

Crisis Services Collaboration Plan

MHRB PARTNERS:

BECKETT SPRINGS

BUTLER BEHAVIORAL HEALTH SERVICES

SOJOURNER RECOVERY SERVICES

SECTION I: RATIONALE & APPROACH TO SERVICE

The Crisis Services Collaboration represents the core of dealing with at-risk and high need populations. These services provide the community safety net and Ohio Revised Code mandated services for those citizens who are in their most vulnerable state. The Crisis Services Collaboration crosses the “treatment agency” boundaries and requires the development of relationships between contract providers and community entities in order to foster the most efficient and effective crisis intervention and monitoring for those in our community.

Each provider is expected to establish collaborative protocols and use best practices/evidence-based practices in the delivery of services. It is important to understand and facilitate positive working relationships not only with MHRB’S contracted providers, but to include emergency room personnel at local hospitals, law enforcement, CIT officers, court systems, school systems, developmental disabilities, faith-based systems, health/wellness organizations, and other appropriate partners to achieve the highest quality of services for the citizens of Warren and Clinton Counties.

Unless otherwise specified, services must be provided and supervised in accordance with OhioMHAS Standards and Requirements (outlined in [Chapter 5122-29](#) of the Ohio Administrative Code).

The scope of the Crisis Services Collaboration includes 3 major operational areas. The components and specific functions for each are identified in the following:

1. Hotline/988/ Lifeline call centers
2. Crisis Services
3. Mobile Response and Stabilization Services

The overarching goals of this level of care are:

- Support the recovery or well-being of the persons or families served
- Enhance the quality of life of the persons served
- Reduce symptoms or needs and build resilience
- Restore and/or improve functioning
- Support care of persons served in the community

The outcome for this collaboration is to fund consistent, accessible crisis services for the at-risk population to ensure the clients’ highest quality of life.

TARGET POPULATIONS AND SERVICES

I. Crisis:

Hotline and Crisis Services are comprised of personnel available by cell phone or other technology whose primary responsibility is to assist individuals in pending or immediate psychiatric or alcohol/drug crises to maintain/resume community functioning or locate appropriate level of care until the crisis is remediated. These services are to be available 24 hours a day, 7 days a week in both counties. Primary linkage to the Hotline Triage point of contact or the Crisis Responder is critical to the success of the Safety Net crisis network. It is the responsibility of the Hotline Triage provider to contact the Crisis Services network, per protocol, when defined clinical criteria has been met for extending the systems resources to resolve the emergency or crisis situation.

Mobile Crisis Services will work in conjunction with Law Enforcement in order to provide crisis de-escalation and intervention in the community. These specifics of coverage are delineated in the service collaboration plan. National statistics indicate that 49% of the persons seen by mobile crisis in the community are able to be stabilized and remain in the community without using the resources of a hospital emergency room or placement in an inpatient psychiatric unit.

Target Population: Any person in Warren or Clinton County

1. Face to face assessments (in person or telehealth) of clients to determine services needed and level of care including but not limited to hospital pre-screening
2. Mobile crisis response with law enforcement for de-escalation and community support and stabilization
3. Next business day therapy services for brief intervention
4. 24/7 telephonic hotline response to crisis callers
 - Dispatch appropriate responder if needed
 - Resolve the call
 - Make referral to Hopeline or other appropriate referral

II. Mobile Response and Stabilization Services (MRSS)

MRSS is a valuable service in the MHRB System of Care. Sustainability of MRSS is the responsibility of the State of Ohio through direct funding to the provider. Details listed here are for informational purposes so as to fully describe all available crisis services in our system.

MRSS helps children/youth and their families who are experiencing an emotional or behavioral stressor by interrupting the immediate crisis and ensuring youth and their families are safe. Early engagement with youth and families can prevent the escalation of symptoms and allows for more diverse, community based and lower cost interventions. The MRSS Team is deployed after initial data collection and triage. MRSS can be used to divert youth from higher intensity services such as inpatient care and out of home treatment. During the stabilization phase, participants are referred to peer support services, FCFC Service Coordination/Wraparound services, OhioRISE, and community services/supports, as agreeable and appropriate. For sustainability purposes, services, to the fullest extent possible, should be billed to Medicaid and private insurance. [OAC 5122-29-14](#) "Mobile Response and Stabilization Services" rule guides the service provision, along with the MRSS Practice Manual (as referenced in the rule). Providers must be certified by OhioMHAS for this service.

Target Population:

According to OAC 5122-29-16, the target population is youth under the age of 21. Any person may request the service including youth, parent/guardian, school, law enforcement, probation officer, hospital, etc. All appropriate referrals are accepted.

The overarching goals of MRSS are:

- Establish individual and family safety
- Maintain youth in the least restrictive setting
- Divert children from hospital emergency rooms and inpatient hospitalization
- Keep young person safe at home, in the community, and in school whenever possible
- Assist youth and families in learning new skills and building supports to reduce the frequency and intensity of future crises

III. Telehealth Service Provision: Telehealth service and billing specifications are outlined in [OAC 5160-1-18](#), [OAC 5122-29-31](#) and any Ohio professional licensure board rules including but not limited to [OAC 4757-5-13](#). **MHRB has adopted these same telehealth rules in regard to services billed to MHRB.** Additionally, all telehealth services billed to MHRB shall use the location of service as “distant site” as defined in the rule - “Distant site means the site where the eligible provider is located at the time the service is furnished” (e.g. if provider is in the office or at home, the location of service shall be recorded as office for billing purposes).

The following services may be provided via telehealth:

- General services
- CPST
- TBS and PRS
- Peer Recovery services
- SUD case management service
- Crisis intervention service
- Assertive community treatment service
- Intensive home-based treatment service
- Mobile Response and Stabilization Service

Provider shall adhere to all service provision and documentation stipulations outlined in [OAC 5122-29-31](#) for the provision of telehealth. All providers must include the “GT” modifier for telehealth services.

SECTION III: TARGET OUTCOMES

To provide access to safety net coverage for all persons who present in crisis in Warren and Clinton Counties.