Service Exhibit 1139
STATEMENT OF WORK
MOBILE CRISIS OUTREACH TEAMS

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STATEMENT OF WORK (SOW)

The Los Angeles County (County or LAC) Department of Mental Health (Department or DMH) intends to establish a network of Mobile Crisis Outreach Teams (MCOT) designed to timely reach any person experiencing a behavioral health crisis in LAC Service Areas (SA), whether in their home, school, workplace, or any other community-based location.

The Substance Abuse and Mental Health Services Administration (SAMHSA) released the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit to guide the development and implementation of a continuum of mental health crisis services for community members experiencing a behavioral health crisis. A core component of this service continuum includes centrally deployed, 24-hour per day, seven days per week, and 365 days per year (24/7/365) for mobile crisis services.

1.0 SCOPE OF WORK

Contractor shall operate a 24/7/365 MCOT that shall provide field-based crisis outreach services to individuals of all ages in LAC experiencing a mental health crisis event. Contractor shall follow protocols, policies, and procedures established by LAC - DMH for dispatching and engagement of mobile crisis services and coordinate with the County's 988 call center and with the DMH ACCESS Central Dispatch, as appropriate.

1.1 Services shall be available on 24/7/365 basis, including holidays;

1.2 Services shall be provided where individuals in crisis are comfortable (school, home, workplace, etc.);

1.3 Services shall be appropriate and supportive and shall, whenever possible, reduce law enforcement involvement, reduce the use of Emergency Department (ED) admissions, and provide crisis stabilization to avoid unnecessary hospitalizations and to reduce further trauma to clients and family;

1.3.1 When crisis stabilization is not possible, MCOT shall, whenever possible, transport individuals in crisis to the least restrictive setting, including Mental Health Urgent Care Centers (UCC);

1.3.2 When transportation by MCOT is not possible, MCOT will arrange alternative transportation and follow all DMH transportation policy and procedures.

1.3.3 When bed is available, Contractor shall utilize a Generalized Acute Care Hospital inpatient acute psychiatric program for patients between the ages of 21-64 at participating General Acute Care Hospitals.

1.4 MCOT shall develop a safety plan with individuals in crisis when a crisis is managed in-person and in place; and

1.5 MCOT shall have an On-Duty Clinician available for consultation 24/7/365.

2.0 ADDITION AND/OR DELETION OF FACILITIES, SPECIFIC TASKS AND/OR WORK HOURS

2.1 All changes must be made in accordance with sub-paragraph 8.1 Amendments of the Contract.

3.0 QUALITY CONTROL

Contractor shall establish and utilize a comprehensive Quality Control Plan (Plan) to assure the County a consistently high level of service throughout the term of the Contract. The Plan shall be submitted to DMH upon request and shall include, but may not be limited to the following:

3.1 Method(s) of monitoring to ensure that Contract requirements are being met.

3.2 A record of all inspections conducted by the Contractor.

3.2.1 Any corrective action taken, the time a problem was first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action, shall be provided to LACDMH upon request.

3.3 Data Collection – See Exhibit 1.

4.0 QUALITY ASSURANCE PLAN

DMH will evaluate the Contractor's performance under this Contract using the quality assurance procedures as defined in this Contract, Paragraph 8, Standard Terms and Conditions, Paragraph 8.15, County's Quality Assurance Plan.

4.1 Meetings

4.1.1 Contractor shall attend meetings as requested by DMH.

4.1.2 DMH shall coordinate quarterly meetings with Contracted service providers and 988 Crisis Call Center staff to ensure care coordination and continuity of care for crisis call center callers that were served by the MCOT.

4.2 Contract Discrepancy Report

Verbal notification of a Contract discrepancy will be made to Contractor as soon as possible whenever a Contract discrepancy is identified. The problem shall be resolved within a time period mutually agreed upon by DMH and the Contractor.

