

YOUTH MOBILE CRISIS INTERVENTION (YMCI) TECHNICAL SPECIFICATIONS

Youth 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.

Youth 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. Youth 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.

Youth Mobile Crisis Intervention (YMCI) will provide a short- term service that is a mobile, on-site, face-to-face therapeutic response to a youth (under age 18) experiencing a behavioral health crisis for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing immediate risk of danger to the youth 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 urgent psychopharmacology intervention, as needed, 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 youth who are receiving Wraparound with Intensive Services (WISE), Youth Mobile Crisis Intervention staff will coordinate or partner with the youth’s WISE care coordinator throughout the delivery of the service. Youth Mobile Crisis Intervention also will coordinate with the youth’s primary care physician, any other care management program or other behavioral health providers providing services to the youth throughout the delivery of the service.

Components of Service

1. Youth Mobile Crisis Intervention (YMCI) is the youth-serving component of the crisis continuum of care.
2. Youth 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. Youth 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. Youth Mobile Crisis Intervention provides crisis assessment and crisis stabilization intervention services 10 am to 10 pm, 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. Youth 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. Youth 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., new school, home, or caregiver; exposure to domestic or community violence; death of friend or relative; or recent change in medication);
 - c. Assessing the youth's behavior and the responses of parent/guardian/caregiver(s) and others to the youth's behavior;
 - d. Discussing and activating parent/guardian/caregiver strengths and resources to identify how such strengths and resources impact their ability to care for the youth'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 youth and parent/guardian/caregiver(s).
 - h. Taking a medical history/screening for medical issues;
 - i. Assessing current functioning at home, school, and in the community;
 - j. Identifying current providers, including state agency involvement; and
 - k. Identifying natural supports and community resources that can assist in stabilizing the situation and offer ongoing support to the youth and parent/guardian/caregiver(s).
 - 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. Youth Mobile Crisis Intervention assesses the safety needs of the youth and family. Youth Mobile Crisis Intervention, with the consent of and in collaboration with the youth and family, guides the family through the crisis planning process that is in line with the family's present stage of readiness for change. As the family chooses, Youth Mobile Crisis Intervention engages existing service providers and/or other natural supports.
8. Youth 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. Youth Mobile Crisis Intervention also works with the youth's health plan to arrange for dispositions to all levels of care, including inpatient and 24-hour services, diversionary services, outpatient services, and WISE.

9. Youth Mobile Crisis Intervention provides the following additional services up to 7 days after the initial response:
 - a. Crisis counseling and consultation to the family;
 - b. Emergency medication management and consultation;
 - c. Telephonic support to the youth and family; and
 - d. Coordination with other crisis stabilization providers.
10. For youth who are receiving WISE, Youth Mobile Crisis Intervention coordinates with the youth's care coordinator throughout the delivery of the service. For youth not in WISE, Youth Mobile Crisis Intervention will coordinate with the youth's primary care physician, any other care management program or other behavioral health providers who provide services to the youth throughout the delivery of the service.
11. The Youth Mobile Crisis Intervention provider has policies and procedures relating to all components of this service. The Youth Mobile Crisis Intervention provider ensures all new and existing staff members are trained on these policies and procedures.

Staffing Requirements

1. Youth Mobile Crisis Intervention utilizes a multidisciplinary model, with both professional and Peers with lived experience (Family Partner) and maintains staffing levels as warranted by data trends.
2. Youth Mobile Crisis Intervention is staffed with master's level clinicians trained in working with youth 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, and de-escalation techniques.
3. Crisis Intervention is also staffed with a Peer (Family Partner) experienced or trained in providing Mobile 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 Youth 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 Youth Mobile Crisis Intervention staff receives crisis specific training through the agency that employs them. Prior to serving families independently, Youth 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 Youth 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; youth-serving agencies and processes; family systems; conflict resolution; risk management; partnering with parents/guardians/caregivers; youth development; cultural competency; and related core clinical issues/topics. This training is documented.
7. Youth 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 the youth.

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

Service, Community, and Collateral Linkages

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

to ensure that Youth Mobile Crisis Intervention services are delivered primarily in community settings.

Quality Management (QM)

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

Process Specifications

Treatment Planning and Documentation

1. Youth 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. Youth 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, Youth Mobile Crisis Intervention seeks consent to speak with collateral contacts (e.g., WISE 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 youth enrolled in WISE, Youth Mobile Crisis Intervention staff collaborates with the WISE provider to ensure coordination of care. Youth Mobile Crisis Intervention coordinates with the WISE provider throughout the intervention as well as Care Coordination staff of the youth’s assigned MCO plan.
5. A member of the Psychiatric team is available for phone consultation to Youth 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. 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, Youth Mobile Crisis Intervention will make every effort to facilitate a voluntary placement in collaboration with the individual and family. If an assessment for an involuntary placement is deemed necessary after voluntary placement options are attempted, YMCI staff consults with the Designated Mental Health Professional (DMHP) team and arranges for an assessment. If the youth meets criteria for a higher level of care (for either voluntary or involuntary placement), MCI consults with the receiving provider to assist the receiving provider to develop a plan for stabilizing the crisis that was addressed by the Youth Mobile Crisis Intervention
6. If the crisis assessment indicates that the youth is stable to remain in the community or current placement, Youth Mobile Crisis Intervention obtains authorization for medically necessary community-based services and coordinates with the youth and family and the community-based service provides to ensure that the youth is receiving medically necessary services.

