FY27 PROGRAM DESCRIPTION

HAMHDS PROGRAM: Mobile Response Team Services
CARF PROGRAM: Crisis Services (Mobile Crisis)

PHILOSOPHY OF PROGRAM

It is the philosophy of the Mobile Response Team that:
Every person in crisis deserves timely, compassionate, and trauma-informed intervention delivered in the least restrictive, most natural environment possible.
Services are provided with commitment to dignity and respect, cultural humility, and equitable access, recognizing that each person brings unique strengths, identities, and lived experiences that inform their needs during crisis.
Crisis intervention should prioritize safety, reduce harm, and elevate the dignity and autonomy of individuals experiencing crisis.
Services emphasize resilience, partnership, and recovery while working to strengthen the overall network of behavioral health support available across the region.

DESCRIPTION OF SERVICES

The MRT Program is dedicated to reducing the need for emergency departments, law enforcement involvement, and inpatient psychiatric care by providing rapid response, de-escalation, assessment, stabilization, and linkage to ongoing care. Driven by evidence-informed practices and continuous quality improvement, the program seeks to empower individuals, strengthen community safety nets, and promote resilience by offering crisis services that are respectful, responsive, and aligned with best-practice standards of care. Collaboration with families, natural support, healthcare providers, and community partners is central to our approach, ensuring continuity of care and supporting long-term recovery. Teams respond directly to the individual's location, including homes, public areas, schools, and workplace.

MRT operates multiple models of mobile crisis response to meet the diverse needs of the community:
• Behavioral Health Professional–Only Teams
• Behavioral Health Professional + Certified Peer Recovery Specialist (CPRS) Teams
• Co-Response Teams pairing a behavioral health clinician with a specially trained police officer

MRT provides community-based mental health crisis response and stabilization services to individuals located at the time of crisis in Henrico County, New Kent County, and Charles City County. The program is designed to offer rapid, trauma-informed, and least restrictive intervention for individuals experiencing behavioral health crises, with a focus on safety, de-escalation, and linkage to appropriate levels of ongoing support.

Mobile crisis responses are dispatched through multiple pathways:
• 911 / Public Safety Dispatch (aligned with Marcus Alert protocols)
• Mental Health Emergency Services
• Self-dispatch based on clinical triage or follow-up needs
• Referrals from primary agency staff members, community members, families, schools, and providers

A specialized MRT follow-up team identifies individuals who may benefit from additional engagement after a crisis encounter, including those referred by the community, family members, or the Henrico County STAR Team (Services To Aid in Recovery). The STAR Team initiative—part of the county's

Crisis Intervention Team (CIT) program—focuses on individuals who frequently use emergency services or are otherwise at risk of falling through gaps in the behavioral health system. Strong relationships with community agencies and other county departments enable coordinated responses for vulnerable individuals and facilitate ongoing stabilization and recovery.

In addition to rapid mobile crisis response to the person's current location, MRT provides the following:
• Triage, de-escalation, and behavioral health assessment
• Risk and safety evaluation, including suicide risk screening
• Stabilization services and crisis planning
• Linkage to appropriate ongoing services (therapy, psychiatry, case management, peer support, community programs)
• Follow-up support, with frequency and duration based on individual preference and clinical need
• Warm handoffs to community partners or other service systems when appropriate
• Care coordination, referral, and problem-solving assistance
Frequency and duration of follow-up support vary based on individual preference and clinical need. Services are person-centered, collaborative, culturally responsive, and adapted to individual circumstances, strengths, and goals.

The program utilizes a range of evidence-based and evidence-informed practices, including the Stanley–Brown Safety Plan, the Columbia-Suicide Severity Rating Scale (C-SSRS), Crisis Intervention Team (CIT) principles, verbal de-escalation strategies, motivational interviewing techniques, and diverse, standardized crisis intervention techniques. These tools ensure consistent, safe, and effective risk assessment and stabilization across all response scenarios.
Due to current staffing and funding limitations, Mobile Crisis services operate Monday through Friday, 9:00 a.m. to 6:30 p.m. Within these hours, teams respond to behavioral health crises in homes, public settings, schools, workplaces, and other community locations, striving to reduce unnecessary emergency department utilization, law enforcement involvement, and hospitalization whenever possible.

Overall, the Mobile Crisis Program seeks to provide accessible, collaborative, and compassionate crisis intervention that prioritizes safety, promotes recovery, and strengthens the network of care available to individuals and families across the region.

The organization does not use Artificial Intelligence (AI) in service delivery or for health data analysis and processing.

CONTRACT SERVICES
Should an individual receiving mobile crisis services require hospitalization, inpatient services will be provided by one of the private or public hospitals in the state. Individual preference and bed availability are the primary determining factors in deciding which hospital an individual will be admitted to. Interpreter services as indicated.