DMH will determine whether a formal Contract Discrepancy Report shall be issued. Upon receipt of this document, the Contractor is required to respond in writing to DMH within five workdays, acknowledging the reported discrepancies or presenting contrary evidence. A plan for correction of all deficiencies identified in the Contract Discrepancy Report shall be submitted to DMH within five workdays.

4.3 County Observations

In addition to departmental contracting staff, other County personnel may observe performance, activities, and review documents relevant to this Contract at any time during normal business hours. However, these personnel may not unreasonably interfere with the Contractor's performance.

5.0 DEFINITIONS

5.1 ACCESS Central Dispatch - The centralized dispatch center for Los Angeles County Department of Mental Health.

5.2 Active Handoff - This may include a conference call or other direct communication with the appropriate service provider to arrange follow up crisis support and an appointment for follow up support, as needed. The client shall be notified of the follow-up arrangement and must consent to same.

5.3 Client – for the purposes of this SOW, a client is an individual experiencing a mental health crisis and who requires MCOT intervention.

5.4 Department of Child and Family Services (DCFS) – Los Angeles County Department of Children and Family Services.

5.5 Extended Follow-Up - Offered to individuals who are high risk and/or who have received standard follow-up care and need continued assistance (e.g. developing a safety plan and/or connecting to outpatient services or other resources). The follow up calls shall be made within 1-week of the last call to ensure individual follows up on appointments/referrals.

5.6 Lanterman-Petris-Short (LPS) Act – In California, establishes how an individual may be detained in a locked psychiatric facility if the individual is assessed to be a danger to themselves, a danger to others, or gravely disabled.

5.7. LPS Facility - A facility that is designated to hold or accept patients / clients under Welfare and Institutions Code 5150 (c) for the purpose of evaluation and treatment.

5.8 LPS Hold – "5150/5585"s, 72-hour holds for evaluation and assessment; each hold is defined under either WIC section 5150.

5.9 Mental Health Urgent Care Center (UCC) - Mental health UCCs provide intensive crisis services to individuals who otherwise would be taken to psychiatric emergency rooms. Individuals served include repetitive and high utilizers of emergency and inpatient services, individuals with co-occurring substance abuse and mental health issues, mentally ill individuals needing medication management and prescription services, and individuals whose presenting mental health issues can be met with short-term (under 23 hours) immediate care and linkage to community-based treatment.

5.10 Mental Health Resource Locator and Navigator (MHRLN) – A DMH web-based application that tracks the availability of beds and the facility census at 24 hour mental

health treatment facilities, such as psychiatric acute inpatient hospitals, sub-acute hospitals and residential treatment facilities.

5.11 Mobile Crisis Outreach Teams (MCOT) - For the purpose of this statement of work, these teams are made up of a certified peer and a licensed mental health clinician. MCOTs are teams that are designed to reach any person in their home, school, workplace, or any other community-based location of the individual in crisis in a timely manner and provide support and/or transfer to a mental health urgent care or emergency department.

5.12 988 - In August 2019, FCC staff—in consultation with the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration, the Department of Veteran Affairs, and the North American Numbering Council—released a report recommending the use of 988 as the 3-digit code for the National Suicide Prevention Lifeline. In July 2020, the FCC adopted rules designating this new phone number for Americans in crisis to connect with suicide prevention and mental health crisis counselors. The transition, which will take place over the next two years, will result in phone service providers directing all 988 calls to the existing National Suicide Prevention Lifeline by July 16, 2022.

5.13 988 Crisis Call Centers – Regional, 24/7, clinically staffed hub/crisis call center that provides crisis intervention capabilities (telephonic, text and chat). This service meets National Suicide Prevention Lifeline (NSPL) standards for risk assessment and engagement of individuals at imminent risk of suicide and offer air traffic control (ATC) - quality coordination of crisis care in real-time

5.14 Patient – This term may be used interchangeably with "client" as defined above.

5.15 Psychiatric Mobile Response Team (PMRT) – in LAC, these are teams of mental health professionals that provide field-based crisis outreach services to individuals experiencing a mental health crisis event

5.16 Short-Term Follow-Up - Offered to individuals at high risk (i.e. a caller with thoughts of self-harm, does not have an actual plan and does not meet criteria (5150/5585) for further evaluation by a psychiatrist. The follow-up shall be made within 24 hours of the initial call.

