



CABINET FOR HEALTH  
AND FAMILY SERVICES

## **Standing Committee on House Health Services**

**Mobile Crisis Intervention Services**

**Eric C. Friedlander**

**Secretary**

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# Kentucky's Mobile Crisis Intervention Services

**Administrative Service Organization**  
 Oversight for Quality and Equitable MCI Service Delivery



## 1 Person in Crisis

Contacts 911 or 988 Crisis Call Center via phone, chat, or text, 24/7/365 statewide.



## 2 Someone to Call

**988/Crisis Call Center**  
 A crisis hotline that individuals, their families, or concerned community members can contact. The crisis counselor applies a triage protocol to determine the need to dispatch a Mobile Crisis Team (MCT) to the location of the individual in the community.

**911**  
 In communities offering a co-response unit (CRU), when a 911 call is received that involves a behavioral health crisis, both mental health professionals and law enforcement or other first responders are dispatched to respond on scene together.



## 3 Someone to Respond

**Mobile Crisis Team**  
 Available 24/7/365, a two-person team of behavioral health professionals engage with the individual, conducting a mental health assessment, and employing de-escalation strategies to minimize the potential for harm.

**Co-Response Unit**  
 This joint response presents a multifaceted approach, addressing both safety concerns and the mental health needs of the individual. The co-response unit (CRU) assesses the situation to determine the appropriate course of action. Mental health professionals take the lead in engaging with the individual, delivering crisis intervention services.



## 4 A Place to Go

**Next Level of Care**  
 If necessary, the MCT or CRU may arrange for transportation to a crisis stabilization unit or another mental health facility. This step ensures the individual receives the level of care needed for stabilization.



## 5 Resolution

**Post-Crisis Support**  
 The MCT or CRU provides referrals for follow-up care and ongoing support. This may involve connecting the individual with community mental health services and professionals, engagement with support groups, and access to resources that promote mental health and health-related social needs.

