Core Competency Areas for Mobile Crisis Response Teams

Mobile Crisis Response Team staff are expected to have completed all foundational and orientation training required per Wisconsin DHS Chapter 34. The competencies identified in the two tables below are in addition to those other competency areas for crisis work. All mobile crisis response team staff must have training in trauma-informed care principles, de-escalation strategies, and harm reduction principles. Training available through the Behavioral Health Partnership will satisfy these requirements.

Required Competency Area	Purpose	Competencies for Mobile Crisis Team Staff
1. Providing Mobile Crisis Teaming in a Trauma-Informed Approach	*Training for all mobile crisis staff shall include the benefits of mobile teaming, understanding the crisis continuum, and knowledge of and access to community resources. Mobile crisis staff must have an understanding of crisis care provision to individuals across the lifespan, including youth and families.*	• Understanding effective teaming practices and different models for 2 in-person teaming scenarios, and 1 in-person and 1 telehealth teaming • Understanding the roles of different team members, boundaries while on a mobile crisis response, and how to be supportive of each other • Knowledge of co-responder models and working with first responders (EMT, law enforcement), hospital staff, or other facility staff • Ability to conduct an environmental assessment and knowledge of working with collaterals • Ability to provide care coordination/linkage with the least restrictive level of care • Understanding the person in crisis as an expert with shared responsibility • Ability to recognize situations that may require mandated reporting and steps to take • Understanding acceptable methods for self-protection and protection of the client and others in emergency situations • Knowledge of and ability to utilize crisis screening and assessment tools for youth • Knowledge of and ability to refer families to appropriate community-based services • Knowledge and application of age/developmentally appropriate, authentic youth engagement, and intervention of youth including using play as a tool • Ability to provide assistance to entire family/caregivers through collaborative family engagement

2. Harm Reduction Practices and Principles	*Training for all mobile crisis staff shall include benefits of harm reduction, utilizing person-centered and strengths-based practices, and how harm reduction can be useful in substance use disorder and other mental health conditions.*	• Thorough understanding of the principles of harm reduction and available options such as needle exchanges and NARCAN direct • Thorough understanding of the techniques of harm reduction for both substance use disorder and mental health conditions • Ability to implement practical strategies of harm reduction • Knowledge of how to address conditions of use and root causes of mental health conditions • Understanding that harm reduction and abstinence are congruent goals • Understanding how harm reduction expands the therapeutic conversation and how to use it at any point in the change process • Knowledge of organizational and clinical concepts, and implementation methods of harm reduction
3. Effective De-Escalation Approaches	*Training for all mobile crisis staff shall include understanding and effectively utilizing de-escalation strategies.*	• Application of trauma-informed care and de-escalation strategies in teams

There are additional competency areas that are **recommended** for mobile crisis team staff, and in some cases, depend upon the composition of the team.

Recommended Competency Area	Purpose	Competencies for Mobile Crisis Team Staff
4. Working with Peer Providers	*Training for all crisis staff shall include understanding the capabilities and strengths of Peer Providers.*	• Understanding the role of Peer Providers and how to utilize their expertise (engagement with person in crisis and collaterals, stabilization, de-escalation, and near-term post-crisis follow-up and linkage), utilizing their expertise, and knowing how to support them • Recognizing different ways to bring Peer Providers into a crisis situation, tag-teaming, and using Peer Providers with collaterals • Utilizing trauma-informed practices when working with Peer Providers and knowing how to effectively support them

5. Effective Telehealth for Mobile Teaming	*Training for all crisis staff should include basic understanding of how to operate technology used in telehealth, when telehealth is appropriate, ensuring it is functionally equivalent to face-to-face, and the back-up options available.*	• Knowledge of technological aspects/requirements for interactive synchronous telehealth for team members and person in crisis • Ability to provide services via telehealth that are functionally equivalent to a face-to-face interaction • Exercise professional judgement and use telehealth only for services that can be delivered appropriately and effectively • Knowledge of potential back-up plans if initial telehealth response fails • Development of web-side manner • Knowledge and application of telehealth etiquette • Knowledge of and ability to perform virtual de-escalation • Knowledge of and ability to perform virtual harm reduction techniques • Knowledge of and ability to analyze environment virtually • Knowledge of when and how to bring in other specialists virtually (specialty providers, prescribers, etc.)
6. Working with Individuals with Substance Use Disorders	*Training for all crisis staff shall include assessing a person with substance use disorder, utilizing person-centered and strengths-based interventions, belief that anyone is capable of recovery, and the importance of meeting the person where they are in use/recovery.*	• Understanding of diagnostic criteria for substance use disorders, treatment modalities, and appropriate placement within continuum of care based on ASAM criteria • Ability to conduct screening and multidimensional assessment for substance use disorder in every situation possible • Ability to recognize risk and resiliency factors • Knowledge of co-occurring substance use and mental health conditions • Application of treatments/referrals to treatment and sobriety housing options that align with person's stage of dependence, change, or recovery and their preferences • Knowledge of client's rights and confidentiality laws surrounding substance use disorder • Ability to provide warm hand-offs in care transitions, and follow-up for persons released from detox or other treatment • Basic understanding of the stages of change • Basic understanding of SBIRT

