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# Mobile Crisis Response Time Reporting Form

Mobile Crisis Reporting Webinar  
November 30, 2017



Health Systems Division

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# Background

In order to meet the standards set in Oregon’s Performance Plan for Mental Health Services for Adults with Serious and Persistent Mental Illness, HSD is implementing the Mobile Crisis Program standards. As part of all community mental health programs’ financial agreements with OHA, all CMHPs must implement mobile crisis programs that respond to crises in the community where the crisis occurs, 24 hours a day, seven days a week, within their respective geographic service area, and within set maximum response times.

- Counties classified as “urban” shall respond within one hour
- Counties classified as “rural” shall respond within two hours
- Counties classified as “frontier” shall respond within three hours

# Mobile Crisis Program

- OHA updated Oregon Administrative Rules to include the new Mobile Crisis Program requirements (309-019)
- OHA updated the financial agreements to include the Mobile Crisis Program requirements (Service Element 25) effective July 1, 2017
- While some CMHPs subcontract mobile crisis services, the CMHP is responsible to verify the mobile crisis services meet the requirements in OAR 309-019

# Mobile Crisis Response Time Reporting Form

Organization POC:		Point of Contact Crisis Team Leader 541-999-9999 ext. 123 Point.o.contact@county.co.us														
Organization Medicaid ID #(MCU Provider):		123456789														
Organization Name:		Mobile Mental Health Crisis Response Team														
Reporting Period:		July - September 2017														
Geographic Classification:		Urban														
Event #	Date	Notification Time	Referred From:	Individual Last Name	Individual First Name	Client ID #	Medicaid Recipient ID # (If Applicable)	Client Gender	Client DOB	Location of Crisis Event	Dispatch Time	Face-to-Face	Elapsed	Maximum Response Time	Maximum Response Time Exceeded by:	Disposition/Outcome
1	01/01/17	6:45	Crisis Line	Last	First	0123456789	AANNNNNA	Female	1/1/1999	12 Home	7:15	8:30	1:15	1:00	0:15:00	Remained in Community
2	01/01/17	21:45	911 Dispatch	Lasts	Firsts	1234567890	AANNNNANA	Male	1/1/1986	99 Other Place of Service - out-of-doors (street/sidewalk/open space)	22:15	23:08	0:53	1:00		Arrest
3													0:00	1:00		
4													0:00	1:00		
5													0:00	1:00		
6													0:00	1:00		
7													0:00	1:00		
8													0:00	1:00		
9													0:00	1:00		
10													0:00	1:00		
11													0:00	1:00		
12													0:00	1:00		
13													0:00	1:00		
14													0:00	1:00		
15													0:00	1:00		
16													0:00	1:00		

# Filling out the Form

## Mobile Crisis Program Information:

- Organization Point of Contact (POC) – The individual whom the Mobile Crisis Program Coordinator can contact if there are questions about the form.
- Organization (Provider) Medicaid Identification Number – this is the provider Medicaid ID#. If the provider of Mobile Crisis Services is a subcontractor and enters crisis data into MOTS, this is the subcontractor's Medicaid provider ID. If the CMHP enters crisis data into MOTS, this is the CMHP's Medicaid ID#.
- Organization Name – the name of the organization that is providing the mobile crisis services.
- Reporting Period – the three-month period when the data on the form was collected (traditional calendar quarters).
- Geographic Classification – Urban, rural, or frontier

# Geographic Classification

Organization Medicaid ID #(MCU Provider):	123456789
Organization Name:	Mobile Mental Health Crisis Response Team
Reporting Period:	July - September 2017
Geographic Classification:	Urban

\*The “Geographic Classification” field is a pull-down list. The “Maximum Response Time” field is automatically populated based on this cell. A list of each county’s geographic classification is available on the “Form Instructions” tab of the workbook.

County	Classification	Maximum Response Time	County	Classification	Maximum Response Time	County	Classification	Maximum Response Time
Baker	Frontier	3:00	Harney	Frontier	3:00	Morrow	Frontier	3:00
Benton	Urban	1:00	Hood River	Rural	2:00	Multnomah	Urban	1:00
Clackamas	Urban	1:00	Jackson	Urban	1:00	Polk	Urban	1:00
Clatsop	Rural	2:00	Jefferson	Rural	2:00	Sherman	Frontier	3:00
Columbia	Urban	1:00	Josephine	Rural	2:00	Tillamook	Rural	2:00
Coos	Rural	2:00	Klamath	Rural	2:00	Umatilla	Rural	2:00
Crook	Rural	2:00	Lake	Frontier	3:00	Union	Rural	2:00
Curry	Rural	2:00	Lane	Urban	1:00	Wallowa	Frontier	3:00
Deschutes	Urban	1:00	Lincoln	Rural	2:00	Wasco	Rural	2:00
Douglas	Rural	2:00	Linn	Rural	2:00	Washington	Urban	1:00
Gilliam	Frontier	3:00	Malheur	Frontier	3:00	Wheeler	Frontier	3:00
Grant	Frontier	3:00	Marion	Urban	1:00	Yamhill	Urban	1:00

