



COUNTY OF SANTA CLARA
Behavioral Health Services
Supporting Wellness and Recovery

In-Home Outreach Team (IHOT) Operations Manual

Revised 10/16/2023

In-Home Outreach Team (IHOT) Operations Manual

Acknowledgements and Dedication

The contents of the In-Home Outreach Team (IHOT) Operations Manual are borrowed heavily from Monterey County, San Bernardino, San Francisco, Alameda County and Marin County's Mobile Crisis Programs. County of Santa Clara (CSC) Behavioral Health Services Department's would like to thank these County's for their collaboration and sharing of their documents to help with the development of our IHOT Operations Manual.

A special thanks to IHOT Clinicians, Erin Romero, Beverly Reyes, and Lindsay Cross for their commitment, expertise, and close involvement in the development of this Operations Manual.

Note: This is a living document and will be updated at a minimum of yearly by the IHOT team.



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Purpose and Objectives

The Behavioral Health Services Department (BHSD) is committed to provide wellness and recovery through comprehensive, well-planned programs and services that aim to meet the needs of the consumers/clients and their families throughout CSC. The purpose of the Mobile Response Team Continuum of Care Programming Operations Manual is to streamline internal processes, provide a roadmap for day-to-day operation and ensure compliance with laws and regulations.

One of the BHSDs mobile response teams includes the In-Home Outreach Team (IHOT) program, this program is an outreach and engagement initiative funded by the Mental Health Services Act (MHSA) funds. It is designed to provide intensive outreach and engagement, mental health screening, in-home intervention, family education, and support and linkage to treatment for individuals who are not voluntarily engaging in services that connect them with ongoing mental health treatment. The IHOT teams are made up of County and Certified Contracted Providers (CCPs) staffed with Peer Mentors/Peer Support Workers, Family Advocates, Case Managers, Community Workers, and Clinicians with training and expertise in crisis response, they work closely with law enforcement (LE), Emergency Psychiatric Services (EPS), Behavioral Health Urgent Care (BHUC), Emergency Department (ED), Barbara Aron's Pavilion (BAP), Criminal Justice Systems, crisis lifeline, the community and family members to deliver the best services possible.

Our Mobile Response Teams were developed to provide effective and compassionate crisis intervention to individuals who experience mental illness and crisis, as well as reduce hospitalizations and unnecessary incarcerations whenever possible. BHSD's goal is to assist individuals and their families to de-escalate the crisis and connect them safely to mental health



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services and other appropriate services to reduce risk to self/others, increase public safety, and increase outreach and engagement services.



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PART I: Introduction

History

CSC's Adult and Older Adult (A/OA) Services Division serves individuals 18 years and older, who represent the ethnic and racial diversity of the County and are experiencing serious mental illness. The A/OA Mental Health System consists of a variety of mental health programs, including Emergency and Crisis Services, Residential Services, and Outpatient Services. There is also a collection of community education and prevention services, housing, and specialty services.

In the Fall of 2016, the BHSD contracted with a consultant to assess the effectiveness, structure, quality, and impact of MHSA-funded Continuum of Care in CSC. The goals of the project were to conduct a retrospective exploration to determine what had been accomplished with regards to MHSA implementation, document the current landscape of MHSA-funded services, and identify what additional needs remain to target future efforts.

The project identified the following:

- 4,104 individuals, representing 25% of adult and older adult clients who participate in specialty mental health services, only received services in emergency and crisis settings and never connected to ongoing services that are likely to promote their recovery. Once people discharge from Emergency Psychiatric Services (EPS), there is little to support them in connecting to ongoing services. Without support to engage clients in ongoing treatment, it is more likely that these individuals will experience further crises and undue suffering.

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- 1,464 individuals admitted to EPS in Fiscal Year 2015-2016 were TAY ages 18-25, with an average age of 22. These individuals had an average of 3 encounters per year, and most did not participate in additional mental health services.

The BHSD recognizes the importance of partnering with contract providers to make behavioral health services accessible to CSC TAY, adult, and older adult residents. A statement of work (SOW) was developed to ensure that all IHOT teams have consistent work practices. *Refer to attachment II for Statement of Work.*

IHOT Overview

In-Home Outreach Team (IHOT) links adults ages 18 and over facing emotional, behavioral, and social challenges with community resources and to ongoing behavioral health support and treatment. Qualified candidates either have Medi-Cal or are uninsured and are not already connected to a mental health treatment provider.

