD – Adult
  - Crisis Intervention and De-escalation Strategies
  - Suicide Prevention (assessment and intervention)
- Upcoming trainings related to this topic:
  - Crisis Assessment Part 2 (including tool) – November 7, 2023

BHIN 23-025 Dispatch Requirements

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BHIN 23-025 Dispatch Requirements

- Medi-Cal behavioral health delivery systems shall establish a system for dispatching mobile crisis teams and develop policies and procedures that shall include, but are not limited to:
  - Identification of a single telephone number to serve as a crisis services hotline connected to the dispatch of mobile crisis teams to receive and triage member calls;
  - A standardized dispatch tool and procedures to determine when to dispatch a mobile crisis team; and
  - Procedures identifying how mobile crisis teams will respond to dispatch requests.

BHIN 23-025 Dispatch Requirements

- Medi-Cal behavioral health delivery systems shall identify and post a single telephone number that Medi-Cal members who may require mobile crisis services can call. This number can be the same as the county's 24/7 access line, or an existing crisis line, if the Medi-Cal behavioral health delivery system ensures the line has the capacity to respond to members in crisis and to dispatch mobile crisis teams when appropriate.
- 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)).

BHIN 23-025 (pp. 5-6)

What is the Role of Dispatch?

Role of Dispatch

- Dispatchers of mobile crisis teams are the first to evaluate and gather a sense of the crisis.
- They first evaluate for safety, and, once safety concerns are assessed, send the mobile crisis team to wherever the need is in the community (with the exception of restricted settings).
  - Restricted settings, as listed in BHIN 23-025 (pp. 18-19), are not dispatched to due to restrictions in federal law[1] and/or because these facilities and settings are already required to provide other crisis services.
- Mobile Crisis Dispatch will identify available mobile crisis teams and provide them with the necessary information gathered during the initial call and send mobile crisis teams to the person in crisis within their service area (home, workplace, or any other community-based location of the individual in crisis) in a timely manner.

[1] 42 U.S.C. § 1396w-6(b)(1)(A)

High-Tech Tools

- GPS-enabled Tablets or Smartphones
- Performance Outcome Dashboards

Chat: What other high-tech tools help mobile crisis dispatch and teams in their work?

SAMHSA, 2020

Real-Time Dashboards

- 10 states have mobile crisis services dashboards to visually track and analyze key performance data.
- Four states (DC, GA, OH & TX) have dashboards that integrate all three crisis services for mental health and substance use (988 Suicide and Crisis Lifeline, Mobile Crisis Services, and Crisis Receiving and Stabilization Facilities).
- Several states have developed Crisis Service Information dashboards that are available to the public[1], such as:
  - Arizona
  - Iowa
  - Maine
  - Ohio

[1]NRI, 2023

Note: Links work best in Chrome

High-Tech Tools

- GPS-enabled Tablets or Smartphones
- Performance Outcome Dashboards

Chat: What other high-tech tools help mobile crisis dispatch and teams in their work?

SAMHSA, 2020

Results of a Well-Coordinated Dispatch

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Results of Well-Coordinated Dispatch

- Study of Arizona Complete Health (FY2019)[1] found after a mobile crisis encounter:
  - 71% of calls were resolved without the need for transport to a higher level of care.
  - 68% of callers did not have a subsequent emergency department visit or hospitalization within 45 days.

- National Study among 48 states[2] found:
  - 16.9% of 988/crisis line calls (median of 7.0%) resulted in a mobile crisis team being dispatched.
  - Of those served through a mobile crisis service:
    - 49% were resolved successfully without need for further immediate care
    - 13% required further care at a Crisis Stabilization Program (where available)
    - 14% required further care at an Emergency Room
    - 39% needed a follow-up outpatient behavioral health visit

[1]Balfour et al. (2020); [2]NRI (2023)

Safety Protocols for Dispatch Considerations

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Safety Protocols for Dispatch

- Ensure the call for service is for a mental health or substance use crisis requiring a mobile crisis response.
- Confirm that there are no injuries and that the person in crisis is not in need of medical attention.
- Confirm that the person in crisis is not in possession and/or does not have immediate access to weapons.
- Confirm that the person in crisis is not making threats of harm or violence to self or others.
- Confirm that the reason for the call is not a request for a welfare check.
- Confirm that law enforcement is not specifically requested.
- Confirm that it is not more of a social services need (e.g., seeking shelter, food, clothing) that would be better met by an alternative response system.

Creating a Sense of Warmth and Compassion is Critical Throughout the Process

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Connecting with the Caller

- Individuals calling for crisis support can vary in their emotional state. As soon as you pick up the phone, assume the caller is in some stage of crisis.
- Join the call with a calm and reassuring voice the caller can speak to easily.
- If the caller is extremely upset, let them know you understand and are there to help. Phrases such as "I hear that you are upset. Let's talk about what happened."
- At times, asking them to take a few deep breaths to help them regulate and gather themselves is a reassuring step.

