

COMMUNITY MOBILE CRISIS RESPONSE TEAMS (CMCRT)

Crisis Transformation Timeline

2019	2020	2021	2022*
<ul style="list-style-type: none"> • Study of national models for best practices in crisis care • Site visit to Worcester, Mass. to see their integrated crisis system • Internal meetings to develop conceptual framework for adult crisis transformation. 	<ul style="list-style-type: none"> • Crisis 2.0 Framework finalized with plan to expand crisis continuum services • Meetings with various crisis systems across the country, specifically Arizona, Denver, Eugene OR, LA County, and Behavioral Health Link/Beacon Health in GA • Crisis Response Center process maps to improve throughput • Monthly CRC meetings to review quality metrics 	<ul style="list-style-type: none"> • Multiple Care Traffic Control (CTC) technology platform demonstrations • Grant funds for CTC • County funding for crisis services • RFI and RFP for mobile crisis services expansion • Provider selection • 988 Planning Meetings with the State • Learning Collaborative initiated 	<ul style="list-style-type: none"> • CMCRT implementation • OMHSAS approval of funds for CRC, CIST, and BHUCC <ul style="list-style-type: none"> - CRC procurement - CIST expansion - BH Urgent Care stand up • Planning Learning Collaborative-Mobile Crisis training curriculum

*anticipated

Community Mobile Crisis Response Teams Expansion (CMCRT)

Creating 24/7 Regionalized, City-Wide Coverage through 16 Teams that cover shifts throughout the day, evening, bridge, overnight and weekend.

Crisis System Expansion Focus

911 Call Triage, PCL Expansion, 5th CRC, BH Urgent Care, Crisis Stabilization Teams, Crisis Integrated Response Team

Activities

Engage, screen, assess, provide resolution-focused crisis intervention, de-escalate, develop safety plans, and link/transport to appropriate treatment and/or community services as indicated. Work with community when not resolving crises to provide education, support and to develop relationships.

CMCRT Staffing Complement

Each Team:

- Crisis Specialist
- Peer Specialist
- Medical Professional

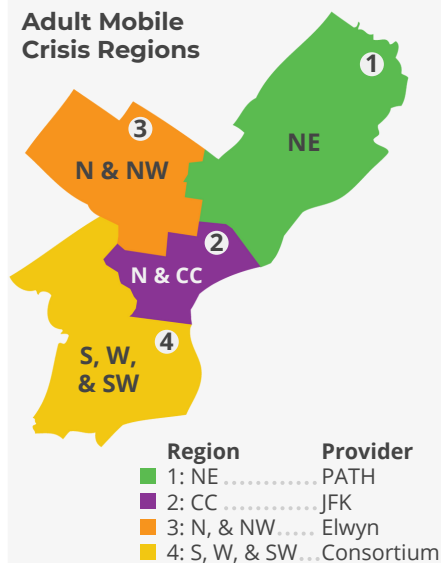
Each Region:

- Clinical Director
- Supervisors

Mobile Teams Regionalization

- The 4 regions were identified through historical data reviews of crisis service use. This clarity of boundaries allows for consistent data tracking and analysis.
- Regionalization can promote community awareness of the service, improve the efficiency of services, and promote greater care coordination.
- A committed presence in a defined area builds stronger relationships.
- Providers have relationships and service offices in the assigned regions.

Adult Mobile Crisis Regions



Program Evaluation & Anticipated Outcomes

- The City approved a Quality Management Specialist position that will be primarily responsible for data tracking, outcomes, and monitoring
- Planned outcome measurement goals include:
 - Reduced law enforcement involvement in behavioral health crises.
 - Reduced involuntary commitments (302).
 - Reduction in acute care service utilization.
 - Increased crisis resolution in the community with family and social supports.
 - Increased warm handoffs to community-based programs and services that address SDOH.
 - Increased individual, family, and community satisfaction with crisis response.

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