Based in San Jose, our dedicated and experienced staff of Peer Mentors/Peer Support Workers, Family Advocates, Case Managers, Community Workers, and Clinicians provide support services in homes and in other community settings throughout CSC. Living with mental health challenges is distressful for the person, their family, and the people closest to them; therefore, linkage to responsive mental health care providers and compassionate recovery-oriented care is our goal in the IHOT program.

The IHOT program provides brief clinical support and linkage to behavioral health services; to CSC residents identified as having multiple contacts with Emergency Psychiatric Services, Emergency Rooms, Behavioral Health Urgent Care, the Criminal Justice System, and/or the Mobile Crisis Response Teams within the span of one year. This supports the County's efforts



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to ensure all individuals, in need, have access and are connected to ongoing behavioral treatment.

IHOT aims to help disconnected adults link successfully to responsive mental health care providers and compassionate recovery-oriented care within the community.

The IHOT Program:

- Assists with linkage to providers and community agencies.
- Identifies family strengths and explains services and community resource options.
- It identifies barriers that may be preventing individuals from receiving needed treatment.
- Links to mental health and/or substance use treatment.
- Provides referral to community-based organizations and resources.
- Provides peer support and brief counseling until individual is connected to a provider.

The IHOT Program's Goals:

- Increase access to care through strategic outreach and engagement.
- Provide outreach services that help clients identify goals, improve connections, and provide linkage to services providers.
- Increase understanding of mental health challenges while reducing the effects of untreated mental illnesses and addiction.
- Provide linkage to appropriate and ongoing services through timely warm hand-offs to mental health and treatment services.
- Increase client satisfaction with the mental health system of care.
- Helping adults reduce the use of urgent care and emergency mental health services and multiple encounters with the criminal justice system due to untreated mental health challenges and/or addiction.



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Team Roles

- Mental Health Peer Support Workers/Peer Mentors and Mental Health Community Workers engage with clients and provide coaching, role modeling, psychoeducation, and outreach services.
- Family Advocates engage with and advocate for clients and their families, provide coaching, psychoeducation, and outreach services.
- Case managers provide outreach and engagement to clients referred to the IHOT program while guiding services provided by the Peer Support Workers and Family Advocates.
- Clinicians also provide outreach, engagement, and brief counseling to clients while assessing and evaluating them clinically. They work with the whole team to provide effective care for clients.

IHOT Field Visit Team consists of two IHOT team members who make onsite visits.

IHOT Team Compositions

CSC IHOT Team Composition

- One Program Manager I
- One PSW II/MFT II, Lead Clinician
- One Mental Health Community Worker
- Two Mental Health Peer Support Workers

Bill Wilson IHOT Team Composition

- Program Manager
- Two Case managers
- Four Client Support Specialists
- One Family Advocate



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Starlight IHOT Team Composition

- Two Case Managers
- One Peer Mentor
- One Family Advocate

Each team carries a caseload of 40 individuals' maximum for a maximum of 120 days.

Specialty/Training

IHOT Licensed Clinicians are licensed mental health clinicians who have the legal authority to place subjects on a 5150 hold. They conduct mental health evaluations and assessment of individuals, assist in determining the appropriate disposition supporting individuals' needs and safety, and assist in coordination of transportation to mental health service centers or facilities.

Refer to Community Mobile Response Team (CMRT) Operations Manual.