Training Options Through the Behavioral Health Training Partnership at UW – Green Bay

As a prerequisite, all crisis staff seeking training in mobile crisis response teams must have already completed **Crisis Core training**, which consists of both synchronous (live) and asynchronous (self-paced) training:

Crisis Core Training

Asynchronous (self-paced):	Synchronous (live):	Continuing Education Hours
Crisis Intervention Orientation course		17.5
	Crisis Services Overview	6
	Suicide and Risk Assessment	6
	Wisconsin Mental Health Laws	6
Total Training Hours:		35.5

Through BHTP, there are two options to complete the required training to receive enhanced Medicaid reimbursement beginning in January 2024 for mobile crisis team response.

Mobile Crisis Response Team Training

Option 1. Synchronous (Live) Training	Option 2: Asynchronous Training (Self-Paced)
Complete both of the following two (2) trainings: • *Mobile Crisis Teaming (5 Continuing education hours)* • *Harm Reduction in Crisis Intervention (4 Continuing education hours)*	Complete the following self-paced course: • *Mobile Crisis Response Teams Orientation (8 continuing education hours)*

There are additional synchronous (live) Advanced Crisis Core trainings available to continue to build skills in mobile crisis team response:

- *Self-Awareness and Co-Regulation: Concrete Skills for Intervention in Crisis (4.0 CEH)*
- *Peer Support in Mobile Crisis Teams (3.0 CEH)*
- *Substance Use in Crisis Intervention (8.0 CEH)*
- *Working with Individuals at Elevated Risk for Suicide via Telehealth (4.0 CEH)*

Total available training: 36 hours

Mobile Crisis Response Teams Orientation Checklist

Employee:	Start Date:
Position:	Supervisor:

Task/Concept	Method of Training	Time Spent	Date	Responsible Party signature
Working with Peer Providers	*Web-based orientation course* *Peer Support in Crisis Services training*	1.5 hours 3 hours		
Mobile Teaming, including de-escalation strategies, trauma-informed practice principles, and working with both adults and youth	*Web-based orientation course* *Mobile Crisis Teaming training* *Self-Awareness and Co-Regulation training*	3.5 hours 5 hours 4 hours		
Substance Use Disorders	*Substance Use in Crisis Intervention training*	8 hours		
Harm Reduction Principles and Practices	*Web-based orientation course* *Harm Reduction in Crisis Intervention training*	2 hours 4 hours		
Effective Use of Telehealth for Suicide Assessment in Mobile Teams	*Web-based orientation course* *Working with Individuals at Elevated Risk for Suicide via Telehealth training*	1.0 hour 4 hours		

Mobile Crisis Response Teams: **49:12**
    Chapter 1 – Introduction   16:32
    Chapter 2 – Why Mobile Crisis Response Teams?   7:52
    Chapter 3 – Team Members and Roles   15:24
    Chapter 4 – Essential Functions of Mobile Crisis Response Teams   9:24

Mobile Crisis Teaming and Trauma Informed Care: **1:18:06**
    Chapter 1—Trauma and the Brain   22:47
    Chapter 2—Trauma Informed Care   25:31
    Chapter 3—Mobile Crisis Response Teams   29:58

Demonstrating Safety: Intervening in Crisis Situations: **59:04**
    Chapter 1 – Self-Awareness   8:56
    Chapter 2 – Individual & Environmental Awareness   12:17
    Chapter 3 – Active Listening   5:19
    Chapter 4 – SmaRti to De-Escalate   27:42
    Chapter 5 – Summary   4:50

Suicide and Telehealth: **50:20**
    Chapter 1 – Introduction   2:38
    Chapter 2 – Background   4:52
    Chapter 3 – Preparation   9:30
    Chapter 4 – Basics of Telehealth for Elevated Suicide Risk   10:09
    Chapter 5 – Suicide Screening and Risk Assessment via Telehealth   7:38
    Chapter 6 – Safety Planning Intervention via Telehealth   5:16
    Chapter 7 – Working with Kids and Parents/Caregivers   6:37
    Chapter 8 – Wrap-Up   3:40

Harm Reduction: **1:48:13**
    Chapter 1 – Harm Reduction Overview   17:42
    Chapter 2 – Harm Reduction Principles   22:41
    Chapter 3 – Harm Reduction Practices   19:52
    Chapter 4 – Implementation and Evaluation   30:26
    Chapter 5 – Harm Reduction for Self-Harm   17:32

Peer Support in Crisis Intervention: **1:27:40**
    Chapter 1 – History, Philosophy, and Ethics   18:45
    Chapter 2 – Background, Training, and Experience   11:15
    Chapter 3 – Research   34:43
    Chapter 4 – Peer Workers in Crisis Intervention   22:56

Total: 7:11:35 + 49 minutes (Interactions/Review/Quizzes) = **8.0 Continuing Education Hours**