5.17 Short Term Residential Treatment Program (STRTP) - A residential facility operated by a public agency or a private organization that provides an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term 24-hour care and supervision to children and nonminor dependents. They intermittently call for MCOT services via 988.

5.18 Sobering Center - Sobering Centers are facilities that provide a safe, supportive, environment for mostly uninsured, homeless or marginally housed publicly intoxicated individuals to become sober. Sobering centers provide services for alcohol-dependent individuals that may have secondary problems such as drug abuse/dependence, mental illness and/or medical issues.

5.19 Standard Follow-Up - Offered to high risk individuals (i.e. a caller that has thoughts of self-harm, meets criteria for further evaluation by a psychiatrist (5150/5585) but

has recent hospitalizations and/or exposure to trauma). The follow-up call or calls shall be made within 1-3 days of the initial crisis call.

5.20 Substance Abuse and Mental Health Services Administration (SAMHSA) - is the U.S. Department of Health and Human Services agency that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

6.0 RESPONSIBILITIES

DMH's and the Contractor's responsibilities are as follows:

DMH

6.1 Personnel

DMH will administer the Contract according to the Contract, Paragraph 6, Administration of Contract - County. Specific duties will include:

6.1.1 Monitoring the Contractor's performance in the daily operation of this Contract.

6.1.2 Providing direction to the Contractor in areas relating to policy, information and procedural requirements.

6.1.3 Preparing amendments in accordance with the Contract, Sub-paragraph 8.1 - Amendments.

6.1.4 MCOT teams shall be dispatched by DMH's contracted 988 centralized call center according to DMH and nationally accepted standards and guidelines.

6.2 Intentionally Omitted

CONTRACTOR

6.3 Project Manager

6.3.1 Contractor shall provide a full-time Project Manager and a designated alternate. DMH must have access to the Project Manager during regular business hours. Contractor shall provide a telephone number and electronic mail (e-mail) where the Project Manager and designated alternate may be reached on a daily basis.

6.3.2 Project Manager shall act as a central point of contact with DMH.

6.3.3 Project Manager shall have three years of experience working and managing filed crisis services.

6.3.4 Project Manager or alternate shall have full authority to act for Contractor on all matters relating to the daily operation of the Contract. Project Manager and alternate shall be able to effectively communicate in English, both orally and in writing.

6.4 Personnel

6.4.1 Contractor shall assign a sufficient number of qualified employees to perform the required work. At least one employee on site shall be authorized to act for Contractor in every detail and must speak and understand English.

6.4.2 Contractor shall be required to background check their employees as set forth in sub-paragraph 7.5 – Background and Security Investigations, of the Contract.

6.4.3 MCOT Requirements

Each MCOT shall consist of a minimum of two members as follows:

a) Licensed behavioral health provider(s) regulated by the California Board of Behavioral Sciences that are LPS designated to write involuntary holds;

(b) A Senior Community Health Worker/Certified Peer Support Specialist; and/or Community Health Worker (Certified or Eligible to be Certified as Peer Support Specialist); and

(c) All MCOTs shall have immediate access at all times to a Licensed Mental Health Clinician on Call and a licensed medical professional for consultation during the MCOT.

6.5 Identification Badges

6.5.1 Contractor shall ensure their employees are appropriately identified as set forth in sub-paragraph 7.4 – Contractor's Staff Identification, of the Contract.

6.6 Materials and Equipment

The purchase of all materials/equipment to provide the needed services is the responsibility of the Contractor. Contractor shall use materials and equipment that are safe for the environment and safe for use by employees.