Additional CCP Trainings include:

BWC

- [Recording] Case Management
- An Overview of Substance Use Disorders
- Bloodborne Pathogens and Standard Precautions
- Boundary Risks for Behavioral Health Paraprofessionals
- Case and Care Management
- Crisis Management Basics for Paraprofessionals
- CSEC 101 and Engagement Strategies
- Harm Reduction in Substance Use
- Mental Well-Being Measurement using WEMWBS
- Navigating the Ethics of Dual Relationships and Termination



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- Recognizing and Responding to a Person in Crisis
- Working with People Experiencing Homelessness
- New Hire Year 1 Required Training for Direct Service Employees
- Application of HIPAA in Behavioral Health
- CPR and First Aid
- Essentials of Disaster Preparedness Self-Paced
- Ethics and Corporate Compliance
- Mandated Reporter Training
- Natural Disasters and Workplace Emergencies: An Overview
- RISE LGBT Clinical Competency training
- Therapeutic Boundaries
- Trauma Informed Care
- Welcome to Relias

Starlight

- SAFE-T Suicide Risk Screening and Assessment
- General Compliance
- Specific Compliance
- Ethics and professional boundaries
- Cross-cultural attunement and engagement
- Peer support training (for peer mentors)
- Infectious Diseases and Other Contagions
- Workplace Violence Prevention
- Wellness Plan
- SBIRT for ATOD



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- Externalizing Behavior Conditions
- Internalizing Behavior Conditions
- The Clinical Picture from Assessment to Discharge
- Cultural Attunement
- Transformational Care Planning

Refer to attachment IV and V for Starlight Community Services and Bill Wilson Center policy and procedures.

Mission

In Home Outreach Team works to connect individuals residing within CSC to ongoing support and treatment that they need and deserve within Behavioral Health; and hopes to decrease their contact with EPS, ED, the Criminal Justice System, and MCRT.

Hours of Operation

County of Santa Clara IHOT

Monday through Friday, 8:00 a.m. to 5:00 p.m.

Bill Wilson IHOT

Monday through Friday, 9:00 a.m. to 6:00 p.m.

Starlight IHOT

Monday through Friday, 9:00 a.m. to 5:00 p.m.



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PART II: Procedures

Communication

Email

County and CCPs utilize their secure designated encryption application when sending PHI via email.

Text/MS Teams Communication

Text communication is used regularly to communicate with team members (i.e., location of FV, assigned team, safety concerns, ETA's, team status, outcome status, and/or consult requests). DO NOT share PHI or any client identifying information in phone text thread, it is not encrypted. Text messaging can only be used to communicate non-client related information.

Data Collection

IHOT teams collect the following information from all clients:

- First Name / Last name
- DOB
- SSN
- Unicare number
- Medical record number
- Unhoused status
- Last Known Address

Mobile Crisis Programs will track mobile team contacts and diversion efforts. Data will be collected daily and will include the following:

- Demographic information
- Location of contacts



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- Where a consumer was diverted to in the MHP system
- Incidents of re-hospitalization within 30 days, 60 days, 90 days, six months and one year
- Follow-up on referrals
- Follow-up efforts with people who are homeless
- Transportation options provided
- Consumer satisfaction with contacts and placement

Documentation

County Operated Teams

Eligible Individuals:

- 1) Add individual to the Referred Master tracking log.
- 2) Forward completed PDF referral form via secure email to the designated IHOT team (i.e. County team or CCP's Bill Wilson Center or Starlight).
- 3) Save referral form in password protected folder on the share drive or in a HIPAA compliant EHR.

Ineligible Individuals:

- 1) If not eligible, tracked in ineligible referral tracking log
- 2) IHOT staff track outreach efforts in client file and tracking log

CCP Operated Teams

- 1) Receive referral from County IHOT staff.
- 2) Track in their own logs and send copies to County by the 5th of every month.
- 3) CCP's open clients in/bill for outreach in Unicare.
- 4) Send and store all client data (eligible and ineligible) securely and in compliance with privacy regulations including HIPAA.



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Equipment

Upon hire, all SCC employees are assigned County laptops and cell phones and must complete required trainings and abide by County policy on usage and storing of equipment. All SCC staff must complete the SCC IT User Responsibility Statement and SSA Online Privacy and Security trainings in sccLearn and abide by County policies.

Vehicles

The IHOT staff will travel using personal vehicles and conduct outreach work with known individuals who are in need of a referral for community services and linkage to treatment. IHOT team members will adhere to the SCC Vehicle Use Policy.

Driver Authorization - “All Public Health employees who drive on County business are required to have a valid County of Santa Clara Driver’s Authorization, a valid California driver’s license, and maintain insurance consistent with the State minimum financial responsibility requirements”, refer to the full policy using this link on the intranet: [County Vehicle Driver Policies and Training](#).

