



7.1.10. MOBILE SUPPORT TEAM - 24/7/365 CALL CENTER & FIELD RESPONSE OPERATIONS

Issue Date: 01/27/2025

Revision History: Not Applicable

References: DHCS Behavioral Health Information Notice No. 23-025

Policy Owner: Behavioral Health Division: Acute & Forensic Section Manager

Director Signature: **Signature on File**

I. Policy Statement

The California Department of Health Care Services (DHCS) requires clear guidelines and procedure for the operation of central crisis hotline number, effective usage of screening tools, and efficient dispatch of personnel. This policy was created so that the Sonoma County Behavioral Health Mobile Support Team (MST) can demonstrate compliance with this regulation and as a reference for staff.

II. Scope

This policy applies to all Sonoma County Department of Health Services, Behavioral Health Division (DHS-BHD) staff who are assigned to provide Mobile Crisis Services (MCS) Benefit in the 24/7/365 MST Call Center.

III. Definitions

- A. Department of Health Services- Behavioral Health Division (DHS-BHD): Sonoma County Department of Health Services - Behavioral Health Division.
- B. Mobile Crisis Services Benefit (MCS): MCS benefit provides rapid response, individual assessment and community-based stabilization to Medi-Cal beneficiaries who are experiencing a behavioral health crisis. MCS are designed to provide relief to beneficiaries experiencing a behavioral health crisis, including through de-escalation and stabilization techniques; reduce the immediate risk of danger and subsequent harm; and avoid unnecessary emergency department

care, psychiatric inpatient hospitalizations, and law enforcement involvement. While MCS are intended to support an integrated approach to responding to both mental health and substance use related crises, and mobile crisis teams will be carrying, trained, and able to administer naloxone, this benefit is not intended to replace emergency medical services for medical emergencies.

- C. Mobile Support Team (MST) – The MST is a multidisciplinary team that provides crisis response services to Sonoma County residents. The MST operates a call center 24/7/365 and uses a standardized dispatch tool to triage crisis calls to determine the level of need and an appropriate response, e.g., de-escalation by phone, connection to services, deploying the MST field response team for in-person response where the crisis is occurring. The Mobile Support field response team is also 24/7/365 and is able to respond without law enforcement when safe to do so and will provide crisis assessment and planning, warm hand-offs to community resources, transportation, and follow-up.

IV. Policy

This policy is to ensure all program staff assigned to MST Call Center receive adequate training in both providing crisis services and documentation of encounters under the Mobile Crisis Services Benefit. It includes procedural guidelines for completion of required trainings, usage of call center technology, overarching responsibilities, usage of the screening tool including connection to resources and dispatching of MST field team to ensure beneficiary receive a timely and appropriate mobile crisis response.

V. Procedures

A. Training and Onboarding

1. All staff assigned to the MST Call Center will undergo and complete the following training and provide evidence of completion to the assigned clerical or administrative aid within 24 hours of completing each training.
 - a. All training components as outlined in policy and procedure 7.1.11 Mobile Support Team Required Training Curriculum.
 - i. Completion of these trainings is required prior to delivering qualifying MCS benefits.
 - b. Cisco Finesse Training
 - i. Cisco Finesse is software that is used to receive, transfer, and track all incoming crisis calls. Call center staff will need to sign into the Finesse system upon starting a shift in preparation to receive calls.

(1) Program staff will follow key steps when using Cisco Finesse:

(a) Status- Determines who and where calls are routed. Your status must be accurate and always updated.

(b) Desk Phone Lines – All crisis calls must be answered in the finesse system. Calls answered by using a desk phone line will not be transferred or tracked in the Finesse system.

(c) Logging off – Ensures the finesse system is ready for the next user. Your status must be set to 'not ready' before logging off the Finesse system.

c. All assigned training modules for CalMHSA SmartCare – Electronic Health Record.

d. Policy and Procedure 7.2.5. - Documentation Requirements for all Specialty Mental Health Services (SMHS) and Drug Medi-Cal (DMC) Services.

