M-TAC
Medi-Cal Mobile Crisis Training and Technical Assistance Center

Crisis Response Readiness Checklist for Tribal and Urban Indian Communities

Introduction: Crisis Response Readiness Checklist

This tool is an optional resource for California Indian Health Care Providers (IHCPs) and Tribal or Urban Indian communities. It respects Tribal sovereignty and autonomy, recognizing each community's unique traditional crisis response practices as valid.

Formalizing these services into a Medi-Cal mobile crisis team is voluntary and should only be pursued if it aligns with the community's goals and vision. Effective crisis models should build upon, not replace, existing cultural strengths within the community.

How to Use This Tool

1. Gather Your Planning Team: Include clinical, administrative, cultural, community, and financial leaders.
2. Work Through Each Section: Use readiness indicators and check all that apply.
3. Document Your Thoughts: Use the notes spaces in the worksheet to capture community-specific considerations.
4. Review with Leadership: Share your findings with the Tribal Council or Tribal Board for guidance.
5. Connect with Support: Visit the Medi-Cal Mobile Crisis Training and Technical Assistance Center (M-TAC) website at CAMobileCrisis.org for technical assistance or request technical assistance by completing the request form.

Readiness Scale Key: ○ Not in place | ◐ Partially in place | ● Fully in place | N/A (Not applicable) or Other

SECTION 1: Current Crisis Response Assets and Capabilities

Team Composition Assessment

Who currently responds to crises in your community? *(Check all that apply)*:
☐ Licensed behavioral health clinicians (Licensed Clinical Social Workers, Marriage and Family Therapists, psychologists)
☐ Psychiatric providers (psychiatrists, psychiatric nurse practitioners)
☐ Peer support specialists/family partners
☐ Community Health Representatives (CHRs)
☐ Substance use counselors
☐ Traditional healers/cultural advisors
☐ Medical staff (Registered Nurse, Licensed Vocational Nurse, Emergency Medical Technician, or other)
☐ Tribal leadership (Tribal President, Council, Chairman/Chairwoman, Administrator, or other)
☐ Natural helpers (specify): _____
☐ Other (list all): _____

Does your organization serve non–Native American community members? *(Check one)*: ☐ Yes ☐ No

Team Readiness *(circle one)*: ○ | ◐ | ● | Are two-person teams available?

Training Status *(circle one)*: ○ | ◐ | ● | Has M-TAC training been completed as outlined in Behavioral Health Information Notice (BHIN) 23-025?

Availability Coverage

Current Crisis Response Availability *(Check all that apply)*:
☐ Business hours only (Monday through Friday, 8 a.m. to 5 p.m.)
☐ Extended hours (evenings/weekends)
☐ On-call system after hours
☐ 24/7 coverage in place
☐ Informal/community-based coverage
☐ Other (list all): _____

After-hours crisis support happens through: _____

Documentation Systems

Current documentation captures *(Check all that apply)*:

☐ Crisis assessment information
☐ Interventions provided
☐ Safety/crisis planning
☐ Follow-up arrangements
☐ Cultural resources (if applicable)
☐ Other: _____

Documentation Readiness *(Circle one)*: ○ | ◐ | ● | Can you document all required elements per BHIN 23-025?

SECTION 2: Partnership Readiness and County Relationships

Partnership Status

County Name(s): _____ County Launch Date: _____

Current Relationship with County Behavioral Health *(Check all that apply)*:
☐ No formal relationship
☐ Informal coordination
☐ Memorandum of understanding (MOU)/contract for other services
☐ Active partnership discussions
☐ Other (e.g., Specialty Mental Health Services/Drug Medi-Cal Organized Delivery System (SMHS/DMC-ODS) arrangements): _____

Where are you in the process? *(Check option that applies)*:
☐ Agreement made
☐ Agreement in discussion
☐ No agreement
☐ No agreement needed

Service Delivery Options (Per Tribal Notice State Plan Amendment [SPA] 22-043)