	<ol style="list-style-type: none"> 7. If the youth is not already enrolled in WISE, Youth Mobile Crisis Intervention may arrange a follow-up appointment with the WISE provider in the youth's service area and coordinates with the WISE provider for the following 7 days to ensure that the youth is receiving medically necessary services. 8. On a daily basis, a service log is emailed to Beacon via secure email with a summary of services delivered and contacts made.
Discharge Planning and Documentation	<ol style="list-style-type: none"> 1. For youth who remain in the community, Youth Mobile Crisis Intervention will be in contact with the family for a period of up to 7 days following discharge from a mobile crisis intervention, to ensure 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. 2. For youth with WISE, Youth Mobile Crisis Intervention plans and coordinates <i>all</i> referrals for aftercare services with the WISE care coordinator. Youth Mobile Crisis Intervention conducts at least one phone call or face-to-face meeting with the WISE provider and the family to facilitate the transition. 3. For youth receiving therapy, (or who Youth Mobile Crisis Intervention has referred for Therapy Services), Youth Mobile Crisis Intervention conducts at least one phone call or face-to-face meeting with the provider and the family to facilitate the transition. 4. Youth Mobile Crisis Intervention facilitates access to Crisis Stabilization Services, WISE, Therapy Services, or other levels of care/covered services as medically necessary and ensures that families have established a connection with the services and supports identified through Youth Mobile Crisis Intervention assessment and intervention. Youth Mobile Crisis Intervention remains involved with the youth and his/her parent/guardian/caregiver(s) 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 youth and his/her parent/guardian/caregiver(s) have established a connection with a provider. If the parent or guardian declines aftercare supports and services, this must be clearly documented in the youth's medical record. 5. With required consent, the Youth Mobile Crisis Intervention provider sends copies of the crisis assessment to all necessary providers as identified by the youth and parent/guardian/caregiver, including state agency, school, and juvenile justice personnel.
Admission and Discharge Criteria	
Definition of crisis, admission criteria, discharge criteria	<p>The definition of a crisis is:</p> <ol style="list-style-type: none"> 1) A behavioral health crisis that is unable to be resolved to the caller's satisfaction by phone triage 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 3) the individual demonstrates an impairment in mood, thought and/or behavior that substantially interferes with functioning.

	<p><u>Admission criteria:</u> All of these criteria must be met:</p> <ul style="list-style-type: none"> ○ Behavioral health crisis that was unable to be resolved to the caller’s satisfaction by phone triage by the regional crisis line; ○ Immediate intervention is needed to attempt to stabilize the individual’s condition safely in situations that do not require an immediate public safety response; ○ The individual demonstrates impairment in mood, thought, and/or behavior that substantially interferes with functioning at school, home, and/or in the community. <p>In addition to the above, at least one of these criteria must be met:</p> <ul style="list-style-type: none"> ○ The individual demonstrates suicidal/assaultive/destructive ideas, threats, plans, or actions that represent a risk to self or others. ○ The individual is experiencing escalating behavior(s) and, without immediate intervention, he/she is likely to require a higher intensity of services. ○ The individual is in need of clinical intervention in order to resolve the crisis and/or to remain stable in the community. <p>Exceptions to providing face to face intervention:</p> <ul style="list-style-type: none"> ○ There are significant safety issues identified, documented and reported ○ It is agreed by the caller and Youth Mobile Crisis team that a face to face intervention is not required <p><u>Discharge criteria:</u></p> <ul style="list-style-type: none"> ○ 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. ○ 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. ○ Consent for treatment is withdrawn and there is no court order requiring such treatment.
<p>Coordination with CCS Program</p>	
<p>Screening, referral and ensuring continuity of care for community crisis stabilization (CCS) program</p>	<p>Youth Mobile Crisis Intervention manages the front door of referrals into the Child Community Crisis Stabilization (CCS) program. Following completion of a Youth Mobile Crisis Intervention, if the MCI clinician determines that CCS may be medically necessary in accordance with applicable Medical Necessity Criteria, then the following steps shall be followed:</p> <p><u>1. Screening and referral:</u></p> <ul style="list-style-type: none"> ● Describe to the youth and parent the purpose of the child CCS service, which shall be available to youth based on medical necessity and shall be short-term, home based services and no more than 14 days. Plan for daily contact with the youth, parents, and community providers until discharge from the MCI service.

	<ul style="list-style-type: none"> • Obtain informed consent to refer to the CCS service • Confirm that the youth will return to his/her previous living setting or that an alternate placement is firm and immediately available at discharge <p><u>2. Ensures continuity of care</u></p> <p>The Youth Mobile Crisis Intervention clinician shall:</p> <ul style="list-style-type: none"> • Develop with the youth and family a brief and focused treatment plan (with actions identified for the youth, parent, and providers, as indicated) that shall guide the course of treatment in the child Community Crisis Stabilization (CCS) program <ul style="list-style-type: none"> • Convey a copy of the behavioral health assessment and the brief, focused treatment plan to the child CCS program provider so that targeted services can begin immediately. • Work with the parent or guardian to ensure that any prescribed medications are in their original container, are labeled with instructions and the prescribing physician's name/phone number. • With consent, alert all providers who shall be expected to attend a treatment meeting with CCS. <p><u>3. <u>Notification to Beacon and the MCO for referrals accepted by CCS program</u></u></p> <ul style="list-style-type: none"> • Notify Beacon and the assigned MCO when a referral made to the CCS program is accepted and services are planned to initiate.
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