



# Statement of Work

## Crisis – Mobile Crisis Outreach

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### **PURPOSE**

Mobile Crisis Outreach Response is designed to provide community-based early intervention services to those experiencing a behavioral health crisis or who are believed to be suffering from significant behavioral health symptoms. Mobile Crisis Outreach Response crisis services includes access to the full continuum of Crisis Intervention to include all components of the Involuntary Treatment Act (ITA) services. Crisis Intervention services and ITA services will be provided in accordance with WAC 246-341, and Chapters 71.05 RCW, 71.24 RCW and 71.34 RCW

### **SERVICE POPULATION**

Individuals, families, or others that identify an individual who is experiencing acute psychological distress or serious disruption in cognitive, volitional, psychological and/or neurophysiologic functioning, or a person exhibiting dangerous or significantly unusual behavior which is of concern to the community, including: family, friends, law enforcement, emergency medical services and/or others.

### **SERVICES**

Mobile Crisis Response services shall utilize North Sound BH-ASO Clinical Practice Guidelines, SAMHSA National Guidelines for Behavioral Health Crisis Care Toolkit and other relevant nationally recognized best or promising practices that deliver a systematic, evidence-based, and recovery-oriented approach that is trauma informed and strength based.

Mobile Crisis Outreach services will be delivered in a manner that is consistent with the following:

1. Stabilize individuals as quickly as possible and assist them in returning to a level of functioning that no longer requires crisis services.
2. Provide solution-focused, person-centered, and recovery-oriented interventions designed to avoid unnecessary hospitalization, incarceration, institutionalization or out of home placement.
3. Coordinate closely with the regional Managed Care Organizations (MCOs), community court system, First Responders, law enforcement, criminal justice system, inpatient/residential service providers, and outpatient behavioral health providers to operate a seamless crisis system and acute care system that is connected to the full continuum of health services.
4. Coordinate closely with regional Tribal Authorities for any Crisis or Involuntary Commitment Evaluation Service per North Sound BH-ASO Policy# 6003.00 *Coordination Plan with Tribal Authorities*.
5. Engage the Individual in the development and implementation of crisis prevention plans to reduce unnecessary crisis system utilization and maintain the Individual's stability. Develop and implement strategies to assess and improve the crisis system over time.

Crisis Outreach is a service provision of the Integrated Crisis Response System (ICRS) and is delivered in accordance with WAC 246-341, North Sound BH-ASO Supplemental Provider Service Guide, policies and Substance Abuse and Mental Health Services Administration (SAMHSA) principles.

The intervention is intended to refer to a full continuum of services and provide services in a variety of community settings, such as:

1. Assess the individual within their current setting;
  2. Provide access to available resources to include financial and basic needs;
  3. Facilitate linkage to treatment services and community-based support;
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4. Coordinate with available collateral resources (e.g., shelters/housing, law enforcement);
5. Integrate fully within the regional crisis response system;
6. Provide the least restrictive clinically appropriate intervention; and
7. Minimize use of more restrictive settings (e.g., jails and hospitals).

## **PROGRAM STAFFING**

Responsibilities include:

1. Teams will be staffed and available for outreach and consultation.
2. Teams will be made up of staff available to work on the full continuum of crisis outreach services, including ITA services.
3. Teams will be staffed by Mental Health Professionals (MHP), Substance Use Disorder Professional (SUDPs) and Certified Peer Counselors.
4. The expectation is to stabilize the individual until the crisis has resolved or they have been referred to other services.
5. The priority is to provide face-to-face outreach in the community rather than in the office.

## **COORDINATION**

Primary responsibility for provision of crisis outreach services for individuals at risk of or in a behavioral health crisis referred by law enforcement and in partnership with law enforcement.

1. Provides services in community at individual's preferred location whenever safely possible.
2. Engages and assesses individuals to determine appropriate intervention and follow up; utilize least restrictive intervention options appropriate to the individual's need; facilitate referral to more restrictive options when appropriate for safety of individual and community.
3. Works collaboratively with other treatment providers and social service agencies to facilitate resolution of current crises, mitigation of future crises, continuity of care.
4. Takes referrals directly from law enforcement/ and or VOA and responds or coordinates response by other staff; target response time of outreach within 30 minutes of referral.

## **DATA/REPORTING**

Provider is responsible for timely submission of data for H2011 encounters to North Sound BH-ASO. Contracted BHA's for crisis services are required to ensure compliance with all reporting and encountering requirements established in North Sound BH-ASO's Data dictionary and BHA contracts.

### Performance Measure Goals

An evaluation of trending data regarding outreaches will reflect efforts to increase outreaches into the community and deliver Medicaid encounters.

1. Increase use of Certified Peer Counselors for Mobile Crisis Response Teams are encouraged to be involved or consulted on each case or the absence of this will be clearly noted in the chart.
2. Respond to Volunteers of America (VOA) referrals for outreach within 10 minutes (90%).
3. Perform emergent response in 2 hours or less (95%).
4. Perform urgent response within 24 hours (95%).
5. Maintain a Medicaid Service Encounter H2011 rate of 80%.
6. Engagement as needed for emergent and urgent cases, until there has been a disposition or reason as to why no Post-Crisis contact aftercare and follow-up. This will include facilitating linkage to ongoing stabilization services, outpatient treatment services, Care Coordination/Case Management supports, or other community-based support (90%).

7. Call in Coordinate disposition plan to VOA Crisis and Triage line with Regional Crisis Line for ongoing coordination (100%)
8. Provide adequate documentation per WAC 246-341.

*Other Policies and Procedures related to this section:*

Policy # 1702.00 *ICRS Outreach Safety Screening*

Policy # 1732.00 *Crisis Services Regional Oversight*

Policy # 1733.00 *Scope of Crisis Services*

Policy # 1734.00 *Mobile Crisis Outreach: Crisis Intervention and Involuntary Detention Evaluation Services*