The background of the slide is a dark purple overlay on a photograph of medical equipment, including a stethoscope and a line graph. The line graph has a vertical axis on the left with numerical markers at 3, 6, 9, 12, and 15. The text is centered in white.

Medi-Cal Mobile Crisis Services Benefit

Background: Medi-Cal Mobile Crisis Services

Mobile crisis teams offer community-based intervention to individuals in need wherever they are; including at home, work, or anywhere else in the community where the person is experiencing a mental health or substance use crisis.



Under the American Rescue Plan Act (ARPA), **states are eligible for an 85% enhanced FMAP for qualifying mobile crisis services** for 12 quarters between April 2022 and April 2027.*



DHCS **submitted a State Plan Amendment (SPA) to CMS that establishes a new Medi-Cal mobile crisis benefit**, effective as soon as January 2023.



DHCS' mobile crisis services benefit aligns **with the state's other efforts** to support individuals experiencing a behavioral health crisis.



DHCS' mobile crisis services benefit is designed to ensure all Medi-Cal members have access to coordinated crisis care **24 hours a day, 7 days a week, 365 days per year.**

*Medi-Cal behavioral health delivery systems shall begin implementing the mobile crisis benefit as soon as January 1, 2023, and shall have the **benefit fully implemented by December 31, 2023.***

Benefit Design: Staffing Requirements & Required Service Components

Staffing Requirements

- **During the initial onsite mobile crisis response, the mobile crisis team shall consist of at least two qualified providers** (see BHIN 22-064).*
- At least one of the onsite team members must be trained to administer naloxone to reverse opioid overdoses.
- To ensure appropriate clinical support is available, at least one of the onsite team members should be an LPHA or a Licensed Mental Health Professional. If they are not available onsite, the mobile crisis team must have immediate access to an LPHA or Licensed Mental Health Professional via telehealth.
- During the initial mobile crisis response or as part of follow-up, the mobile crisis team must have access to an individual who can prescribe MAT or psychotropic medications, as needed.

Service Components

- Each qualifying mobile crisis services encounter must include, at minimum:
 - Mobile crisis response;
 - Initial face-to-face crisis assessment;
 - Crisis planning, or documentation in the beneficiary's progress note of the rationale for not engaging in crisis planning; and
 - A follow-up check-in, or documentation in the beneficiary's progress note regarding any exceptions.
- When appropriate, each encounter should also include:
 - Referrals to ongoing services; and/or
 - Facilitation of a warm handoff.

**As part of the implementation process, counties may request DHCS approval to permit mobile crisis services to be delivered by a team of one onsite team member and one or more additional team member(s) immediately available via telehealth (synchronous audio/video or audio-only). See BHIN 22-064 for details.*

Benefit Design: Other Requirements (1/2)

Response Times

Mobile crisis teams must arrive onsite:

- ✓ Within 60 minutes of the beneficiary being determined to require mobile crisis services in urban areas; and
- ✓ Within 120 minutes of the beneficiary being determined to require mobile crisis services in rural areas.

Note: Mobile crisis timeliness standards are not included in network adequacy requirements or certification.

Documentation

- ✓ Consistent with documentation requirements in BHIN [22-019](#), mobile crisis teams must document problems identified during the encounter on the beneficiary's problem list within their medical record.
- ✓ Mobile crisis teams must also create a progress note that describes all service components delivered to the beneficiary.
- ✓ Progress notes should be completed within 24 hours of providing mobile crisis services.

Coordination with Other Delivery Systems

Counties must establish policies to ensure mobile crisis services are integrated into a whole person approach to care. Policies may include but are not limited to:

- ✓ The mobile crisis team must alert the county of the mobile crisis response.
- ✓ The county must inform the mobile crisis team if the beneficiary is receiving TCM, ICC, ECM or FSP.
- ✓ The county must alert the beneficiary's MCP, if known.
- ✓ The mobile crisis team must alert the beneficiary's care manager and coordinate referrals and follow-up, as consistent with privacy and confidentiality requirements.

Benefit Design: Other Requirements (2/2)

Dispatch Requirements & Coordination with 988

- ✓ Counties must establish a system for dispatching mobile crisis teams that includes, but is not limited to:
 1. Identifying a single telephone number to serve as a mobile crisis services hotline and receive beneficiary calls;
 2. Using a standardized dispatch tool to determine when to dispatch a mobile crisis team; and
 3. Developing procedures outlining how mobile crisis teams will respond to dispatch requests.
- ✓ Counties must 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 beneficiaries have information about how to access mobile crisis services when needed.
- ✓ Counties must describe their dispatch strategies in their mobile crisis implementation plans.

Coordination with Law Enforcement

- ✓ When a mobile crisis team is dispatched, it is considered a national best practice for the team to respond without law enforcement unless special safety concerns warrant inclusion.
- ✓ Counties should actively coordinate with law enforcement and share information with law enforcement officers about how to request or coordinate mobile crisis dispatch, when appropriate.
- ✓ Counties should also work with law enforcement to determine how mobile crisis teams and law enforcement can best work together to safely resolve and de-escalate behavioral health crises.
- ✓ Counties must describe their strategies to avoid unnecessary law enforcement involvement in mobile crisis services and describe how they will ensure mobile crisis teams coordinate with law enforcement to safely resolve and de-escalate crises in their implementation plans.

Implementation Process: Training Requirements

All mobile crisis services team members must complete both core and enhanced training modules. Training will be delivered by DHCS' training and technical assistance partner and may include virtual and/or in-person modules.