B. Call Center Contact Information

1. MST call center can be accessed 24/7/365 by calling 1-800-746-8181.

C. Team Composition for the MST Call Center

1. MST Call Center is staffed with a total of 8 staff members working 12-hour shifts covering operations 24/7/365. Each 12-hour shift is covered by a (2) person team and receives calls from the community and healthcare providers, uses the triage tool and dispatches out the MST Field Response team.

a. Call Center utilizes the following job classifications in operating the MST Call Center:

i. Senior Client Support Specialists (SCSS).

ii. Alcohol and Other Drug Counselors (AOD).

b. MST Call Center staff have access to following forms of supervision and support:

i. Licensed Practitioner of the Healing Arts (LPHA):

(1) Behavioral Health Clinical Specialist.

(2) Client Care Manager.

ii. Rotating group of on-call LPHA managers 24/7/365.

D. MST Call Center Staff Responsibilities

1. Maintain call center station by answering and triaging incoming service calls.
2. Triage calls to emergency services and conduct 3-way call to ensure warm hand offs to local law enforcement agencies, warm lines, and other resources when appropriate.
3. Complete the triage tool in the SmartCare EHR by gathering all the necessary individual information. It will provide prompts to contact appropriate emergency services based on answers collected.

a. MST Triage Tool

- i. Triage tool is to be used on all incoming service calls.
- ii. The triage tool will be used to determine the appropriate level of services, including crisis counseling, referrals, and field deployment.
- iii. Call Center staff will determine the level of response needed and will assign a priority to the call based on the severity of symptoms. Symptom definitions are found at each phone station and include:

(1) Severe

(2) Moderate

(3) Mild

iv. Exceptions to Completing MST Triage Tool

- (1) MST Call Center receives a service call from law enforcement or law enforcement dispatch, who is requesting a co-response and is only able to provide minimal client information.

(a) Call Center Staff will notify MST Field Response team that Triage Tool was not completed.

- (i) MST Field Response team will gather additional information when making contact with the individual, while out in the field.

4. Maintain communication with MST Field Response Team

- a. Field Response Teams will be assigned to call with a priority status so personnel can see the location of team and track pending calls.

- b. Call Center staff will maintain an open style of communication with Field Response Team, ensuring that they are informed of dispatch instructions and provide any necessary updates about the service call.
- c. Call Center staff will collaborate with first responders, law enforcement agencies, healthcare organizations, and/or community organizations as needed, to ensure delivery of coordinated care and timely crisis response.

E. Team Composition for MST Field Response Team

1. MST Field Response Team is staffed with a total of 12 staff members working 10-hour shifts covering operations 24/7/365. Each 10-hour shift is covered by a (2) person team and deployed by the Call Center.
 - a. MST Field Response Team utilizes the following job classifications when deploying into the field.
 - i. One staff member of the responding two-person team will be either a Senior Client Support Specialists (SCSS) or Alcohol and Other Drugs Counselors (AOD Counselor).

(1) SCSS is credentialed as provider type Other Qualified Provider or above.
 - ii. One staff member of the responding two-person team will be defined as an LPHA. This role is currently filled as Behavioral Health Clinician and Behavioral Health Clinician Intern.
 - iii. Alternatively, the two-person team may also consist of two SCSS and AODS with the LPHA available to participate for consultation or for the duration of the assessment via telehealth, which includes both synchronous audio-only (e.g., telephone) and video interactions.

