

## **ADULT MOBILE CRISIS INTERVENTION (AMCI) TECHNICAL SPECIFICATIONS**

Adult Mobile Crisis intervention services are designed to optimize clinical interventions by meeting clients in home or community settings where they are more comfortable, where strengths and cultural differences are more apparent and where natural supports are more available. Community-based crisis interventions provide a highly effective alternative for de-escalation and resolution of a crisis event, allowing individuals to bypass the stigma, trauma and disruption of a hospital or out-of-home setting.

Adult Mobile Crisis services produce more holistic evaluations, solutions and referrals. They are intended to reduce the volume of emergency behavioral health services provided in hospital emergency departments, reduce the likelihood of psychiatric hospitalization and promote resolution of crisis in the least restrictive setting and in the least intrusive manner. Adult Mobile Crisis interventions are administered with the purpose of identifying, assessing, treating, and stabilizing the situation and reducing immediate risk of danger to the individual or others.

Adult Mobile Crisis Intervention will provide a short-term service that is a mobile, on-site, face-to-face therapeutic response to an individual (18 years old and older) experiencing a behavioral health crisis for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing immediate risk of danger to the individual or others. The goal eventually is for this service to be provided 24 hours a day, 7 days a week. Initially, the service will be offered from 10 am to 10 pm, 365 days per year.

The service includes: A crisis assessment and engagement in a crisis planning process, up to 7 days of crisis intervention and stabilization services including: on-site face-to-face therapeutic response, psychiatric consultation, and referrals and linkages to all medically necessary behavioral health services and supports, including access to appropriate services along the behavioral health continuum of care.

For individuals who are receiving PACT (Program of Assertive Community Treatment) or COMET (Co-occurring Methamphetamine Treatment), Adult Mobile Crisis Intervention staff will coordinate or partner with the individual's care coordinator throughout the delivery of the service. Adult Mobile Crisis Intervention also will coordinate with the individual's primary care physician, any other care management program or other behavioral health providers providing services to the individual throughout the delivery of the service.

### **Components of Service**

1. Adult Mobile Crisis Intervention (AMCI) is the adult-serving component of the crisis continuum of care.
2. Adult Mobile Crisis Intervention is delivered by a provider with demonstrated infrastructure to support and ensure
  - a. Quality Management / Assurance
  - b. Utilization Management
  - c. Electronic Data Collection / IT
  - d. Clinical and Psychiatric Expertise
  - e. Cultural and Linguistic Competence
3. Adult Mobile Crisis Intervention provides mobile, community-based crisis intervention services, which are intended to reduce the volume of emergency behavioral health services provided in hospital emergency departments (EDs), to reduce the likelihood of psychiatric hospitalization, and

to promote resolution of crisis in the least restrictive setting and in the least intensive manner.

4. Adult Mobile Crisis Intervention provides crisis assessment and crisis stabilization intervention services 24 hours a day, 7 days a week, and 365 days a year. Each encounter, including ongoing coordination following the crisis assessment and stabilization intervention, may last up to 7 days.
5. Adult Mobile Crisis Intervention teams will respond in the following timeframes:
  - a. Triage calls within 15 minutes of initial request
  - b. Respond in person within 90 minutes.
6. Adult Mobile Crisis Intervention includes, but is not limited to:
  - a. Conducting a mental status exam;
  - b. Assessing crisis precipitants, including psychiatric, educational, social, familial, legal/court related, and environmental factors that may have contributed to the current crisis (e.g., change in job or home; exposure to domestic or community violence; death of friend or relative; or recent change in medication);
  - c. Assessing the individual's behavior and the responses of others to the behavior;
  - d. Discussing and activating natural supports strengths and resources to identify how such strengths and resources impact their ability to respond to the individual's behavioral health needs;
  - e. Taking a behavioral health history, including past inpatient admissions or admissions to other 24-hour levels of behavioral health care;
  - f. Assessing medication compliance and/or past medication trials;
  - g. Assessing safety/risk issues for the individual and others involved;
  - h. Taking a medical history/screening for medical issues;
  - i. Assessing current functioning at home, work, and in the community;
  - j. Identifying current providers, including state agency involvement;
  - k. Identifying natural supports and community resources that can assist in stabilizing the situation and offer ongoing support to the individual and natural supports.
  - l. Solution focused crisis counseling;
  - m. Identification and inclusion of professional and natural supports (e.g., therapist, neighbors, relatives) who can assist in stabilizing the situation and offer ongoing support;
  - n. Clinical interventions that address behavior and safety concerns, delivered onsite or telephonically for up to 7 days;
  - o. Psychiatric consultation and urgent psychopharmacology intervention (if current prescribing provider cannot be reached immediately or if no current provider exists), as needed, face-to-face or by phone from an on-call Child Psychiatrist or Psychiatric Nurse Mental Health Clinical Specialist.
7. Adult Mobile Crisis Intervention assesses the safety needs of the individual and others involved in the crisis. Adult Mobile Crisis Intervention, with the consent of and in collaboration with the individual, guides the individual through the crisis planning process that is in line with the present stage of readiness for change. As the individual chooses, Adult Mobile Crisis Intervention engages existing service providers and/or other natural supports.

