



May 2024

## Frequently Asked Questions (FAQ)s:

**Q:** How does San Mateo County Mobile Crisis Response Team (MCRT) differ from existing crisis services that are currently available under Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS)?

**A:** San Mateo County is not making any changes to the existing mental health and substance use disorder (SUD) crisis intervention services covered under SMHS, DMC and DMC-ODS benefits. These crisis intervention services will continue in accordance with existing federal, state, and contractual requirements.

The new MCRT services provide rapid response, individual assessment and community-based stabilization to individuals who are experiencing a mental health or substance use crisis. They are delivered by a multidisciplinary mobile crisis team composed of a licensed mental health clinician and a peer specialist, at the location where an individual is experiencing the crisis, including a residence, school, workplace or on the street. Mobile crisis services include de-escalation and stabilization in order to reduce the immediate risk of danger and subsequent harm and avoid unnecessary emergency room visits, psychiatric inpatient hospitalizations, and law enforcement involvement.

**Q:** How does the MCRT differ from the Community Wellness Crisis Response Team (CWCRT) that are embedded in law enforcement and how does the dispatcher send one or the other?

**A:** CWCRT is a law enforcement and mental health co-responding mobile crisis response service; hence, all CWCRT responses are provided by a law enforcement officer and a mental health clinician. They are dispatched by law enforcement dispatchers via calling 911. CWCRT will be available in ten (10) cities during daytime, *primarily* Monday through Friday. Community members in crisis calling 911 will only receive CWCRT response.

MCRT is a mental health and peer specialist mobile crisis response service. They are dispatched by the County Crisis Hotline via calling (650)-579-0350. They are available 24/7 and countywide.



- Q:** How did San Mateo County determine to use the Crisis Hotline as the call number to dispatch the MCRT?
- A:** Per California Department of Health Care Services (DHCS), the single telephone number to serve as a crisis services hotline must be connected to the dispatch of mobile crisis teams to triage all calls. That number can be the same as the county's 24/7 access line or an existing county crisis line that has the capacity to respond "live" to community members in crisis and, if appropriate, dispatch MCRT. For San Mateo County, this is the County-funded Star Vista-operated 24/7 Crisis Hotline, 650-579-0350. This Crisis Hotline also answers 988 calls.
- Q:** Where would the mobile crisis response take place?
- A:** MCRT will go where the caller is located, which most likely will also be where the crisis is occurring unless the caller requests to meet at another location in the community.
- Q:** Are there restrictions on the settings in which mobile crisis services can be delivered?
- A:** Yes, mobile crisis services may **not** be provided in the following settings, due to restrictions in federal law and/or because these facilities and/or settings are responsible for providing on-site crisis services:
- inpatient hospital
  - inpatient psychiatric hospital
  - emergency department
  - residential SUD treatment and withdrawal management facility
  - mental health rehabilitation center
  - psychiatric health facility
  - special treatment program
  - skilled nursing facility
  - intermediate care facility
  - settings subject to the inmate exclusion such as jails, prisons and juvenile detention facilities
  - other crisis stabilization and receiving facilities (such as sobering centers, crisis respite, crisis stabilization units, psychiatric health facilities, psychiatric inpatient hospitals, crisis residential treatment programs, etc.).



- Q:** Does the MCRT response require a treatment consent and a release of information (ROI) to talk to collaterals?
- A:** No, the initial mobile crisis response does not require a consent nor an ROI to collaborate with other significant others or providers involved, due to the nature of the crisis. Additional follow-ups and interventions beyond the initial mobile crisis service components will require consent from the client or legal guardian for minors and an ROI to collaborate with others.
- Q:** Does the MCRT need to include a licensed behavioral health professional as part of the initial two-person response?
- A:** Yes, the San Mateo County MCRT must include at least two providers for the duration of the initial mobile crisis response, one of whom must be a Licensed Practitioner of the Healing Arts (LPHA) or a Licensed Mental Health Professional, such as a licensed physician, licensed psychologist, licensed clinical social worker, licensed professional clinical counselor, licensed marriage and family therapist and so on. The other team member is a peer support specialist. Follow-up may be conducted by either one of the MCRT team members.
- Q:** Can a “co-response” team that consists of a behavioral health professional and law enforcement officer deliver qualifying mobile crisis services?
- A:** It is considered best practice nationwide for a mobile crisis team to respond without law enforcement unless safety concerns warrant inclusion. A law enforcement officer may accompany a mobile crisis team for the initial mobile crisis response, when necessary, but the officer does **not** qualify as a member of the mobile crisis team. This means that the mobile crisis team must include at least two qualified mental health providers, at least one of whom is licensed, who will participate in the initial mobile crisis response in addition to the law enforcement officer to be a qualifying mobile crisis service.
- Q:** What are the mobile crisis service components?
- A:** The initial mobile crisis response encounter must include the following service components, at a minimum:
- an initial face-to-face crisis assessment
  - mobile crisis response to the crisis scene