F. MST Field Response Team Responsibilities

1. Field Response Team will receive relevant information from Call Center staff and will include but is not limited to:
 - a. Date of birth
 - b. Address
 - c. Phone number
 - d. Reason for contacting the Call Center
 - e. Any noted Safety Concerns

2. MST equipment and vehicle check must be completed prior to leaving for field work and should include the following necessary steps and items.
 - a. Routine check of vehicle drivability
 - b. Satellite Phone
 - c. Phone Charger
 - d. Personal Shift Phone
 - e. 5150 Authorization Form
 - f. Resources Lists
 - g. Safety Plans
 - h. Release of Information (ROI)
 - i. Laptop
 - j. Portable Printer
3. Activating Law Enforcement Assistance
 - a. Prior to leaving for field work, Field Response Team will consult with Call Center staff about results of triage tool to determine if law enforcement assistance needs to be activated.
 - b. Field Response Team may request law enforcement to cancel their call while out in the field if clinical situation warrants.
4. Field Response Team will attempt to make contact with the reporting party when enroute to provide an estimated time of arrival and to inquire if any of the initial details of original call have changed.
5. Field Safety
 - a. Field Response Team is responsible for routinely evaluating field conditions to ensure personal safety as well as the individual has access to additional resources to mitigate injury to self or others.
 - i. Prior to Arrival: Field Response Team is to gather information about safety. This may include but is not limited to: environmental hazards, verbal threats, and physical violence.

- ii. Upon arrival and prior to exiting the MST vehicle, Field Response Team is to identify and discuss any visible hazards and mitigation strategies.
- iii. During the encounter, Field Response Team is to consult with partner about potential and actual risks and continue to monitor scene for changes in scene safety. This includes maintaining spatial & situational awareness, noting exits, and ensuring exits are not blocked.
 - (1) Field Response Team should consult with supervisor, on-call LPHA, or contact law enforcement when clinically appropriate.
 - (2) If situation becomes imminently dangerous, Field Response Team is to retreat to MST vehicle and drive to safety.
 - (a) When practical, Field Response Team is to call Emergency Services and contact on-call manager.

6. Mobile Crisis Service Encounter

- a. A mobile crisis service encounter must deliver and include the following components.
 - i. Crisis assessment: At least one team member will be trained and able to administer the approved standardized crisis assessment tool. This assessment will be conducted face to face.
 - ii. Safety Plan/Crisis Planning: the team will engage the individual and support system in creating a plan that will address risk, means restriction, prevention, and additional ways to respond to situations.
 - iii. Warm hand off: when a higher level of care is needed, a warm hand off to community resources will be facilitated by the Field Response Team.
 - (1) Field Response Team will accompany the individual to the receiving facility and pass off important information for the care of the beneficiary.
- b. Follow up: follow up contact with the individual will be conducted within 72 hours of initial crisis assessment.
 - i. Follow up service may be done in person or via telehealth, which includes both synchronous audio-only (e.g., telephone) and video interactions.
 - ii. Follow up service may include resources and referrals, updates to the crisis safety plan and other supportive connection to services.

- iii. If follow up is not able to be completed due to inpatient hospitalization or because beneficiary cannot be reached despite reasonably diligent efforts, document this reason in the individuals EHR.

7. Transportation

- a. Individuals in crisis may at times require a higher level of care and transportation shall be coordinated by MST field response team.
- b. When clinically appropriate and safe, Field Response Team is able to transport individuals to higher levels of care.
- c. Field Response Teams may at times need to arrange transport with EMS or law enforcement. In these instances, an add on transportation code will be used when documenting services.

8. Documentation

- a. MST program staff will complete all documentation of crisis services in accordance with DHS-BHD policy and procedure #7.2.5, Documentation Requirements for all Specialty Mental Health Services (SMHS) and Drug Medi-Cal (DMC) Services.

VI. **Forms**

- A. Policy and Procedure 7.2.5. - Documentation Requirements for all Specialty Mental Health Services (SMHS) and Drug Medi-Cal (DMC) Services.
- B. Policy and Procedure 7.1.11. - Mobile Support Team Required Training Curriculum.

VII. **Attachments**

Attachment #1: Cisco Finesse Training Document

Attachment #2: Documentation and SmartCare Training - Electronic Health Record

Attachment #3: Mobile Crisis Services Documentation Training