Which model interests you? *(Check all that apply)*:
☐ Separate line of business (IHCP operates its own mobile crisis program)
☐ County contract (IHCP serves as contracted mobile crisis provider)
☐ Referral partnership (county teams refer to IHCP for follow-up care)
☐ Hybrid model (some direct service, some partnership)
☐ Connection only (mobile crisis connects clients to existing IHCP services)

Call Routing

Current Crises Call Patterns *(Check all that apply)*:
☐ Community calls clinic directly
☐ Calls go to 988/county line
☐ 911 dispatch for emergencies
☐ Tribal law enforcement
☐ No clear pattern
☐ Other: _____

Desired Routing *(Check all that apply)*:
☐ 988 can transfer to existing team
☐ County hotline includes caller to crisis team transfer
☐ Direct Tribal crisis line
☐ 911 dispatch protocols include IHCP
☐ Multiple access points
☐ Other (list all): _____

Ideal Coordination Would Include *(Check all that apply)*:
☐ Crisis team transfers to next level
☐ Direct access
☐ Multiple pathways
☐ Other: _____

Financial Analysis

Current Rates:
- Indian Health Service (IHS) or facility rate: $_____
- County proposed rate: $_____

☐ Enhanced rate would justify requirements
☐ Prefer IHS or facility rate independence
☐ Other: _____

Financial Readiness *(Circle one)*: ○ | ◐ | ● | Understanding of the reimbursement options?

Sovereignty and Autonomy Considerations

Non-Negotiable Elements *(Check all that apply)*:
☐ Tribal data sovereignty
☐ Independent clinical protocols
☐ Cultural practice protection
☐ Separate documentation
☐ Tribal governance oversight
☐ Other: _____

SECTION 3: Community Resources and Cultural Integration

Cultural Practices Integration

Currently Part of Crisis Response *(Check all that apply)*:
☐ Traditional healer involvement
☐ Community-specific protocols
☐ Elder consultation
☐ Extended family inclusion
☐ Native language support
☐ Other: _____

Cultural Integration Readiness *(Circle one)*: ○ | ◐ | ● | Have these been formalized while protecting community cultural protocols?

Mapping System Coordination

Partner	Current Relationship	Crisis Coordination Needed
Hospital/Emergency Department	☐ None ☐ Informal ☐ Formal	☐ Yes ☐ No
County Behavioral Health	☐ None ☐ Informal ☐ Formal	☐ Yes ☐ No
Law Enforcement	☐ None ☐ Informal ☐ Formal	☐ Yes ☐ No
Emergency Medical Services/Fire Department	☐ None ☐ Informal ☐ Formal	☐ Yes ☐ No
Public Facilities, such as Schools and Libraries	☐ None ☐ Informal ☐ Formal	☐ Yes ☐ No
Child Welfare	☐ None ☐ Informal ☐ Formal	☐ Yes ☐ No

Cultural Documentation Approach

Methods for Respectfully Documenting Cultural Considerations Include *(Check all that apply)*:
☐ Using general categories only
☐ Noting cultural considerations
☐ Following traditional healer guidance
☐ Developing specific templates
☐ Not applicable (cultural services will not be documented)

SECTION 4: Policy and Regulatory Alignment

Response Time Feasibility

Service Area Designation *(Check one)*: ☐ Urban (60 min) ☐ Rural (120 min)

Can Meet Response Times *(Circle one)*: ○ | ◐ | ● | With current resources?

Geographic Challenges: _____

IHCP Policy Awareness

Familiar with:
☐ BHIN 23-025 (Mobile Crisis Benefit)
☐ BHIN 22-020 (IHCP Reimbursement Rights)
☐ BHIN 23-027 (Drug Medi-Cal [DMC] Obligations)
☐ BHIN 25-007 (Traditional Healer and Natural Helper Coverage)
☐ SPA 22-0043 Tribal Notice (Separate Line-of-Business Option)

Policy Readiness *(Circle one)*: ○ | ◐ | ● | Understanding of IHCP protections?