6.7 Training

6.7.1 Contractor shall provide training programs for all new employees and continuing in-service training for all employees. This shall include a program with standards for screening and assessing clients for danger to self and/or danger to others as well risk of grave disability, particularly as it relates to risk assessment, de-escalation, and crisis response / management.

6.7.2 All employees shall be trained in their assigned tasks and in the safe handling of equipment. All equipment shall be checked daily for safety. All employees must wear safety and protective gear according to Occupational Safety and Health Administration (OSHA), LAC Department of Public Health (DPH), and Centers for Disease Control and Prevention (CDC)

standards, as applicable. Contractor shall supply appropriate personal protective equipment to employees.

6.8 Service Delivery Site/Administrative Office

6.8.1 Services shall be field-based and provided where the individual in crisis is comfortable (home, school, workplace, public facility, etc.).

6.8.2 Contractor shall maintain an administrative office with a telephone in the company's name where Contractor conducts business. The office shall be staffed during regular business hours Monday through Friday, by at least one employee who can respond to administrative inquiries. When the office is closed, an answering service shall be provided to receive calls and take messages. The Contractor shall respond to messages received by the answering service within 12 hours of receipt of the call.

7.0 HOURS/DAYS OF WORK

7.1 Contractor's MCOT(s) shall provide services 24/7/365, including weekends and holidays.

8.0 WORK SCHEDULES

8.1 Upon DMH's request, Contractor shall submit staff work schedules within five business days of request. Work schedules shall be kept up to date and shall be consistent with all relevant DMH policies and procedures. Said work schedules shall be set on an annual calendar identifying all the required on-going maintenance tasks and task frequencies. The schedules shall list the time frames by day of the week, morning, and afternoon the tasks will be performed.

8.2 Upon DMH's request, Contractor shall submit revised schedules when actual performance differs substantially from planned performance. Said revisions shall be submitted to DMH for review and approval within five working days prior to scheduled time for work.

9.0 INTENTIONALLY OMITTED

10.0 SPECIFIC WORK REQUIREMENTS FOR CONTRACTOR'S MCOTs

10.1 MCOT shall have an average response time of 60 minutes or less for urban, community-based calls. For rural areas such as parts of SPA1, MCOT shall have an average response time of two hours or less for community-based calls.

10.1.1 MCOT shall collaborate with 988 crisis call centers and DMH's ACCESS Central Dispatch, and any additional crisis response services, including any stabilization and mobile response services, if available.

10.1.2 MCOT shall provide the final disposition of the crisis outreach services to the 988 call center supervisory staff within 24 hours of outreach. (See Attachment I – Case Contact and Disposition Log)

10.2 Upon arrival to the site where client shall be served, MCOT shall provide community-based services, including, but not limited to, the following:

10.2.1 Contractor shall provide the following Specialty Mental Health Services (SMHS) as medically necessary, as described in the Short-Doyle / Medi-Cal (SD/MC) Organizational Provider's Manual (https://dmh.lacounty.gov/qa/qama/):

10.2.1.1 Crisis Intervention, including:
- a. Assessment
- b. Collateral
- c. Therapy
- d. Referral

10.2.1.2 Mental Health Services, including:
- a. Assessment
- b. Plan Development
- c. Therapy
- d. Rehabilitation
- e. Collateral

10.2.1.3 Targeted Case Management & Intensive Care Coordination (for clients under 21), including:
- a. Assessment
- b. Plan Development
- c. Referral & related activities
- d. Monitoring and Follow Up

10.2.2 Contractor shall provide the following Community Outreach Services (COS) as described in the COS Manual http://file.lacounty.gov/SDSInter/dmh/1032292_COSManual12-2017.pdf

a. Community Client Services

b. Mental Health Promotion

MCOT Information Exchange

10.2.3 All services provided shall be documented in a manner that complies with State and federal guidelines in an electronic health record.

10.2.4 California is implementing Assembly Bill 133 data exchange requirement to promote secure electronic health data exchange among specified individuals, such as health care providers and consumers of health care. To be in incompliance with the state law regarding data sharing and crisis services are very critical, the contractor is required to have their Electronic Health Records (EHR) system able to integrate the Continuum of Care Document (CCD) utilizing a Consolidated Clinical Document Architecture

(CCDA).