Core Training Requirements

- All mobile crisis teams shall complete the core training curriculum before submitting claims for qualifying mobile crisis services.
- The core training curriculum will be developed and facilitated by DHCS' training and technical assistance partner and will be available as soon as February 2023.
- The core training curriculum includes:
 - De-Escalation Strategies
 - Harm Reduction Strategies
 - Delivering Trauma-Informed Care
 - Conducting a Crisis Assessment
 - Crisis Safety Plan Development

Enhanced Training Requirements

- Mobile crisis teams can complete the enhanced training curriculum on a rolling basis, but must be complete by December 31, 2023.
- The enhanced training curriculum will be developed and facilitated by DHCS' training and technical assistance partner and will be available as soon as June 2023.
- The enhanced training curriculum will include, but is not limited to:
 - Provider Safety
 - Delivering Culturally Responsive Crisis Care
 - Crisis Response Strategies for Special Populations (e.g. children, youth and families, tribal communities, and beneficiaries with I/DD).
 - Community Partnership Coordination Strategies
 - Suicide Prevention

Data Reporting

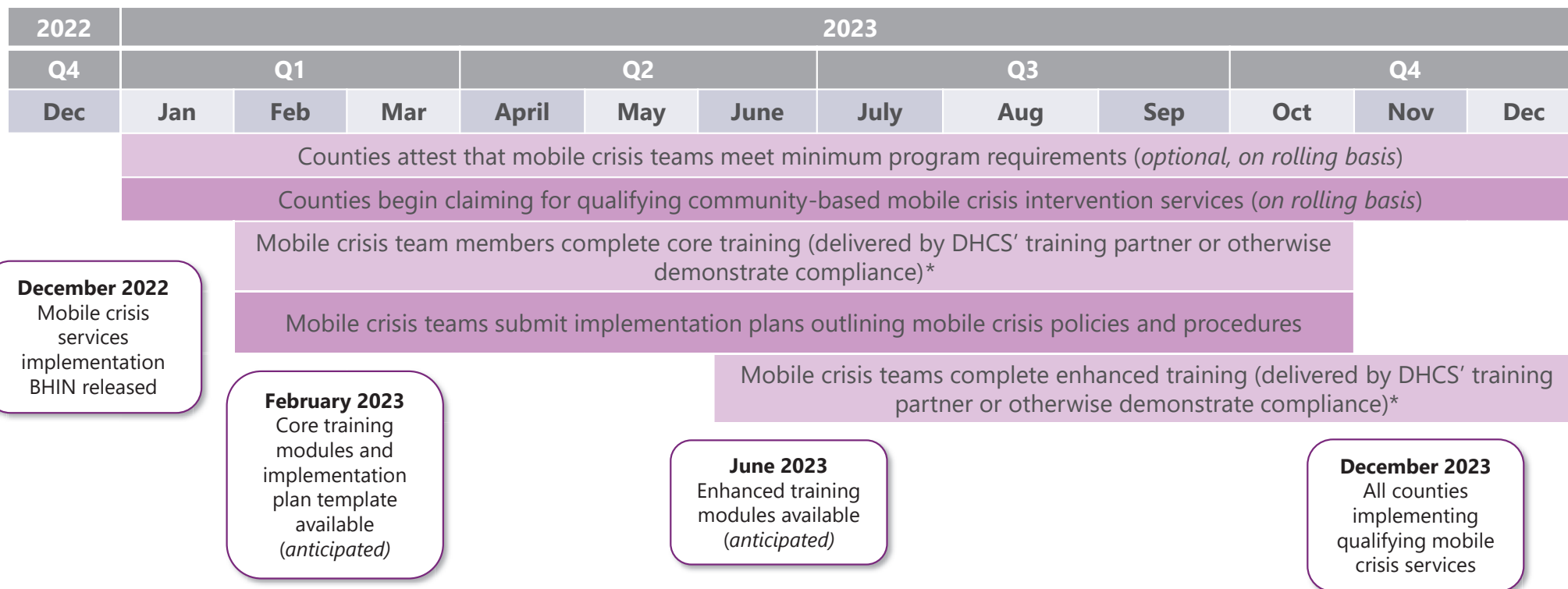
Medi-Cal behavioral health delivery systems shall provide **demographic, process and outcomes data** to DHCS on a periodic basis. DHCS will use this information to monitor and oversee Medi-Cal behavioral health delivery systems' implementation of the mobile crisis services benefit.

- Medi-Cal behavioral health delivery systems shall provide DHCS with data about each mobile crisis services encounter. **The data shall include, but are not limited to:**
 - Beneficiary demographics (e.g., age, race, ethnicity, sexual orientation and gender identity, etc.);
 - Crisis location;
 - Response times;
 - Disposition of encounter (e.g., de-escalated in community-based setting, transported to crisis stabilization unit, etc.);
 - Professional titles of each team member participating in the mobile crisis response;
 - Use of telehealth;
 - If transportation was needed, and if so, what type of transportation was provided;
 - Law enforcement involvement; and
 - Timing of follow-up check-ins provided.
- Counties shall conduct **beneficiary satisfaction surveys**.

**DHCS will issue additional guidance on data metrics, reporting processes and methods, and reporting frequency.*

Timeline: Mobile Crisis Services Implementation

County behavioral health delivery systems may begin offering the mobile crisis services benefit on a rolling basis, beginning January 1, 2023.



*Counties that currently operate robust mobile crisis programs may request to DHCS that mobile crisis teams be exempt from some training modules if they have been previously trained in that topic.

The background of the slide is a purple-tinted image. On the right side, there is a close-up of a silver stethoscope resting on a surface. On the left side, there is a line graph with a vertical axis labeled from 3 to 15 in increments of 3. The graph shows a fluctuating line with several peaks and valleys. The overall aesthetic is professional and medical.

Questions?