Gathering the Details

- Get the details: "Tell me more about it," "When did this occur?" If the caller seems reluctant to talk, draw him or her out with a statement such as "Tell me more about it, so I can better understand the situation."
- Be supportive and engage in active listening during the call.
- Ask clear questions and expand upon them if not clearly understood.
- Paraphrase what the caller reports to ensure understanding of the crisis situation.

DHCS Dispatch Tool and Companion Guide Overview

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DHCS Dispatch Tool

- BHIN 23-025 requires that each county implement a standardized Medi-Cal mobile crisis services dispatch screening tool.
- DHCS has developed a tool for county adaptation and use.
  - Developed using evidence-supported tools, and with feedback from stakeholder groups (e.g., CBHDA, counties).
  - Counties may modify this tool by adding questions, resources, etc.; however, items from the tool cannot be removed.
  - The tool enables dispatchers to link callers with the most appropriate services and determine safety.
  - Deeper assessment will take place at the time of the mobile crisis services encounter.

Dispatch Companion Guide

- Aids mobile crisis team dispatchers to safely “screen in” individuals who would benefit from the service.
- Supports training mobile crisis dispatchers to engage callers from a culturally responsive, person-centered, and trauma-informed approach.
- Provides recommendations and prompts to help guide dispatchers through the tool and decision-making process.
- Does not replace clinical judgment.
- Serves at the discretion of the dispatcher, in accordance with county-level protocol and any consulting supervisor instructions.

Dispatch Start and End Times

- Record the time the call was initiated and ended at dispatch.
- It is important to track call times and length for:
  - Reports
  - Staffing Needs
  - Response Strategies/Protocols
  - Training

Sections of the DHCS Dispatch Tool

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Greet the Caller

- While greeting the caller, it is important to build rapport.
- One way to achieve that is to use a warm tone of voice.

  Possible Greeting: *Hello, this is Mobile Crisis Services. May I have your name and a good callback number in case this call gets disconnected? How may I help you?*

- **Chat: What are some other ways to build rapport during the dispatch call?**

Collect Contact and Location Information

- It is important to collect some basic contact information first in case the call gets disconnected or the person in crisis is unable to continue to respond.

- **Information to Collect**
  - Caller's Name and Phone Number
  - Name and Age of the Person in Crisis
  - Relationship of Caller to Person in Crisis

Possible Prompt: *Thank you for sharing that with me [referring to what was shared after the greeting]. I am here to help get the right support to you. First, I need to collect some basic contact information in case we get disconnected accidentally.*

Location of Services

- Attempt to get an address and description of the location so the mobile crisis team can find the person in crisis quickly.

- If no address is available, ask the caller for the name of the city, town, neighborhood, etc., and any businesses, streets, or landmarks that will help the mobile crisis team find the exact location.

Possible Prompts:

- *What is the address, and apartment number (if relevant), where the person in crisis is located?*
- *What is the name of the city? Neighborhood?*
- *If no address is known or available, what is the closest landmark, business, or street(s) where the person in crisis is located? Which side of the building or street are they located?*
- *What is the current appearance of the person in crisis?*

Screen for Urgent Medical Issues

- If there is an urgent medical issue, initiate 911 Emergency Medical Services.
- If the call is from a third party:
  a) Ask them if the person in crisis is unconscious
  b) Ask if the person is at high risk for or in active opioid overdose

If YES to a or b, ask if naloxone is on hand; if so, instruct the caller to administer it to the person in crisis (if they have not already done so).

If NO to a or b, ask if weapons are somehow involved (if YES, ask type/kind: _____) and communicate this information to 911 dispatch.

Conduct Safety Assessment: Self-Harm

1. Is the person in crisis ***threatening self-harm***? ☐ Yes ☐ No

» *If **YES to 1.**, ask the person in crisis the following:*

   a. *Do you have a method to act on these threats?* ☐ Yes ☐ No
   b. *Do you have intention of acting on these threats?* ☐ Yes ☐ No
   c. *Do you have access to lethal means?* ☐ Yes ☐ No
      (e.g., firearm/weapon, prescribed or other drugs, etc.)