10.2.5 Contractor acknowledges that it is critical to share clinical documentation thru Health Information Exchange (HIE) and their EHR system should be integrated with an HIE that is part of California Trusted Exchange Network (CTEN) and sharing information nationally to ensure the clinical data sharing with other participating organizations for improved care coordination and service delivery.

10.2.6 Contractor's EHR system shall be integrated with Los Angeles Network for Enhance Services (LANES) which is an HIE constituted through order of the Los Angeles County Board of Supervisors to facilitate care co-ordination more focused to the Los Angeles provider community.

10.2.7 County reserves the right to implement near real-time data exchanges necessary to support County coordination of care, administrative, billing and clinical operations. County shall determine the method by which each transaction and/or data exchange is to be implemented between Contractor system(s) and County. Contractor systems shall comply with all data exchange(s) designated by County. County shall notify Contractor of the effective date(s) by which Contractor shall be required to implement each interface/data feed. Unless earlier effective date(s) are imposed by law or regulation, or earlier effective dates(s) are established by contract between County and Contractor, Contractor shall comply with the following implementation timelines:

a. 120 days for new interface requiring major development and testing,

b. 90 days for new interfaces requiring moderate development and testing; and

c. 60 days for new interfaces requiring minimal development and testing.

10.2.8 County reserves the right to modify real-time interface requirement(s) as deemed necessary to support County coordination of care, administrative, billing and clinical operations. Contractor systems shall comply with all data exchange modification(s) designated by County. County shall notify Contractor of the effective date(s) by which Contractor shall be required to implement modification to each interface/data feed. Unless earlier effective dates(s) are imposed by law or regulation, or earlier effective dates(s) are established by contract between County and Contractor, Contractor shall comply with the following modification timelines:

a. 90 days for existing interfaces requiring major development and testing;

b. 60 days for existing interfaces that requiring moderate development and testing; and

c. 30 days for existing interfaces requiring minimal development and testing.

10.3 MCOT Dispatch

DMH will have a 988 call center established, which shall collect and provide the following information to MCOT, if available, upon dispatch of MCOT:

10.3.1 Name of individual in crisis;

10.3.2 Individual's date of birth;

10.3.3 Presenting problem, as demonstrated through the individual's current behaviors;

10.3.4 Location of individual needing services;

10.3.5 Individual's history of violence and substance use;

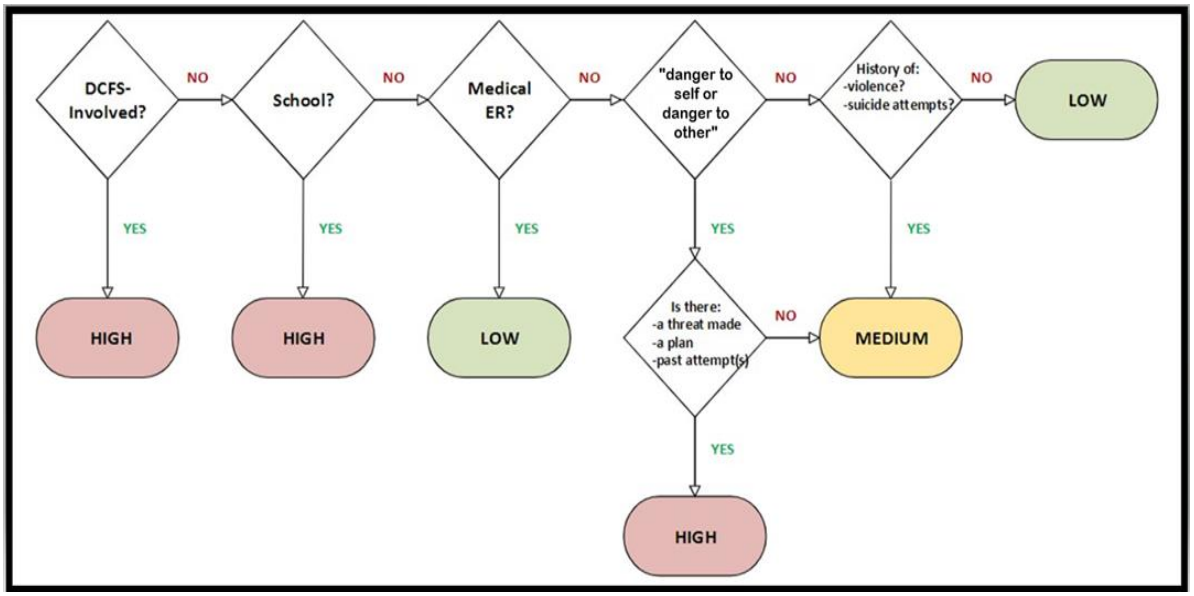
10.3.6 Reported presence of weapons;