- crisis planning (safety planning), as appropriate, and
- follow-up, or documentation that the client could not be contacted for the follow-up

When appropriate, mobile crisis services encounter should also include:

- referrals to ongoing services; and/or
- facilitation of a warm handoff to a higher level of care

**Q:** What is crisis planning? When is the crisis planning provided?

**A:** Crisis planning, which may include the development of a written crisis safety plan, can help an individual avert future crises, including through identifying conditions and factors that contribute to a crisis, reviewing alternative ways of responding to such conditions and factors, and identifying steps the individual can take to avert or address a crisis. Crisis planning is typically conducted during the initial mobile crisis encounter. In some cases, it may not be appropriate to engage the individual in crisis planning due to acute needs for a higher level of care. In those cases, crisis planning may be conducted during follow up.

**Q:** When does the initial follow-up usually take place?

**A:** The initial follow-up will be provided within 24 hours of the initial crisis assessment. A minimum of three attempts will be made to reach the client within the first 24 hours.

**Q:** What services are provided for the crisis follow-up?

**A:** Most of the crisis follow-up would include case management support to connect/re-connect the client to a treatment provider, conduct crisis planning (i.e., safety plan) or check-in on the status of the developed crisis safety plan, modified the plan as clinically indicated. Short-term clinical interventions may also be provided if appropriate and needed.

**Q:** Who conducts the crisis follow-up, case management and clinical intervention services?



- A:** The clinicians of the MCRT teams will provide the needed clinical interventions while the case management follow-up support may be provided by either the clinician or the peer specialist of each MCRT team based on the clinical needs of the individual client.
- Q:** How long can the MCRT provide post-crisis follow-up?
- A:** The MCRT team can provide post-crisis follow-up for a maximum of 90 days after the initial crisis assessment encounter if needed for additional support and case management. Any follow-ups beyond the initial crisis encounter are voluntary and require the individual's consent.
- Q:** Would the MCRT provide the same level of follow-up services to the privately insured clients?
- A:** The MCRT team would be able to offer follow-up services to privately insured clients if clinically needed and consented by the client; however, it would likely be a rare occurrence because the MCRT team would have facilitated connection of the client to their private insurance provider within the initial follow-up. All MCRT services provided to the private insurances will be billed to their respective insurance.
- Q:** What is defined as a “timely response” for mobile crisis teams?
- A:** Per DHCS, a “timely response” is within 60 minutes of dispatch in urban areas and within 120 minutes in rural areas. Consistent with Alternative Access Standards for Medi-Cal Managed Care Health Plans <https://www.dhcs.ca.gov/formsandpubs/Documents/July-2021-Jan-2022-AAS-Report.pdf>, “rural” is defined to include all areas with less than 50 people per square mile.
- Q:** When does the clock start running for the purpose of measuring a “timely response”?
- A:** The clock starts when a crisis line operator has determined a member requires a mobile crisis response. For example, a person may call 988 and then be transferred to the County-funded Star Vista-operated Crisis Hotline for further



assessment. The Hotline Counselor talks with the member and uses a standardized tool to determine if a mobile crisis team should be dispatched. After the Hotline determines a team needs to be dispatched, MCRT should arrive on-site within 60 minutes for most San Mateo areas and 90 minutes for pre-determined regions.

**Q:** Which San Mateo regions have been determined for a 90-minute response time? Why?

**A:** The regions that are determined for a response time of up to 90 minutes include El Granada, Moss Beach, San Gregorio, Loma Mar, and Pescadero. These regions do not meet the definition of “rural areas” per Alternative Access Standards for Medi-Cal Managed Care Health Plans, but the remoteness of these regions would most likely require response time of more than 60 minutes.

**Q:** When would the insurance status (i.e., Medi-Cal, Medi-Care, Private, uninsured, etc.) of the crisis client become known? Is the person requesting a mobile response asked by the Crisis Hotline or 988 for their insurance status?

**A:** No, the Crisis Hotline or 988 would not ask for insurance information. This information would be obtained as part of the information-gathering during the initial crisis assessment encounter by MCRT after the crisis is de-escalated.

**Q:** Can a community member call the MCRT team for a consult, either of an emergency or non-emergency nature?

**A:** Yes, any community member can call our 24/7 Crisis Hotline for consult. In addition, the Crisis Hotline serves as a “warm line” to provide phone support, phone de-escalation, and needed resources for a caller who does not warrant the MCRT response.

**Q:** Would 988 be used as the **only** number to access the MCRT services?

**A:** When 988 is able to route all San Mateo calls directly to the Crisis Hotline with the enhanced capability of geo-routing or geo-location, it would be possible to consider using 988 as the only number requesting for the MCRT response.