

Provider Safety

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M-TAC



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Conflict of Interest Disclosure

David Eric Lopez has certified that he 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 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 to Today's Session!

Provider Safety

Two decorative wavy lines in shades of blue and teal, positioned below the text.

Today's Presenter



David Eric Lopez

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Learning Objectives

Participants will:

- » Identify the guidelines for provider and member safety set forth in BHIN 23-025
- » Review best-practice safety protocols and strategies when providing mobile crisis services in the field
- » Review strategies around situational awareness during a mobile crisis response



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 Safety Guidance

The initial mobile crisis response shall be provided at the member's location or at an alternate location of the persons choice by a multidisciplinary mobile crisis team.

Mobile crisis teams shall meet the following standards:

At least **two providers** shall be available for the duration of the initial mobile crisis response.

- » It is a best practice for **at least two providers** to be physically present onsite, but Medi-Cal behavioral health delivery systems may allow one of the two required team members to participate via telehealth, which includes both synchronous audio-only (e.g., telephone) and video interactions.
- » Mobile crisis teams may provide services in this manner only if the Medi-Cal behavioral health system determines that such an arrangement:
 - Is necessary because it otherwise would result in a marked delay in a mobile crisis team's response time; and
 - **Poses no safety concerns for the individual or the single mobile crisis team member who is physically onsite during the initial mobile crisis response.**
 - Has at least one onsite mobile crisis team member shall be carrying, **trained, and able to administer naloxone;**
 - Has at least one onsite mobile crisis team member able to conduct a crisis assessment.

National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit Knowledge Informing Transformation

The safety and security for both individuals served and the mobile crisis team **is a foundational element for all crisis service settings.**

Crisis settings are on the front lines of assessing and managing suicidality, homicidality, and aggressive behaviors, issues with life and death consequences. While ensuring safety for people using crisis services is paramount, the safety for staff cannot be compromised.

People in crisis may have experienced violence or acted in violent ways, they may be intoxicated or delusional, and/or they may have been brought in by law enforcement and thus may present an elevated risk for violence.

National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit Knowledge Informing Transformation

Keys to safety and security in crisis delivery settings include:

- » Evidence-based and trauma-informed crisis training for all staff
- » Role-specific staff training and appropriate staffing ratios to number of clients being served
- » No mental health crisis outreach worker will be required to conduct home visits alone
- » Employers will equip mental health workers who engage in home visits with a communication device
- » Mental health workers dispatched on crisis outreach visits will have prompt access to any information available on history of dangerousness or potential dangerousness on the client they are visiting

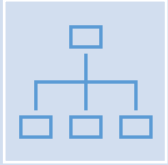
Dispatch Protocols and Guidance on Screening for Safety

Establishing a standardized dispatch protocol for your mobile crisis team allows team members to gather the same information and screen for the most appropriate service response

- » Counties may use either the DHCS dispatch tool or their own dispatch tool after it has been approved by DHCS
- » Important to have standardized dispatch protocols in place
 - If contracting out for screening and dispatch overnight and weekend calls, standardized protocols support safe interactions



Strengths of Dispatch Protocols



Outlines all necessary and essential screening questions for every call received to assess level of safety



Allows equitable opportunities for all individuals to receive the same level of service from mobile crisis teams



Dispatch protocols reduce inconsistency, which lessens the risk to safety caused by improper screening and training

Dispatch Protocols and Guidance on Screening for Safety

- » Safety starts with screening
 - When the crisis call comes in, triaging and determining the most appropriate response is the first and most important step in ensuring safety
 - Ensure all team members are familiar with the dispatch protocols and are proficient in gathering essential information and building rapport
 - Providing initial and ongoing training is a must
 - Becoming proficient in dispatch takes time and repetition; clinical judgment is built through experience
 - Encourage team members to continue to review their crisis encounters on an ongoing basis
 - Share lessons learned with other team members to improve rapport with members and enhance protocols that support the quality and safe delivery of mobile crisis service

Screening “IN” for the Mobile Crisis Services Benefit

- » Screening “IN” for the mobile crisis benefit is a way to ensure that the person in crisis is appropriate for the mobile crisis service
- » 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

Safety protocols for mobile crisis teams once dispatched

- » Establish protocols to identify the location of service that can be messaged both externally to emergency services and internally with mobile crisis team
- » Monitor teams' arrival at location to which they were dispatched
 - If available, use technology platforms to monitor teams' location
- » Report location briefly to the field supervisor once team has arrived on scene
- » Check in with team members deployed on the call
 - Determine who is making initial contact with person in crisis
 - Establish roles and who will take the lead
- » Have a way to notify emergency services when necessary
 - Some teams utilize alert systems and tools

Developing Memoranda of Understanding (MOUs) with Local Public Safety Access Points (PSAP)

- » It is a best practice to develop MOUs with local PSAPs (911) centers
- » Establish collaborative relationships between mobile crisis teams and law enforcement
- » Ensure that both local law enforcement and dispatchers are trained on the same safety protocols and have clear agreements in place about roles and responsibilities when responding to potentially unsafe situations

Situational Awareness

Upon arrival, observe and report the location of service (e.g., side of road, residential setting, school)

- » Be aware of your surroundings; if in a public setting, make a conscious effort to observe what is around the person in crisis
- » Confirm that there are not any obvious potential threats or hazards that could interfere with the mobile crisis team members or cause them harm
- » Observe the area where the mobile crisis service will be provided
 - Assess where and how you will be engaging with the person in crisis (sitting down, in a different room, standing somewhere else)
- » Orient yourself to the surroundings and potential risks (e.g., a kitchen typically has sharp objects)
- » Identify an exit strategy if crisis escalates and potential harm is identified

Debriefing and After-Action Reports

- » After a crisis encounter, teams should come together to review encounters
- » Discuss what strategies worked well, and what was effective or ineffective
- » Review how teams can sustain their current level of service
- » Consider what can be improved and what can be discarded
- » Continue to learn and share working knowledge across the team
- » Evaluate cases/situations for ongoing learning and the consistency of the use of protocols and clinical judgement



Summary

- » The two-person response model is also a safety protocol
- » Mobile crisis safety begins with triaging the initial call for help
- » Standard dispatching protocols support safety
- » Mobile crisis teams should have clear guidelines for monitoring during call deployment
- » Formal collaboration with law enforcement provides an additional layer of safety
- » Structured debriefs to assess the strengths and weaknesses of the response protocol are vital for continuously assessing team safety

References

- » SAMHSA. (2020). *National Guidelines for Behavioral Health Crisis Care -A Best Practice Toolkit Knowledge Informing Transformation National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit National Guidelines for Behavioral Health Crisis Care -A Best Practice Toolkit Knowledge Informing Transformation*.
<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>
- » Klein, T. A., & Tadi, P. (2021). *EMS Scene Safety*. PubMed; StatPearls Publishing.
<https://www.ncbi.nlm.nih.gov/books/NBK557615/>

Your feedback is important to us!

Post-Survey, attendees must 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!**

Appreciation!

Thank you

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