10.3.7 Reported presence of dogs or other animals in the house;

10.3.8 Available support systems, if any; and

10.3.9 A plan to include police assistance, if necessary.

The 988 Call Center will utilize a mobile crisis prioritization screening approach for the prioritization of deploying MCOTs based on level of risk, with
the following factors to be considered:



10.4 MCOT shall collect the following information while in the field, if not available upon dispatch:

10.4.1 Name of individual in crisis;

10.4.2 Contact Person if available;

10.4.3 Individual's date of birth;

10.4.4 Presenting problem, as demonstrated through the individual's current behaviors;

10.4.5 Location of individual needing services;

10.4.6 Individual's history of violence and substance use;

10.4.7 Reported presence of weapons;

10.4.8 Reported presence of dogs or other animals;

10.4.9 Available support systems, if any; and

10.4.10 A plan to include police assistance, if necessary.

10.5 MCOT Care Coordination

MCOT shall collaborate with appropriate service providers to ensure care coordination. This may include, but is not limited to, the following:

10.5.1 Respond to field in real time to conduct Crisis Evaluation/Assessment.

10.5.2 Appropriate Referrals: MCOT shall make assessment of danger to self, danger to others and/or grave disability and make recommendation for the safest and lowest level of care based on the clinical assessment. In cases meeting involuntary hold criteria, other steps may include completion of LPS application for 72-hour involuntary detention, as well as identification of MHUCC or acute hospital destination, accepting physician, and acceptable transport, which must comply with DMH approved guidelines.

10.5.3 Ambulance deployment: If MCOT determines hospitalization is necessary and requires assistance with transport, team completes paperwork and contacts the 988 Call Center for ambulance deployment. Ambulance deployment will be coordinated by the 988 Call Center, through the DHS ambulance deployment system.

10.5.4 Outpatient scheduling: Utilizing community-based support services to better manage client's needs, make referrals, and link clients to community mental health/support services. This includes collaboration

with DMH Child Welfare Division and other components of the Network of Care.

Providing specialty mental health services and targeted case management to clients until clients are successfully linked to services. Completing all clinical and administrative documentation that meets State and Federal mandated standards, and in compliance with Medi-Cal rules for reimbursement claiming.

10.5.5 Active handoffs for on-going services that are in close proximity to the client's desired location. This may include a conference call or other direct communication with the appropriate service provider to arrange follow up crisis support and an appointment for follow up support, as needed. The client shall be notified of the follow-up arrangement and must consent to same, if possible;

10.5.6 Short -term follow up shall be offered to individuals at high risk (i.e. a caller with thoughts of self-harm, does not have an actual plan and does not meet criteria (5150/5585) for further evaluation by a psychiatrist). The follow-up shall be made within 24 hours of the initial call;

10.5.7 Standard Follow Up shall be offered to high risk individuals (i.e. a caller that has thoughts of self-harm, meets criteria for further evaluation by a psychiatrist (5150/5585) but has recent hospitalizations and/or exposure to trauma). The follow-up call or calls shall be made within 1-3 calendar days of the initial crisis call;

10.5.8 Extended Follow Up shall be offered to individuals who are high risk and/or who have received standard follow-up care and need continued assistance (e.g. developing a safety plan and/or connecting to outpatient services or other resources). The follow up calls shall be made within 1-week of the last call to ensure individual follows up on appointments/referrals.