# Filling out the Form

The Mobile Crisis Program is notified that an individual in their geographic service area is experiencing a mental health crisis that may require the program to dispatch staff. Enter the date the crisis event occurred and time that the program is notified in the “Date” and “Notification Time” field:

Event #	Date	Notification Time	Referred From:	Individual Last Name	Individual First Name	Client ID #	Medicaid Receipt ID # (If Applicable)	Client Gender	Client DOB	Location of Crisis Event	Dispatch Time	Face-to-Face	Elapsed	Maximum Response Time	Maximum Response Time Exceeded by:	Disposition/Outcome
1	01/01/17	6:45	Crisis Line	Last	First	0123456789	AANNVNA	Female	1/1/1999	12 Home	7:15	8:30	1:15	1:00	0:15:00	Remained in Community
2	01/01/17	21:45	911 Dispatch	Lasts	Firsts	1234567890	AANNVNA	Male	1/1/1986	99 Other Place of Service - out-of-tours (open space)	22:15	23:08	0:53	1:00		Arrest

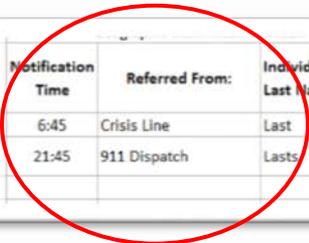
Please note that the notification time is entered as military time. All time entry in this template should be entered as military time.

# Filling out the Form

The “Referred From” field is the referring organization that notified the mobile crisis services provider of the crisis event.

Examples include:

- Law enforcement
- 911 dispatch
- Crisis line
- Family or friend
- A direct call to the program from an individual in crisis



Notification Time	Referred From:	Individual Last Name	Individual First Name	Client ID #	Medicaid Receipt ID # (If Applicable)	Client Gender	Client DOB	Location of Crisis Event	Dispatch Time	Face-to-Face	Elapsed	Maximum Response Time
6:45	Crisis Line	Last	First	0123456789	AANNNNNA	Female	1/1/1999	12 Home	7:15	8:30	1:15	1:00
21:45	911 Dispatch	Lasts	Firsts	1234567890	AANNNANA	Male	1/1/1986	99 Other Place of Service - out-of-doors (street/sidewalk/open space)	22:15	23:08	0:53	1:00
											0:00	1:00

# Filling out the Form

The “Client ID #” is the number that is generated when the crisis event is entered into the EHR.

Individual Last Name	Individual First Name	Client ID #	Medicaid Receipt ID # (If Applicable)	Client Gender	Client DOB	Location of Crisis Event
Last	First	0123456789	AANNINNA	Female	1/1/1999	12 Home
Lasts	Firsts	1234567890	AANNANNA	Male	1/1/1986	99 Other Place of Service - out-of-doors (street/sidewalk/open space)

# Filling out the Form

The “Medicaid Recipient ID #” field is the individual's Medicaid ID number assigned to them in MMIS by DMAP. This ID # can be accessed via web portal after the crisis event using the client's name and DOB.

Individual Last Name	Individual First Name	Client ID #	Medicaid Receipt ID # (If Applicable)	Client Gender	Client DOB	Location of Crisis Event
Last	First	0123456789	AANNNNNA	Female	1/1/1999	12 Home
Lasts	Firsts	1234567890	AANNNANA	Male	1/1/1986	99 Other Place of Service - out-of-doors (street/sidewalk/open space)

# Filling out the Form

“Location of Crisis Event” is where the crisis event takes place. This field is a pull-down menu that allows the user to choose from valid place of service codes. The user can also type in a different short answer if the place of service does not occur on the list.

Client DOB	Location of Crisis Event	Dispatch Time	Face-to-Face
1/1/1999	12 Home	7:15	8:30
1/1/1986	99 Other Place of Service - Theater/Entertainment Facility	7:15	23:08
	81 Independent Laboratory		
	99 Other Place of Service		
	99 Other Place of Service - Place of Worship		
	99 Other Place of Service - Retail Store		
	99 Other Place of Service - out-of-doors (street/sidewalk)		
	99 Other Place of Service - Theater/Entertainment Facility		
	99 Other Place of Service - Recreational Facility		
	99 Other Place of Service - Restaurant/Bar		

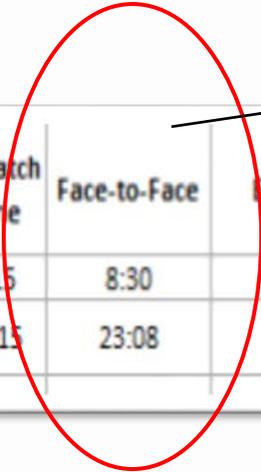
# Filling out the Form

“Dispatch Time” is the time that the decision is made that the crisis event requires mobile crisis response. This is not the time of the notification of the crisis, as not all crisis events require mobile response.

Dispatch Time	Face-to-Face	Elapsed	Maximum Response Time	Maximum Response Time Exceeded by:	
7:15	8:30	1:15	1:00	0:15:00	Rem
22:15	23:08	0:53	1:00		Arre
		0:00	1:00		

# Filling out the Form

“Face-to-Face Time” is the time that the mobile crisis unit reaches the individual in crisis.



