

**MOBILE EMERGENCY CRISIS SERVICES**

A. The Contractor shall provide mobile emergency crisis services to individuals age eighteen (18) or older. Mobile emergency crisis services are defined as mobile, readily accessible, rapid response, short term services for individuals and families experiencing episodes of acute behavioral health crises. Mobile emergency crisis services shall be delivered with appropriate safety measures in safe settings such as at the Local Mental Health Authority (LMHA), at any provider with a contract with the Department, at walk-in clinics or in other community settings through the use of mobile emergency crisis teams rather than in a hospital emergency department. Mobile emergency crisis services shall provide concentrated interventions to treat a rapidly deteriorating behavioral health condition, reduce risk of harm to self or others, stabilize psychiatric symptoms, behavioral, and situational problems, and whenever possible, avert the need for hospitalization. Mobile emergency crisis services shall focus on evaluation and stabilization activities which may include: assessment and evaluation, diagnosis, hospital pre-screening, medication evaluation and prescribing, targeted interventions and arrangement for further care and assistance as required. Mobile emergency crisis services shall be provided in person following telephone screening when an individual is experiencing sudden, incapacitating emotional distress or other symptoms. Mobile emergency crisis clinicians shall collaborate with, and assist local police officers to de-escalate crises and divert.

B. Specifically, the Contractor shall:

1. Provide mobile emergency crisis response teams available to respond immediately during 1<sup>st</sup> and 2<sup>nd</sup> shifts, providing on-site, in-person crisis screening and assessment, and crisis interventions for individuals experiencing a crisis, in safe settings in the community with appropriate safety measures;
2. Provide telephonic screening, followed by a face-to-face diagnostic assessment as appropriate;
3. Provide hospital pre-screening;
4. Complete crisis evaluations, including preliminary assessment of co-occurring substance use disorders, and submission of data into the Department data system;
5. Issue a Physician’s Emergency Certificate (PEC) as needed;
6. Facilitate access to inpatient care;
7. Provide medication evaluation and short term prescribing;
8. Provide peer recovery staff support;
9. Provide targeted, short term interventions (not to exceed two (2) weeks) including next day immediate access to outpatient services for individuals who can safely be diverted;
10. Provide linkages to appropriate treatment and supports, including peer services and warm lines; and
11. Develop community partnerships with provider organizations that serve the community and have a stake in establishing and maintaining a seamless system of care. Organizations such as the following shall be included in such partnerships: Hospitals, emergency rooms and inpatient psychiatric units; local law enforcement; State-operated and private non-profit local mental health agencies; community mental health and substance abuse treatment service providers; primary health care providers; and other identified community providers/organizations, i.e., housing providers, recovery support service providers.

C. The services shall be provided at the following location, with the capacity and hours of operation described below:

Location	Capacity	Hours of Operation

D. The Contractor shall implement the services described herein to result in the following outcomes on behalf of individuals served. Such outcomes shall be measured in the manner described herein. Outcome results achieved pursuant to these terms and conditions will be monitored by the Department through data reported by the Contractor to the Department’s information systems, in observations through site visits and/or in the required

monthly service reports. The Department's outcome indicators for the Contractor's funded services are as follows:

PERFORMANCE OUTCOME MEASURES

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OUTCOMES	MEASURES
1. Contractor will meet reporting requirements in a timely manner.	Department required data will be submitted to the Departments' data collection system no later than the 15 <sup>th</sup> day of each month.
2. Contractor will meet the expected utilization rate or annual projection of individuals to be served for this level of care.	A utilization rate of at least 90% will be achieved.
3. Individuals will be evaluated within 1.5 hours of initial request.	At least 75% of individuals requiring a face to face evaluation will be evaluated within 1.5 hours of the initial request.
4. Individuals requiring mobile crisis services will be evaluated in the community.	At least 80% of all mobile crisis evaluations will be conducted in the community.
5. Individuals will be connected to services within 48 hours.	At least 90% of individuals evaluated by mobile crisis will have at least one other service within forty-eight (48) hours.