10.5.9 When a call is referred to Contractor by the 988 call center, Contractor shall ensure that individual in crisis will not be re-evaluated for the need for a mobile response by the mobile crisis outreach provider.

10.5.10 Contractor shall agree to collect and report monthly on metrics identified by DMH.

11.0 GREEN INITIATIVES

11.1 Contractor shall use reasonable efforts to initiate "green" practices for environmental and energy conservation benefits.

11.2 Contractor shall notify DMH, upon request, of Contractor's new green initiatives prior to the contract commencement.

12.0 PERFORMANCE REQUIREMENTS SUMMARY

The Performance Requirements Summary (PRS) chart, Table 12.1 below, lists required services that will be monitored by DMH during the term of this Contract.

All listings of services used in the PRS chart are intended to be completely consistent with the Contract and the SOW, and are not meant in any case to create, extend, revise, or expand any obligation of Contractor beyond that defined in the Contract and the SOW. In any case of apparent inconsistency between services as stated in the Contract and the SOW and this PRS chart, the meaning apparent in the Contract and the SOW will prevail. If any service seems to be created in this PRS chart which is not clearly and forthrightly set forth in the Contract and the SOW, that apparent service will be null and void and place no requirement on Contractor, unless/until incorporated into the Contract.

Table 12.1

PERFORMANCE REQUIREMENTS SUMMARY (PRS) CHART

SPECIFIC PERFORMANCE REFERENCE	REQUIRED SERVICE	COUNTY MONITORING METHOD
SOW: Subsection 3.3	Contractor shall submit data in attached addendum including number of calls received, response times, and number of clients placed on an involuntary hold on a monthly basis. Metric: 100% of the time.	Inspection and Observation
SOW: Subsection 6.7	Contractor shall provide and complete training programs on standards for placing clients on involuntary holds and on assaultive behavior management for all new employees and continuing in-service training for all employees.	Attendance Sheets and Contractor's certification
SOW: Subsection 10.1	MCOT shall have an average in-person response time of 60 minutes or less for urban, community-based calls. For rural areas such as parts of SPA1, MCOT shall have an average in-person response time of two hours or less for community-based calls. Metric: 100% of the time	Inspection and Observation
SOW: Subsection 10.5	When a call is referred to Contractor by the 988 call center, Contractor shall ensure that individual in crisis will not be re-evaluated for the need for a mobile response by the mobile crisis outreach provider and/or denied an in-person response.	Inspection and Observation

SOW: Subsection 10.5	Contractor shall submit list of clients for whom standard and extended follow-up was provided on a monthly basis and describe disposition (clinic appointment, placement, etc). Metric: minimum of 100% of the time.	Inspection and Observation
Contract: Subparagraph 6.3	Contractor shall notify the County, in writing, of any change to the Contractor's Project manager, including, but not limited to, the name, address, title, etc.	Notification to County and Observation

Service Exhibit 1139
STATEMENT OF WORK
MOBILE CRISIS OUTREACH TEAMS

Exhibit 1 (Data Collection)

As part of Contractor's quality control measures (see Statement of Work (SOW), Section 3.0 QUALITY CONTROL), Contractor shall collect the following information and submit monthly data reports in a file and transmission mechanism agreed upon by Contractor and LAC-DMH.