2. Does the person in crisis have the intent to harm anyone who attempts to intervene? ☐ Yes ☐ No

» *If **YES to 1a., 1b., 1c., or 2.**, transfer to 911. Counties with a co-response model with law enforcement may dispatch depending on the level of safety.*

» *If **YES to 2. ONLY**, transfer to 911. Counties with a co-response model with law enforcement may dispatch depending on the level of safety. **It is important to inform 911 and any other potential team that may be dispatched, that the person in crisis is threatening to harm anyone who attempts to intervene.***

» *If **YES to 1a. ONLY**, a mobile crisis team dispatch and/or warm transfer to a crisis line (e.g., 988) may be appropriate. Engage the caller and explore what their needs are.*

Note:

- Not everyone threatening self-harm will need the same level of intervention and support.
- Follow the county plan for coordination with law enforcement or other crisis lines and communicate the information obtained during warm transfer/dispatch.

Conduct Safety Assessment: Harm to Others

3. Is the person in crisis ***threatening to harm someone else***? ☐ Yes ☐ No

» *If **YES to 3.**, ask the person in crisis the following:*

a. *Ask the identity of intended person(s):* _____

b. *Do you have a method to act on these threats?* ☐ Yes ☐ No

c. *Do you have intention of acting on these threats?* ☐ Yes ☐ No

d. *Do you have access to lethal means (e.g., firearm/weapon)?* ☐ Yes ☐ No

4. *Does the person in crisis **have the intent to harm anyone who attempts to intervene?*** ☐ Yes ☐ No

» *If **YES to 3b., 3c., 3d., or 4.**, transfer to 911. Advise law enforcement to secure safety first. Then, when secure, the mobile crisis team can collaborate with law enforcement and/or other responders to determine when it is safe to intervene.*

» *If **YES to 4 ONLY**, transfer to 911. Counties with a co-response model with law enforcement may dispatch depending on the level of safety. **It is important to inform 911 and any other potential teams that may be dispatched that the person in crisis is threatening to harm anyone who attempts to intervene.***

» *If **YES to 3b ONLY**, a mobile crisis team dispatch and/or warm transfer to a crisis line (e.g., 988) may be appropriate. Engage the caller and explore what their needs are.*

» ***Note:***

- *Not everyone threatening self-harm will need the same level of intervention and support.*
- *Follow the county plan for coordination with law enforcement or other crisis lines and communicate the information obtained during warm transfer/dispatch.*

Conduct Safety Assessment: Screen For Under the Influence of Substances or Alcohol

» Is the person in crisis under the influence of any substances or alcohol? ☐ Yes ☐ No ☐ Unsure

» *If **YES**, ask type and quantity consumed (if known) and communicate this information to the mobile crisis team or 911 dispatch during warm transfer:* _____

Note:

- If the caller is unsure whether the person in crisis is under the influence of alcohol or drugs, ask the caller what makes them think it is possible.
- Some symptoms of substance use and mental health challenges may be difficult to differentiate (e.g., fatigue, hallucinations or delusions, tremors, incohesive thoughts, incohesive or impaired speech).
- Note the symptoms the caller is identifying and communicate any information obtained during warm transfer/dispatch.

Obtain Reason for Call

- Should be written from the caller's perspective.
- When possible, try to capture the exact phrases and words the caller used to describe the crisis situation.
- It is very likely the reason for the call has already been expressed/explored at the start of the call; this is where is the summary can be documented.

Screen for Location Safety

- Is the location where services are needed **unsafe** for the person in crisis or for the mobile crisis team to deliver services?
- Are any of the following a concern?
  - Abusive Partner/Person on Site
  - Environmental Concerns (e.g., crowded/unsafe area, contagious health issue)
  - Animals (dangerous/protective of owner)
  - Weapons in Active Use in Area
  - Other
    - *If* YES, *f*ollow the county plan for coordination with law enforcement and communicate the information during warm transfer/dispatch.

Note: While law enforcement officers may accompany a mobile crisis team when necessary for safety reasons, they shall not qualify as a member of the mobile crisis team for purposes of meeting Mobile Crisis Team Requirements.

Location Safety

Possible Prompts:

- *I appreciate how open you have been with me about the situation. I need to ask about the location where the mobile crisis team will be coming to offer their support and services. Is there anyone at the location who has a history of being abusive to the person in crisis and may be abusive during or after the mobile crisis team visit?*

- *Are there any concerns that the location could be unsafe for the mobile crisis team (e.g., a crowded or unsafe area, or a person with a known contagious health issue)?*

- *Are there any animals that might be dangerous or protective of their owner that would present a safety risk to the mobile crisis team? If yes, could the animal(s) be removed or restrained prior to the mobile crisis team's arrival?*

- *Are you aware of any weapons in active use in the area that could present a safety risk to the mobile crisis team and others present?*

Collect Additional Information: Accessibility Needs

You will want to ask the caller if the person in crisis or anyone present has:

- A preferred language other than English.
- Cultural considerations that are important for the mobile crisis team to know about before they arrive.
  - BHIN 23-025 requires to make good faith effort to identify if the person in crisis is a tribal member or receives services through an Indian Health Care Provider (IHCP)
- Visual or hearing issues that the mobile crisis team should be aware of to offer their best care (e.g., communication devices, ASL interpreter, materials in Braille).
- Intellectual or developmental needs that would help the mobile crisis team offer a better service (e.g., use clear, simplified language and speak slower but not louder, visual cues, communication devices, sensory preferences/needs).
- Recent or past traumatic experiences that the mobile crisis team should be aware of that relate to the situation today and considerations needed.