STAFFING
The Mobile Crisis Program is staffed by a multidisciplinary team of professionals and 3 certified peer recovery specialists from HAMHDS's CIT program who bring a diverse range of clinical expertise, practical experience, and lived experience to crisis response.
MRT Teams include:

• Licensed or license-eligible behavioral health clinicians
• Qualified mental health professionals
• Certified Peer Recovery Specialists (CPRS)
• Co-response law enforcement partners (as applicable)

All clinicians, the case manager, the mobile crisis clinical supervisor, and the program manager are state-certified Preadmission Screeners, trained and authorized through Virginia's certification process to assess for psychiatric hospitalization. This certification designates them as the only professionals in the Commonwealth legally qualified to evaluate individuals for involuntary inpatient hospitalization and make recommendations for detention when criteria are met. Their role is central to ensuring safe, appropriate, and legally compliant decisions during behavioral health crises.

The 3 Certified Peer Recovery Specialists include one with specialization in supporting Service Members, Veterans, and their Families (SMVF). Peers contribute the valuable perspective of lived experience, enhancing engagement, reducing stigma, and providing grounding support during crisis stabilization.

The program is overseen by a Licensed Mental Health Professional (LMHP) Clinical Supervisor, who provides consultation, clinical oversight, guidance on procedures, and support to clinicians and the case manager. Peer Recovery Specialists receive supervision from both the Mobile Crisis Supervisor and an LMHP within the agency's CIT and Public Safety Programs, ensuring consistent integration of peer support values and public safety alignment.

Position Descriptions:
Behavioral Health Clinicians – Mobile Crisis (Master's Level, and Licensed or License-Eligible)
Mobile Crisis Clinicians conduct crisis assessments, risk evaluations, safety planning, de-escalation, stabilization, and referrals in diverse community settings. They collaborate with families, public safety partners, and community agencies to ensure effective intervention and continuity of care. Clinicians complete C-SSRS screenings, develop safety plans, provide follow-up care coordination, and document crisis encounters. Each clinician is a state-certified Preadmission Screener, qualified to assess for involuntary inpatient hospitalization and make legally binding recommendations for emergency detention.

Clinician roles include:
• Older Adult Specialist – expertise in geriatric mental health, dementia-related crises, and caregiver support.
• Co-Response Clinicians – partnered with mental health–trained police officers to respond to crises requiring joint behavioral health and public safety intervention.

Behavioral Health Case Manager (Master's Level)
The Behavioral Health Case Manager provides care coordination, crisis intervention, resource linkage, and follow-up support, with specialization in youth experiencing mental health crises. Responsibilities include facilitating referrals, coordinating with schools and child-serving agencies, supporting families, and tracking service engagement.

Certified Peer Recovery Specialists (CPRS)
Certified Peer Recovery Specialists use their lived experience with mental health challenges and recovery to provide empathetic support, improve engagement, reduce stigma, and assist with grounding and stabilization. They help individuals identify strengths, set goals, and navigate crisis situations.

One Peer Recovery Specialist specializes in Service Members, Veterans, and their Families (SMVF), offering culturally informed support tailored to military and veteran communities.

Peers receive dual supervision:
• From the LMHP Mobile Crisis Clinical Supervisor, and
• From their direct supervisor, an LMHP Clinical Supervisor within the agency's CIT and Public Safety Program. This structure ensures alignment with peer support values, crisis best practices, and public safety protocols.

Co-Response Team Members (Behavioral Health Clinician + Mental Health-Trained Police Officer)
Co-Response Teams consist of a Mobile Crisis Clinician paired with an officer from the police department's mental health unit. These teams respond jointly to crises involving safety risks, behavioral health concerns, or both.
The clinician provides crisis assessment, de-escalation, and safety planning, while the officer ensures scene safety and facilitates diversion from arrest when appropriate.
The clinicians on co-response teams are certified Preadmission Screeners and can assess for involuntary hospitalization directly on scene.

PROGRAM GOALS
Reduce Hospitalizations and Involuntary Detentions
Decrease the use of emergency departments, psychiatric hospitalization, and involuntary commitment by providing timely, trauma-informed, community-based crisis assessment and stabilization.

Reduce Arrests and Justice System Involvement
Provide behavioral health–driven responses that divert individuals from arrest and minimize unnecessary law enforcement involvement, especially for crises with a mental health nexus.

Improve Linkage and Engagement with Ongoing Treatment
Facilitate strong connections to outpatient services, case management, peer support, community resources, and other needed supports. Improve engagement by offering follow-up, warm handoffs, and individualized assistance until appropriate services are in place.

Leverage Individuals' Natural Supports
Involve family members, caregivers, friends, and community support whenever appropriate and desired by the individual to enhance stabilization, promote recovery, and reduce reliance on emergency systems.

