PART 3. MOBILE CRISIS RESPONSE

450:23-3-35. Mobile crisis response

(a) **Purpose.** Mobile crisis teams are designated to help individuals experiencing crisis events to experience relief quickly, increase safety, resolve the crisis and prevent hospitalization whenever possible, avoid unnecessary law enforcement involvement, connect to clinically appropriate higher levels of care, and support individuals in engaging in outpatient community-based care.

(b) **Required activities.**

(1) Mobile crisis teams are available for community response twenty-four (24) hours a day, seven (7) days a week, with response times of no more than one (1) hour in urban areas and two (2) hours in rural areas (as designated by the most recent data from the U.S. Census Bureau) from referral to on-site, community-based, face-to-face response.

(2) Utilize evidence-based interventions to de-escalate crisis events and assess and address both mental health and addiction needs and risks. Interventions may include, but are not limited to the following:

(A) Engagement;

(B) Collaborative safety planning;

(C) Harm reduction;

(D) Treatment and discharge planning; and/or

(E) Referral strategies to ensure continuity of care.

(3) Ensure individuals are connected to timely and clinically appropriate care and transportation when needed.

(4) Establish protocol and criteria specifying the role of law enforcement during the provision of crisis services.

(5) Provide phone based follow up withing twenty-four (24) hours to identify any additional ongoing needs and connect to community-based care, if the need of the individual was resolved by the mobile crisis team.

(6) Provide transportation to people who are voluntarily receiving higher levels of care.

(7) Distribution of, but not limited to, Narcan, gun locks, Fentanyl test strips, and other safety items, as well as providing education on making the environment safe from access to lethal means.

(8) Ensure that services are available regardless of insurance or ability to pay.

(9) Collect and report on the required data in a form and manner as prescribed by the ODMHSAS.

(c) **Staffing requirements.**

(1) Each mobile crisis team shall ensure physically on-site, community-based, and face-to-face emergency interventions are provided by a team that includes two (2) clinical staff. The team may be made up of a combination of:

(A) Licensed Mental Health Professional (LMHP);

(B) Case Managers; and

(C) Peer Recovery Support Specialists.

(2) Staff working as part of a mobile crisis team must receive training as prescribed by the ODMHSAS, including but not limited to:

(A) Therapeutic options;

(B) Civil rights;

(C) Confidentiality;

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(D) Civil commitment processes;

(E) Ethics.

(3) All LMHPs that are working as part of a mobile crisis team must be competent in all applicable state and federal laws and civil commitment processes.

(4) Utilize Peer Recovery Support Specialists, who are certified in accordance with Title 450, Chapter 53, to assist with crisis intervention and provide follow-up phone services to those individuals whose needs were resolved by the mobile crisis team to ensure that individuals are connected to care.

(d) **Call response requirements.**

(1) If the immediate need is resolved, the mobile crisis team will provide an outpatient appointment for the following business day with an ODMHSAS approved provider.

(2) If the immediate need is not resolved and more intensive services are necessary, the mobile crisis team shall take the following actions, as applicable:

(A) If the individual requires medical care, the mobile crisis team shall transport the individual to the nearest emergency room or coordinate transportation to that location.

(B) If the individual agrees to voluntary admission, the mobile crisis team shall transport the individual, or coordinate transportation, to the nearest ODMHSAS-certified urgent recovery center, crisis center, or other ODMHSAS-approved facility. The mobile crisis team shall provide clinical information to the receiving facility.

(C) Follow and comply with all ODMHSAS transportation procedures.

(3) When responding to crisis calls for children, youth, and young adults ages zero (0) to twenty-five (25) with the provider geographic service area twenty-four (24) hours a day, seven (7) days a week, and three hundred and sixty five (365) days a year, the mobile crisis team must have the ability to handle and respond to multiple calls at one time.

(e) **Administrative requirements.**

(1) Have a quality improvement program that is designed to monitor, evaluate, and initiate activities to improve quality and effectiveness of administrative and behavioral health services.

(2) Participate in ODMHSAS required crisis continuum meetings as directed by ODMHSAS.

(3) The mobile crisis response team shall not decline to respond to a request for services.

(4) Participate in any ODMHSAS program review.

(5) Ensure compliance with all applicable federal, state, and local laws.

(6) The mobile crisis response team shall not use force or physical restraint in any interaction. If at any time it is determined that an interaction is unsafe, the mobile crisis response team may request that law enforcement respond.

(f) **Reimbursement.**

(1) Services will be reimbursed through fee-for-service claims submitted to MMIS.

(2) Billed services that are not in compliance with requirements in the ODMHSAS Services Manual may be subject to recoupment.

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