8. Adult Mobile Crisis Intervention identifies all necessary referrals and linkages to medically necessary behavioral health services and supports and facilitates referrals and access to those services. Adult Mobile Crisis Intervention also works with the individual's health plan to arrange for dispositions to all levels of care, including inpatient and 24-hour services, diversionary services, and outpatient services.
9. Adult Mobile Crisis Intervention provides the following additional services up to 7 days after the initial response:
  - a. Crisis counseling and consultation to the individual and natural supports (if appropriate);
  - b. Emergency medication management and consultation;
  - c. Telephonic support to the individual and natural supports (if appropriate); and
  - d. Coordination with other behavioral health providers.
10. For individuals who are receiving PACT or COMET, Adult Mobile Crisis Intervention coordinates with the individual's care coordinator throughout the delivery of the service. For individuals not in PACT or COMET, Adult Mobile Crisis Intervention will coordinate with the individual's primary care physician, any other care management program or other behavioral health providers who provide services to the individual throughout the delivery of the service.
11. The Adult Mobile Crisis Intervention provider has policies and procedures relating to all components of this service. The Adult Mobile Crisis Intervention provider ensures all new and existing staff members are trained on these policies and procedures.

### Staffing Requirements

1. Adult Mobile Crisis Intervention utilizes a multidisciplinary model, with both professional and Peers with lived experience and maintains staffing levels as warranted by data trends.
2. Adult Mobile Crisis Intervention is staffed with master's level clinicians trained in working with adults and families, with experience and/or training in nonviolent crisis intervention, crisis theory/crisis intervention, solution-focused intervention, motivational interviewing, behavior management, conflict resolution, family systems, co-occurring populations and de-escalation techniques.
3. Adult Mobile Crisis Intervention is also staffed with a Peer experienced or trained in providing ongoing in-home crisis stabilization services and in navigating the behavioral health crisis response system that support brief interventions that address behavior and safety.
4. A member of the Psychiatric team is available for phone consultation to Adult Mobile Crisis Intervention staff 24-hours a day, 7 days a week to provide clinical insight, support clinical diagnosis, medication and immediate safety planning needs in crisis planning.
5. All Adult Mobile Crisis Intervention staff receives crisis specific training through the agency that employs them. Prior to serving the community independently, Adult Mobile Crisis Intervention staff also complete 12 hours of on-the-job training in Crisis Prevention Institute Training (CPI) or equivalent program. A master's level clinician with at least two years of crisis intervention experience supervises this training. This training is documented.
6. All Adult Mobile Crisis Intervention staff are trained in the following: performance specifications, clinical criteria, *Systems of Care* philosophy and the *Wraparound process*; medications and side effects; First Aid/CPR; adult serving agencies and processes; family systems; conflict resolution; risk management; partnering with natural supports; motivational interviewing; human development; cultural competency; and related core clinical issues/topics. This training is documented.
7. Adult Mobile Crisis Intervention staff members are knowledgeable about available community mental health and substance use disorder services within their geographical service area, the levels of care,

and relevant laws and regulations. They also have knowledge about other medical, legal, emergency, and community services available to adults.

8. Adult Mobile Crisis Intervention supervises all staff, commensurate with licensure level and consistent with credentialing criteria.

