

Enclosure 1

Attestation Letter: Mobile Crisis Services

INFORMATION

County Name: _____

Medi-Cal Behavioral Health Delivery System (County MHP, DMC or DMC-ODS county, or coordinated system): _____

Primary Contact Name: _____

Primary Contact Email Address: _____

Primary Contact Phone: _____

As the Director of [County Behavioral Health Services] and representative of the [County], I attest that the following minimum program requirements have been met:

- a. The Medi-Cal behavioral health delivery system has contracted with mobile crisis services providers or identified county-employed staff to deliver mobile crisis services in the SMHS, and DMC or DMC-ODS delivery systems.

- b. The Medi-Cal behavioral health delivery system shall implement mobile crisis services in accordance with the requirements specified in the American Rescue Plan Act of 2021 (ARPA) Section 9813 ([42 U.S.C. section 1396w6](#)) and State Plan Amendment ([SPA](#)) [22-0043](#), specifically:
 - i. Mobile crisis services shall be provided to Medi-Cal beneficiaries who are experiencing a mental health or substance use disorder crisis (“behavioral health crisis”);
 - ii. Mobile crisis services shall be available to beneficiaries 24 hours a day, 7 days a week, and 365 days a year;
 - iii. Mobile crisis services shall be provided to individuals in a community-based setting, outside of a hospital or other facility setting, as defined in the “Service Setting Restrictions” section of BHIN 23-025;
 - iv. Mobile crisis teams shall comply with the staffing requirements defined in “Mobile Crisis Team Requirements for Initial Crisis Response” section of BHIN 23-025.
 - v. Mobile crisis teams shall be able to respond to crises in a timely manner, as defined in the “Standards (Response Times)” section of BHIN 23-025;
 - vi. Mobile crisis teams shall be able to perform all mobile crisis service components, as defined in the “Mobile Crisis Service Encounter” section of BHIN 23-025:
 - 1. Initial face-to-face crisis assessment;
 - 2. Mobile crisis response;
 - 3. Crisis planning;

4. Facilitation of a warm handoff, if needed;
5. Referrals to ongoing services, if needed; and
6. Follow-up check-ins.

- vii. Mobile crisis teams shall maintain relationships with key community partners, as defined in the “Community Partnerships” section of BHIN 23-025; and
- viii. Mobile crisis services programs shall maintain the privacy and confidentiality of beneficiary information consistent with federal and state requirements and as defined in the “Privacy and Confidentiality” section of BHIN 23-025

c. All members of mobile crisis teams have completed core training in:

- i. Crisis intervention and de-escalation strategies;
- ii. Harm reduction strategies;
- iii. Delivering trauma-informed care;
- iv. Conducting a crisis assessment; and
- v. Crisis safety plan development.

[] I hereby certify under penalty of perjury that all information provided in this Attestation is true and accurate to the best of my knowledge and that this Attestation has been completed based on a good faith understanding of qualifying community-based mobile crisis intervention services requirements as specified the American Rescue Plan Act of 2021 (ARPA) Section 9813 ([42 U.S.C. section 1396w6](#)) and SPA 22-0043.

Signature of Authorized Representative

Date

NOTE: Additional information about the Expedited Implementation Process is available in BHIN 23-025. Questions about this Attestation may be directed to mcbhpd@dhcs.ca.gov. Please include “Mobile Crisis Services Attestation” in the subject line of your email.