1.0 CATEGORY OF CALLER

a. Person in crisis

i. Age and Date of Birth (DOB)
   1. 5-12
   2. 13-17
   3. 18-64
   4. 65 and above

ii. Male / Female / Non-binary;

iii. Race / Ethnicity;

iv. Insurance, if available; and

v. Homeless : Yes or No

vi. Sexual orientation
   1. Heterosexual/straight
   2. Lesbian (female)
   3. Gay (male)
   4. Bisexual
   5. Unsure/questioning
   6. Decline to state

vii. Transgender

b. Third Party

i. Family member

ii. Friend/neighbor/ or associate

iii. Community member;

iv. Dispatch 911;

v. Law Enforcement;

vi. 211;

vii. Other social service provider (non-mental health):

viii. Behavioral health provider (mental health or substance use disorder);
ix. Homeless Providers;
x. Shelters;
xi. Jail, other correctional agency or LAC – Department of Health Services (DHS) Office of Diversion and Reentry (ODR);
xii. Medical provider;
xiii. Short-Term Residential Therapeutic Program (STRTP) group home;
xiv. Foster Home;
xv. LAC – Department of Children and Family Services (DCFS)/ Child social worker;
xvi. Educational Institutions
    1. Schools K-12
    2. Community Colleges
    3. Universities

2.0 PRESENTING PROBLEM/CRISIS

a. Suicide risk;
b. Danger/harm to self;
c. Danger/harm to others;
d. Substance use;
e. Active Psychosis with functional impairment;
f. Signs of grave disability (unable to provide food, clothing or shelter) ;
g. Extreme emotional stress;
h. Information and Referral;
i. Extreme disruptive behavioral acting out
j. Unhoused person responding to internal stimuli and/or
k. Other: (i.e. including neurodivergent, domestic violence, other disability, etc)

3.0 SECONDARY CONCERN ON OUTREACH

a. Suicidal risk;
b. Danger/Harm to self;
c. Danger/Harm to others;
d. Substance use;
e. Psychosis;
f. Signs of grave disability;
g. Situational stress;
h. Information and Referral;
i. Other; or
j. Not applicable.

4.0 DURATION OF CALL

a. 1-2 hours;
b. 3-5 hours;
c. 5-7 hours; or
d. Other

5.0 LOCATION OF CALL

a. Home;
b. School;
c. Shelter;
d. Behavioral Health Clinic;
e. Street; and/or
f. Emergency Room

6.0 LAW ENFORCEMENT INVOLVEMENT

a. Total Number of contacts;
b. MCOT requested by Law Enforcement;
c. Law Enforcement requested by MCOT; and/or
d. Charges filed: Yes or No

7.0 MCOT CALLS AND DISPOSITION

Calls

a. Total number of calls;
b. Total number of calls stabilized in community;

Dispositions

c. Total number of involuntary hold applications (5585/5150);
d. Total number of involuntary hold applications (5585/5150) that discontinued or voided and reason why (i.e. Law Enforcement disengaged; client became voluntary, etc);
e. Total number of involuntary hold transports for hospitalizations (5585/5150)
    i. Mental Health Urgent Care Center;
    ii. County Hospital;
    iii. Hospital- ER; or
    iv. Fee-For-Service (FFS) Hospital- LPS Inpatient
f. Residential- Substance Use;
g. Sobering Center or Detention/Jail;
h. Emergency Shelter/Homeless Shelter;
i. Individual left against advice;
j. Gone on arrival;
k. Home; or
l. Other _____

m. Average response time by team (time it takes team to arrive to call);
n. 988 Call Center Request for Law Enforcement;
o. 988 Call Center Request for Community Outreach

p. Request for Ambulance or Transport by MCOT: yes / no
    i. Average response time of ambulance
    ii. Average response time of other transport (if utilized)

q. Care Coordination outcomes:
    i. Social Service referrals;
    ii. Outpatient Scheduling;
    iii. Standard Follow Up;
    iv. Active Handoffs;
    v. Short Term Follow Up; and/or
    vi. Extended Follow Up

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
MOBILE CRISIS OUTREACH TEAMS
CASE CONTACT AND DISPOSITION LOG

NAME	DATE	REFERRAL ISSUE	DISPOSITION