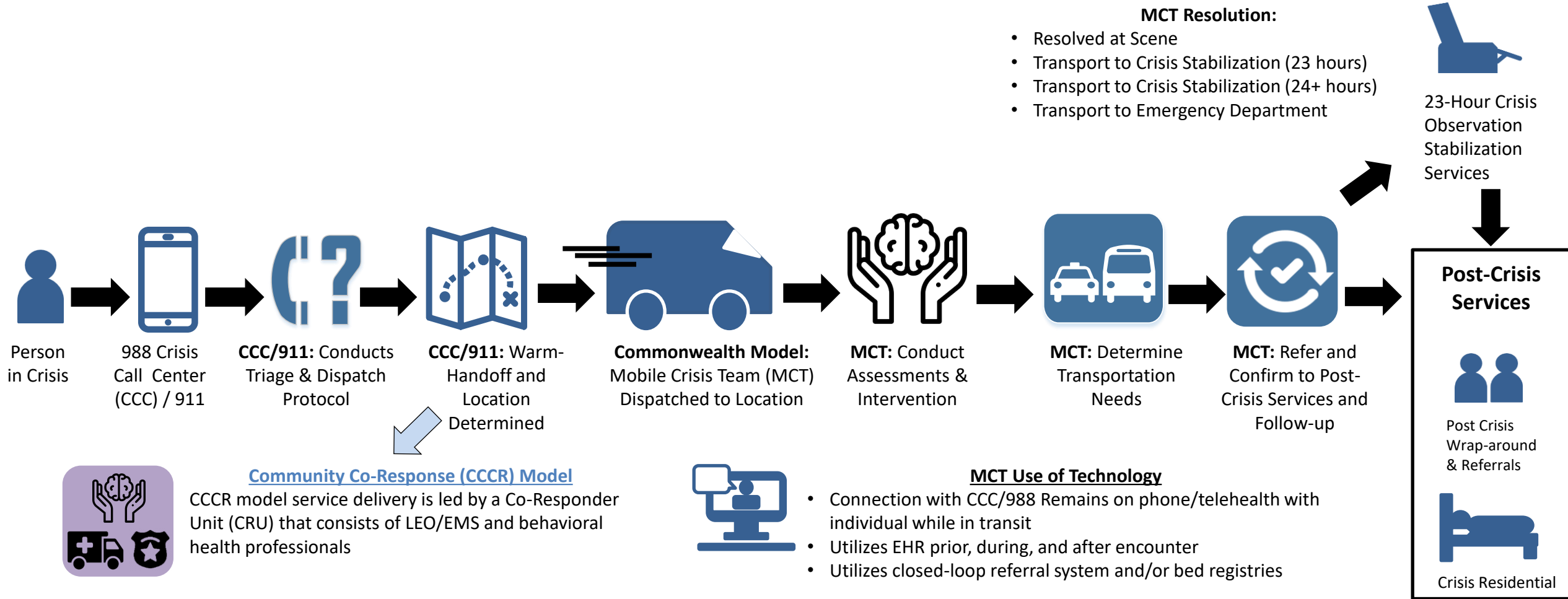


## Technology

Mobile Crisis Team member remains in contact with individual while in transit to their location. With consent, the MCT member may access electronic health record information, has capabilities to provide and track referrals, and utilizes other integrated systems such as bed registries to provide superior quality of care.

# Kentucky MCIS Continuum (Both Models)

## Commonwealth Model



# Diversion from Jails and Hospitals

## Building a comprehensive crisis continuum for all Kentuckians SAMHSA's National Guidelines for Behavioral Health Crisis Care

Behavioral Health  
Crisis Services for  
anyone, anywhere,  
anytime.  
*No Wrong Door*



### Someone to Call

*Crisis lines accepting all calls and dispatching support based on the assessed need of the caller.*

- 988
- Regional Crisis Call Centers
- Public Safety Access Points (PSAP) i.e., 911



### Someone to Respond

*Mobile crisis teams dispatched to wherever the need is in the community.*

- Regional Mobile Crisis Providers (CMHC, CCBHC, and BHSO)
- MRSS for children/youth response
- Prevention/Deflection/Diversion/Inclusion
- Community Crisis Co-Response Unit (First Responder and Behavioral Health resource)



### A Place to Go

*Crisis receiving and stabilization facilities that serve everyone that comes through their doors from all referral sources.*

- Least restrictive next level of care
- 23-Hour Crisis Observation and Stabilization
- Residential Crisis Stabilization
- Post-Crisis Follow-up

Source: SAMHSA's National Guidelines for Behavioral Health Crisis Care: Core services and best practices

# Kentucky Medicaid Behavioral Health Sequential Intercept Model Mapping (SIM)

INTERCEPT 0: Community Services	INTERCEPT 1: Law Enforcement & Emergency Services	INTERCEPT 2: Initial Detention/Initial Court Hearings	INTERCEPT 3: Jails/Courts	INTERCEPT 4: Reentry	INTERCEPT 5: Community Corrections
<ul style="list-style-type: none"> <li>• 988 Crisis Call Centers</li> <li>• Technology-enabled Mobile Crisis Services</li> <li>• Behavioral Health Care Transport</li> <li>• 23-Hour &amp; Residential Crisis Stabilization</li> <li>• Certified Community Behavioral Health Clinics (CCBHC)</li> <li>• Quick Response Teams (QRT) and Kentucky Opioid Response Effort (KORE)</li> <li>• Multisystemic Therapy (MST) –Juv. Diversion</li> <li>• CMS approved SUD waiver, SMI Section 1115 Waiver/1915(i) SMI SPA-CMS Pending</li> </ul>	<ul style="list-style-type: none"> <li>• Community Crisis Co-Response Units</li> <li>• Para-medicine Programs</li> <li>• CIT Training- expansion</li> <li>• DMS working with EMT TAC</li> </ul>	<ul style="list-style-type: none"> <li>• SB90 – Behavioral Health Conditional Dismissal Program (BHCDP)</li> <li>• DJJ MST Referral to Community Services</li> <li>• DMS partnering and training with judicial commission, circuit clerk college, specialty courts, Miami model decriminalization, and upcoming Judge’s College.</li> </ul>	<ul style="list-style-type: none"> <li>• Kentucky Correctional Psychiatric Center</li> <li>• Reentry Assistance</li> <li>• DMS working with public health regarding Hep- C identification and treatment coverage.</li> </ul>	<ul style="list-style-type: none"> <li>• Reentry 1115 Waiver for Juveniles &amp; Adults (<b>Pre-release</b> services: Case management, MAT Services, 30-day supply all Rx, warm hand-offs) HB352, HB3, SB162, Omnibus Act – for Juveniles (Reentry)</li> <li>• Reentry data analysis</li> </ul>	<ul style="list-style-type: none"> <li>• Reentry 1115 Waiver for Juveniles &amp; Adults (<b>Post-release</b> services: Case management, MAT Services)</li> <li>• Residential Recovery Support Service (RRSS), up to 3 months post release, also covers SB90 for SUD members.</li> </ul>