### **Service, Community, and Collateral Linkages**

1. As the adult-serving component of the crisis continuum of care, Adult Mobile Crisis Intervention takes a strategic, leadership role in improving the crisis system infrastructure, building collaborations, improving efficiencies and effectiveness of crisis services.
2. Adult Mobile Crisis Intervention upon completion of a crisis assessment, works with the individual to provide needed crisis stabilization services and, if necessary, with the individual's insurance carrier to obtain authorization for medically necessary level of care for the individual.
3. Adult Mobile Crisis Intervention will ensure smooth access to behavioral health services in the area by maintaining regular communication and interagency relationships (e.g. MOU).
4. Adult Mobile Crisis Intervention coordinates all behavioral health crisis response with the individual's existing providers, including PACT/COMET, In-Home Therapy Services and outpatient providers (e.g., mentors, therapists), other care management programs and primary care provider (PCP). Adult Mobile Crisis Intervention facilitates referrals for, and provides information on, both Medicaid and non-Medicaid services (e.g., PACT/COMET, voluntary services, therapy).
5. Adult Mobile Crisis Intervention, with required consent, makes referral to PACT/COMET, Therapy Services or other services as needed.
6. Adult Mobile Crisis Intervention supports linkages with the natural support system, including friends, family, faith community, cultural communities, and self-help groups (e.g., Parental support groups, AA, etc.).
7. For individuals with PACT/COMET/In-Home Therapy Services that provide 24-hour response, Adult Mobile Crisis Intervention staff contacts the provider for care coordination and disposition planning. The PACT/COMET/In-home Therapy Services staff and Adult Mobile Crisis Intervention staff communicate and collaborate on the individual's treatment throughout the Adult Mobile Crisis intervention or crisis stabilization to develop a disposition plan that is consistent with the individual's treatment plan.
8. For individuals engaged in services that do not provide 24-hour response, Adult Mobile Crisis Intervention staff contacts the provider for the purpose of care coordination and disposition planning. Adult Mobile Crisis Intervention staff communicates with the provider and collaborates on the individual's treatment to develop a disposition plan that is consistent with the individual's treatment plan.
9. Adult Mobile Crisis Intervention establishes formal relationships (e.g., MOU) including collaborative education and training with local police, emergency medical technicians (EMTs), adult protective services, and local healthcare professionals to promote effective and safe practices related to the management of emergency services for individuals with behavioral health issues and their natural supports.
10. With obtained consent, crisis assessments occur in the individual's home setting or appropriate alternative community setting. Crisis assessments only occur in a hospital emergency department (ED) if the individual presents an imminent risk of harm to self or others; if the individual refuses required consent for service in home or alternative community settings; or if request for Adult Mobile Crisis Intervention services originates from a hospital emergency department.
11. In instances when an individual is sent to a hospital emergency department (ED), Adult Mobile Crisis

Intervention mobilizes to the ED. The number of hospital-based interventions will be closely monitored to ensure that Adult Mobile Crisis Intervention services are delivered primarily in community settings.

### Quality Management (QM)

1. Adult Mobile Crisis Intervention participates in all network management, utilization management, and quality management initiatives and meetings.

### Process Specifications

#### Treatment Planning and Documentation

1. Adult Mobile Crisis Intervention immediately works to de-escalate the situation and intervenes to ensure the safety of all individuals in the environment, utilizing the interventions and services listed under the “components of service” section above.
2. Adult Mobile Crisis Intervention completes a comprehensive crisis assessment, including the elements listed under the “components of service” section above and engages in delivering crisis stabilization services.
3. To complete the crisis assessment and crisis intervention, Adult Mobile Crisis Intervention seeks consent to speak with collateral contacts (e.g., PACT/COMET care coordinator, therapist, psychiatrist, social worker, etc.) and natural supports (e.g., friends, neighbors, extended family, etc.) to enlist their support in stabilizing the situation and developing an aftercare plan.
4. For individuals enrolled in PACT/COMET, Adult Mobile Crisis Intervention staff collaborates with the PACT/COMET provider to ensure coordination of care. Adult Mobile Crisis Intervention coordinates with the PACT/COMET provider throughout the intervention.
5. A member of the Psychiatric team is available for phone consultation to Adult Mobile Crisis Intervention staff 24-hours a day, 7 days a week to provide clinical insight, support clinical diagnosis, medication and immediate safety planning needs in crisis planning.
6. If the crisis assessment indicates that placement outside of the home in an acute 24-hour behavioral health level of care (e.g., Crisis Stabilization setting, acute inpatient hospital) is medically necessary, Adult Mobile Crisis Intervention will make every effort to facilitate a voluntary placement in collaboration with the individual. If an assessment for an involuntary placement is deemed necessary after voluntary placement options are attempted, AMCI staff consults with the Designated Mental Health Professional (DMHP) team and arranges for an assessment. If the individual meets criteria for a higher level of care (for either voluntary or involuntary placement), Adult Mobile Crisis Intervention consults with the receiving provider to assist the receiving provider to develop a plan for stabilizing the crisis that was addressed by the Adult Mobile Crisis Intervention
7. If the crisis assessment indicates that the individual is stable to remain in the community or current placement, Adult Mobile Crisis Intervention obtains authorization for medically necessary community-based services and coordinates with the individual and natural supports and the community-based service provides to ensure that the individual is receiving medically necessary services.