Organizational Designation

We are a *(Check one)*: ☐ 638 facility ☐ Federally Qualified Health Center ☐ Urban Indian Organization ☐ Other: _____

Billing Implications Understood *(Circle one)*: ○ | ◐ | ● | N/A (Yes)

SECTION 5: Implementation Readiness Indicators

Training Assessment

Required Training	Current Capacity	Priority
Crisis Assessment	○ | ◐ | ● | N/A	☐ High ☐ Med ☐ Low
Trauma-Informed Care	○ | ◐ | ● | N/A	☐ High ☐ Med ☐ Low
De-Escalation	○ | ◐ | ● | N/A	☐ High ☐ Med ☐ Low
Harm Reduction	○ | ◐ | ● | N/A	☐ High ☐ Med ☐ Low
Cultural Responsiveness	○ | ◐ | ● | N/A	☐ High ☐ Med ☐ Low
SUD/Co-Occurring Disorder	○ | ◐ | ● | N/A	☐ High ☐ Med ☐ Low
Other: _____	○ | ◐ | ● | N/A	☐ High ☐ Med ☐ Low

Staffing Model

24/7 Coverage Plan *(Check all that apply)*:
☐ Shift model developed
☐ On-call rotation planned
☐ Backup coverage identified
☐ Partnership established for after hours
☐ Other: _____

Staffing Readiness *(Circle one)*: ○ | ◐ | ● | Can your staff provide 24/7 coverage?

Sustainability Planning

Potential Funding Sources *(Check all that apply)*:
☐ County contract
☐ Direct Medi-Cal billing
☐ Substance Abuse and Mental Health Services Administration (SAMHSA) grants
☐ IHS funding
☐ State grants
☐ Tribal support
☐ Other: _____

SECTION 6: Billing and Financial Infrastructure

Billing System Readiness

Current Capacity:
☐ H2011 code in system
☐ Separate cost center capability
☐ Staff trained on crisis billing
☐ Time/mileage tracking
☐ Coordination with county electronic health record: _____

Billing Readiness *(Circle one)*: ○ | ◐ | ● | Ready to bill crisis services?

Documentation Requirements

Can Currently Document:
☐ Comprehensive assessment
☐ Interventions provided
☐ Safety/treatment planning
☐ Follow-up communication within 72 hours

Documentation readiness *(Circle one)*: ○ | ◐ | ● | Meet all requirements?

Quality Measures

Will Track *(Check all priorities)*:
☐ Response times
☐ Cultural intervention use
☐ Client satisfaction
☐ Could this have ended in an emergency room visit?
☐ Community wellness indicators
☐ Follow-up completion
☐ Other: _____

SECTION 7: Readiness Summary and Resources

Readiness Summary

Amount of Readiness Indicators:
- Fully Ready (●): ____ areas
- Partially Ready (◐): ____ areas
- Not Ready (○): ____ areas

Based on this assessment, the Tribally preferred path is:
☐ **Full partnership** with county
☐ **Separate line of business** (independent operation)
☐ **Limited coordination** (referral only)
☐ **Hybrid approach** (some direct service, some partnership)
☐ **No participation** (current model sufficient)

Top Three Priorities Before Implementation:

1. _____

2. _____

3. _____

Target Decision Date: _____ Target Implementation Date: _____

Key Contacts:
- County Behavioral Health Director: _____
- M-TAC Representative: _____
- Tribal Leadership or Community Liaison: _____

Resources

- M-TAC: CAMobileCrisis.org
- BHIN 23-025 (Medi-Cal Mobile Crisis Services Benefit Implementation)
- SPA 22-0043 Tribal Notice (Separate Line of Business)
- County Implementation Plan

For help with next steps, visit the M-TAC website at CAMobileCrisis.org for technical assistance, or request technical assistance by completing the request form, or connect with other IHCPs who have implemented mobile crisis services.