Dispatch Time	Face-to-Face	Elapsed	Maximum Response Time	Maximum Resonse Time Exceeded by:	Dispos
7:15	8:30	1:15	1:00	0:15:00	Remained in Community
22:15	23:08	0:53	1:00		Arrest
		0:00	1:00		

Please note that the notification time is entered as military time. All time entry in this template should be entered as military time.

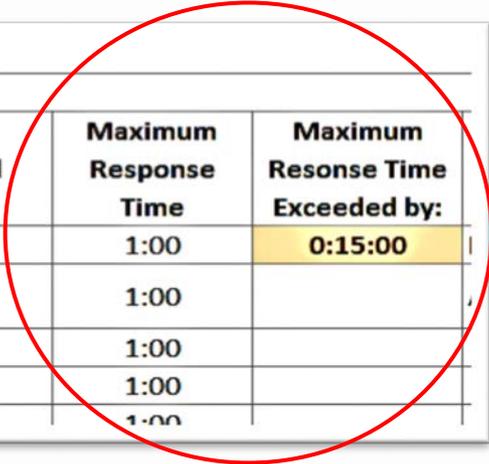
# Filling out the Form

“Elapsed Time” is a formula cell – do not enter any data in this cell.  
The elapsed time is the amount of time that elapsed between dispatch and face-to-face time. This cell will auto-populate.

Dispatch Time	Face-to-Face	Elapsed	Maximum Response Time	Maximum Resonse Time Exceeded by:
7:15	8:30	1:15	1:00	0:15:00
22:15	23:08	0:53	1:00	
		0:00	1:00	
		0:00	1:00	
		0:00	1:00	

# Filling out the Form

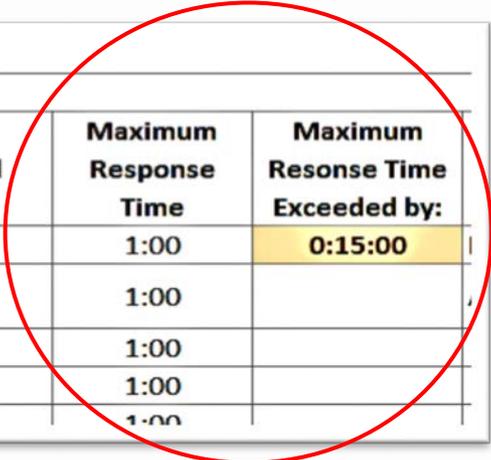
“Maximum Response Time” is a formula cell – do not enter any data in this cell. The maximum response time is the amount of time that is allowed based on the Mobile Crisis Program's geographic designation. It auto-populates based on the choice made in the "Geographic Classification" field.



Dispatch Time	Face-to-Face	Elapsed	Maximum Response Time	Maximum Resonse Time Exceeded by:
7:15	8:30	1:15	1:00	0:15:00
22:15	23:08	0:53	1:00	
		0:00	1:00	
		0:00	1:00	
		0:00	1:00	

# Filling out the Form

“Maximum Response Time Exceeded” is a QA field that alerts the user that the response time exceeds the maximum limit based the program’s geographic designation. This is a formula cell – do not enter any data in this cell.



Dispatch Time	Face-to-Face	Elapsed	Maximum Response Time	Maximum Resonse Time Exceeded by:
7:15	8:30	1:15	1:00	0:15:00
22:15	23:08	0:53	1:00	
		0:00	1:00	
		0:00	1:00	
		0:00	1:00	

# Filling out the Form

“Disposition/Outcome” is a brief description of how the crisis event was resolved. This field is a pull-down menu that allows the user to choose from possible dispositions or outcomes of the mobile crisis event. The user can also type in a different short answer if the place of service does not occur on the list.

Elapsed	Maximum Response Time	Maximum Resonse Time Exceeded by:	Disposition/Outcome
1:15	1:00	0:15:00	Remained in Community
0:53	1:00		<ul style="list-style-type: none"> <li>Crisis Respite</li> <li>Civil Commitment Investigation</li> <li>Remained in Community</li> <li>Arrest</li> <li>Emergency Department</li> <li>Acute Care</li> </ul>
0:00	1:00		
0:00	1:00		
0:00	1:00		
0:00	1:00		
0:00	1:00		
0:00	1:00		
0:00	1:00		
0:00	1:00		

# Reporting Periods and Due Dates

Mobile Crisis Programs will be required to submit reports quarterly. The report is due 45 days after the reporting period ends; on the 15th of the second month after the end of the reporting period. If the 15th falls on a weekend or holiday, the report is due on the first business day after the weekend or holiday. For example, in 2017 and 2018:

- July - September (report due Nov 15)
- October - December (report due Feb 15)
- January - March (report due May 15)
- April - June (report due Aug 15)

Reports must be submitted to the OHA Health Systems Division via secure email by the close of business on the 45th day following the reporting period to [AMHcontract.Administrator@state.or.us](mailto:AMHcontract.Administrator@state.or.us)

# Questions?



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