Respond to Crises Where the Individual Is Located
Deliver crisis services in homes, schools, workplaces, and community settings to reduce barriers to care, improve safety, and support intervention in the least restrictive environment.
Provide a Behavioral Health Response to 911 Calls with a Mental Health Nexus
Ensure that crisis calls reaching the 911 communications center that have a behavioral health component receive an appropriate, clinically informed response through mobile crisis or co-response teams rather than default law enforcement or EMS dispatch during program hours.

Improve Trauma-Informed Responses to Crisis
Strengthen the program's capacity to deliver trauma-informed, culturally responsive crisis care that promotes safety, trust, autonomy, and empowerment for individuals and families.
Support High Utilizers of 911 and Individuals at Risk of Falling Through the Cracks
Proactively assist community members who frequently utilize emergency services or who are

otherwise vulnerable, ensuring they receive follow-up, connection to services, and targeted support to stabilize underlying needs.

Enhance Community Safety and Well-Being
Foster partnerships with law enforcement, fire/EMS, the CARE Team, and community providers to promote coordinated, effective crisis responses that protect individuals and the broader community.

Promote Early Intervention and Prevention of Negative Outcomes
Identify and address behavioral health needs early in the crisis, reducing the risk of harm to the individual or others, and preventing the escalation of symptoms that could lead to hospitalization, arrest, or other adverse outcomes.

PROGRAM OBJECTIVES
On an annual basis objectives are developed to measure service access, effectiveness, efficiency, consumer and stakeholder satisfaction within the program. These measures may consider three important factors: programming quality, customer value and/or financial performance. See program specific performance improvement goals and objectives.

FEES
In most circumstances, individuals are not billed for services provided in the Mobile Crisis program. Emergency Services are provided regardless of the inability to pay.

PROCEDURES FOR REFERRAL, SCREENING, ADMISSION AND RE-ADMISSION
There are no formal referrals processes for mobile crisis services. Referrals may originate from 911 communications center, law enforcement, mental health department, family members, schools, nursing homes, group homes, hospitals, neighbors, churches, and other community stakeholders. Mobile crisis provides services in the moment and follow-up services when individuals agree. An individual is not officially opened to agency services when they receive crisis services. They may be referred to Same Day Access services be opened for treatment by HAMHDS if they desire.

ORIENTATION OF INDIVIDUALS TO THE PROGRAM/SERVICE
Individuals engaged by the Mobile Response Team (MRT) receive a verbal explanation to ensure they understand the purpose of the contact, the roles of team members, and their rights during the intervention. At the beginning of each encounter, MRT staff introduce themselves and explain their professional roles, including the distinct functions of the behavioral health clinician and the Certified Peer Recovery Specialist (CPRS). The clinician outlines their responsibility for crisis assessment, safety evaluation, de-escalation, and coordination of care, while the CPRS describes their role in providing emotional support, sharing lived-experience insight, and assisting with recovery-oriented guidance.

Staff review privacy protections and the limits of confidentiality in accordance with state and federal law. Individuals are informed that their information is treated with respect and kept confidential except in situations involving safety concerns or other legally mandated disclosures. This explanation ensures transparency and helps to build trust during a potentially vulnerable time.

The reason for the visit is discussed no matter whether the team was dispatched through 911, Emergency Services, a community referral, or by the individual’s own request. MRT staff provide a verbal overview of what to expect during the encounter, including assessment procedures, safety planning, stabilization options, and the potential for follow-up support. Staff emphasize that services

are person-centered, voluntary (except in safety-critical situations), and designed to support the individual's immediate needs and long-term well-being.

By providing this orientation at the outset of each encounter, MRT ensures that individuals are informed, respected, and actively included in the crisis intervention process, consistent with best practices and the values underpinning Virginia's Marcus Alert system.

EMERGENCY CLINICAL CONSULTATION
The Emergency Services Program serves as primary back up for emergency clinical consultation when the primary clinician or unit supervisor is unavailable. Emergency services are available 24 hours a day, 7 days a week basis.

TELEHEALTH
Services are almost exclusively provided face-to-face in person. If safety concerns prevail or there are other barriers to in person services, telehealth may be utilized through a HIPAA compliant service. The program follows all agency policies regarding telehealth.

MEDICATION MANAGEMENT
Mobile Crisis Services team does not provide medication management, medication monitoring, or storage of medications for the individuals served.

SECLUSION/RESTRAINTS/EMERGENCY HOLDS
Seclusion and restraint are prohibited and are not used in any agency programs. Brief physical holds are used only by staff trained in Therapeutic Options in an emergency.

TRANSFER/DISCHARGE PROCEDURES
If the result of contact with CIT Public Safety is a community referral, the individual or family will be provided the appropriate resources, and the process will be determined as having been completed.

With the individual's agreement, MRT provides:
• Ongoing contact and check-ins
• Continued assessment of safety and stability
• Referrals and care navigation
• Support bridging to long-term providers
• Assistance with meeting basic needs or accessing community supports

Follow-up continues until the individual is successfully connected to ongoing services or no longer needs additional crisis support.