	<p>8. If the individual is not already enrolled in behavioral health services, Adult Mobile Crisis Intervention may arrange a follow-up appointment with a behavioral health provider in the individual's service area and coordinates with the behavioral health provider for the following 7 days to ensure that the individual is receiving medically necessary services.</p>
<p><b>Discharge Planning and Documentation</b></p>	<ol style="list-style-type: none"> <li>1. For individuals who remain in the community, Adult Mobile Crisis Intervention will be in contact with the individual and natural supports for a period of up to 7 days following discharge from Adult Mobile Crisis intervention, to insure that the aftercare plan developed during the intervention has been implemented and will offer assistance as necessary in order to insure that the plan is implemented.</li> <li>2. For individuals with PACT/COMET, Adult Mobile Crisis Intervention plans and coordinates <i>all</i> referrals for aftercare services with the PACT/COMET care coordinator. Adult Mobile Crisis Intervention conducts at least one phone call or face-to-face meeting with the PACT/COMET provider and the individual to facilitate the transition.</li> <li>3. For individuals receiving therapy, (or who Adult Mobile Crisis Intervention has referred for Therapy Services), Adult Mobile Crisis Intervention conducts at least one phone call or face-to-face meeting with the provider and the individual to facilitate the transition.</li> <li>4. Adult Mobile Crisis Intervention remains involved with the individual and his/her natural supports until aftercare services are established and work has begun with the identified aftercare provider(s). Simply making a referral for an aftercare service does not meet the criteria for ensuring that the individual and his/her natural supports have established a connection with a provider. If the individual declines aftercare supports and services, this must be clearly documented in the individual's medical record.</li> <li>5. With required consent, the Adult Mobile Crisis Intervention provider sends copies of the crisis assessment to all necessary providers as identified by the individual, including natural supports, state agency, behavioral health providers, etc.</li> </ol>
<p><b>Admission and Discharge Criteria</b></p>	
<p><b>Definition of crisis, admission criteria, discharge criteria</b></p>	<p>The definition of a crisis is:</p> <ol style="list-style-type: none"> <li>1) A behavioral health crisis that is unable to be resolved to the caller's satisfaction by phone triage</li> <li>2) where immediate intervention is needed to attempt to stabilize an individual's condition safely in situations that do not require an immediate public safety response and</li> <li>3) the individual demonstrates an impairment in mood, thought and/or behavior that substantially interferes with functioning.</li> </ol> <p><b><u>Admission criteria:</u></b> All of these criteria must be met:</p> <ul style="list-style-type: none"> <li>○ Behavioral health crisis that was unable to be resolved to the caller's satisfaction by phone triage by the regional crisis line;</li> <li>○ Immediate intervention is needed to attempt to stabilize the individual's condition safely in situations that do not require an immediate public safety response;</li> </ul>

	<ul style="list-style-type: none"> <li>○ The individual demonstrates impairment in mood, thought, and/or behavior that substantially interferes with functioning at school, home, and/or in the community.</li> </ul> <p>In addition to the above, at least one of these criteria must be met:</p> <ul style="list-style-type: none"> <li>○ The individual demonstrates suicidal/assaultive/destructive ideas, threats, plans, or actions that represent a risk to self or others.</li> <li>○ The individual is experiencing escalating behavior(s) and, without immediate intervention, he/she is likely to require a higher intensity of services.</li> <li>○ The individual is in need of clinical intervention in order to resolve the crisis and/or to remain stable in the community.</li> </ul> <p>Exceptions to providing face to face intervention:</p> <ul style="list-style-type: none"> <li>○ There are significant safety issues identified, documented and reported</li> <li>○ It is agreed by the caller and Adult Mobile Crisis team that a face to face intervention is not required</li> </ul> <p><b>Discharge criteria:</b></p> <ul style="list-style-type: none"> <li>○ The crisis assessment and other relevant information indicate that the individual needs a more (or less) intensive level of care and a transfer has been facilitated to the next treatment setting and ensured that the risk management/safety plan has been communicated to the treatment team at that setting.</li> <li>○ The individual's physical condition necessitates transfer to an inpatient medical facility and the risk management/safety plan has been communicated to the receiving provider.</li> <li>○ Consent for treatment is withdrawn and there is no court order requiring such treatment.</li> </ul>
--	--