Collect Additional Information: Accessibility Needs

Possible Prompts:

- *Is there a preferred language that would best be used for the visit?*
- *Is there anything we should know about your culture, beliefs, or religious practices that would help us to offer the best support?*
- *Are you aware of any vision, hearing, mobility, or technology needs that would be important to having a successful visit?*
- *Are you aware of any disability or health issues? If so, what would be helpful for the team to know about for today's visit?*
- *Are there any recent or past traumatic experiences that you want the team to be aware of that relate to this visit?*

Collect Additional Information: Support Person

- Support Persons/Others on Location (e.g., will third party caller remain with person in crisis? Are others on site safe and supportive to the person in crisis?)

- It is possible that the caller may not know the person in crisis (e.g., business owner, concerned citizen).

  - If they can stay with the person in crisis until help arrives, that is optimal; however, if this is not possible, make sure to ask if someone else could be contacted who is known to the person in crisis and asked to come to the location.

  - If there is no one who can remain with the person in crisis, consider a warm handoff to an appropriate crisis service (e.g., 988) until the dispatched mobile crisis team is able to arrive at the location.

Dispatch Decision Possible Outcomes

- ❑ Mobile Crisis Team will be Dispatched Under the Conditions of:
  - ❑ Joint with Law Enforcement
  - ❑ Sequentially after Law Enforcement Determines Scene Safety
  - ❑ Other: _____
- ❑ Mobile Crisis Team Dispatched (include Team/Member Names)
- ❑ Mobile Crisis Team will NOT be Dispatched (include reason)
- ❑ Language or Accessibility Needs
- ❑ Considerations Needed for Person in Crisis with I/DD
  - ❑ Sensory Preferences/Needs
  - ❑ Other Preferences/Needs
  - ❑ I/DD (consultant may be needed)
- ❑ Preferred Language(s) Spoken by One or More Individuals:
- ❑ Assistance for Visual Impairment Requested
- ❑ Assistance for Hearing Impairment Requested

- Consulting Supervisor's Name (if applicable): _____

Summary

- BHIN 23-025 requires that each county implement a mobile crisis services dispatch screening tool.
- The DHCS Dispatch Tool and Companion Guide were developed for county-level adaptation and use. Counties are encouraged to add to this tool based on the accessibility of resources and the community partnerships maintained by mobile crisis response teams.
- Safety of the member, people on site, and staff are the most important drivers of dispatch decisions.
- Dispatch decision making around lethal weapons and threats of harm to self or others are critical screening steps.
- County implementation plan protocols need to be written to make sure that safety is a priority, especially when receiving mobile crisis team requests that have limited information.
- Counties will want to engage in stakeholder meetings with community partners to develop response strategies that reduce use of law enforcement and hospitalizations.
- Each county will want to ensure its mobile crisis team dispatchers are trained to engage callers in a person-centered, trauma-informed, and culturally responsive manner to best address the callers' needs and available resources.

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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References

- Balfour, M.E., Hahn Stephenson, A., Winsky, J., & Goldman, M.L. (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*. Alexandria, VA: National Association of State Mental Health Program Directors. Available: https://www.nasmhpd.org/sites/default/files/2020paper11.pdf.
- National Association of State Mental Health Program Directors Research Institute. (2023). *Behavioral Health Crisis and Services: Technology and Metrics 2022*. Retrieved October 12, 2023 from https://www.nri-inc.org/media/e0wj2w4a/bh-crisis-technology-and-outcomes-updated-4-3-23.pdf
- Substance Abuse and Mental Health Services Administration. (2020). *National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit*. Retrieved October 12, 2023 from https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

Resources

Note: the resources listed below are not exhaustive of all resources reviewed during the research and development phase of this tool. The design team included subject matter experts who reviewed a large volume of behavioral health crisis-related resources. Thematic agreement across them guided the development of the discharge tool.

» Bamboo Health. (2022). Public health playbook: Planning for a behavioral health crisis response solution. https://bamboohealth.com/wp-content/uploads/2022/11/Public-Health-Playbook_Crisis-Management.pdf

» Mutrux, M. (2022). 988 On-ramping playbook: Accelerating adopting of the new mental health crisis hotline. Aspen Tech Policy Hub. https://www.aspentechpolicyhub.org/wpcontent/uploads/2022/02/988Playbook.pdf

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