Vehicle Use - “Operating a County vehicle is neither an employee’s right nor privilege; rather it is a trust conferred to the employee to facilitate the necessary performance of departmental business needs that directly benefits the County.” Refer to full policy using this link on the intranet: [County Vehicle Use Policy](#).

Business Hours:

- County Fleet Department is open Monday thru Friday 7:00 AM to 5:00 PM.
- For Fleet assistance (e.g., Flat tire, dead battery, etc.) during open hours, call (408) 468-8957.

After Hours:

- For outside hour assistance, call the MAC Room at (408) 299-3682.



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For towing services, contact San Jose Tow at (408) 226-7255.

Mileage - Each Team member is responsible for tracking their own mileage used for their Personal vehicle and Mileage is reimbursed at the current County reimbursement rate.

Blocking Employee Information via DMV:

Employees will need to block their personal information (i.e., address, DOB) on DMV to prevent others from accessing this information via Vehicle License Plate and VIN number.

Take the following steps to block personal information:

- a. Request DMV form from Lead.
- b. Complete form and submit back to lead.
- c. Form will then be signed by Director and submitted to DMV.
- d. Process takes approx. 3-5 weeks.

Note: If a DMV Confidential Form was submitted at previous County position prior to MCRT, it should still be in effect. Please ask team lead to assist with status check.

Responding to Referrals for Service

Referrals are received via IHOT@hhs.sccgov.org mailbox, SCC IHOT staff monitor the mailbox.

(Refer to attachment III for IHOT referral workflow process.)

- IHOT collaborates with multiple systems within CSC to connect and provide linkage to resources and mental health treatment.
- Referrals are received by numerous departments and providers, but most especially from EPS, 24 Hour Care, ED, OSH, In Custody, Courts, Law Enforcement, MCRT, and PERT.



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Referrals are screened by the County IHOT team to determine eligibility and then sent to the appropriate IHOT team, including Starlight, Bill Wilson, or the County IHOT team.

IHOT Eligibility Criteria:

- Individuals who are 18 and older.
- Individuals within CSC who have had 2 plus EPS visits within the last year. (The number of ED, BHUC, MCRT, Law enforcement, and Jail contacts within the last year will also be taken into consideration). Has had 3 or more visits with mental health system (i.e., EPS, Emergency Dept, Jail, Mobile Crisis Team, Law Enforcement).
- Individuals that have Medi-Cal or are uninsured.
- Individuals that are not already connected to a mental health treatment provider.

Co-response with MCRT on Real-Time and Non-Urgent Referrals

The County IHOT team also works closely with the Mobile Crisis Response Team. The County IHOT team has established an “officer of the day” that is available if needed by MCRT for a Real-Time or Non-Urgent client or referral. MCRT will contact the IHOT “officer of the day” if they have a Real-Time call for a County IHOT client if it would be beneficial to the client and the team. MCRT also contacts the “officer of the day” if they will be making a non-urgent call to a County IHOT client. In addition, MCRT may contact the “officer of the day” if there is a Real-Time call or a non-urgent call for a client that has been deemed IHOT eligible.

Prioritization of Referrals

After receiving referrals, all IHOT teams attempt to contact clients within 48-72 hours. However, clients that are referred by EPS are prioritized if they are currently in EPS, to ensure engagement and to assist with a discharge plan if necessary.



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No Contact

If IHOT teams are unable to connect with a client at their reported location, it is deferred to another day.

Ineligible Individuals

If it is determined that individual does not meet the eligibility criteria by County IHOT staff, then:

1. County IHOT team member responds to the referring party, explaining that they are not eligible for IHOT services.
2. Provides resources or other referrals as needed, via email communication.
3. Adds the individual's name, date of birth, SSN, MRN, Unicare number, the date and source of referral, and the outcome, to the fiscal year's "Not Eligible" excel sheet located in the S drive.

Outreach/Engagement

After receiving a new referral, designated IHOT team contacts individual within 48-72 hours by phone to schedule a meeting.

1. If unable to make contact by phone and there is a known address/location, IHOT team will try to locate the individual at given location.
 - a. If unable to locate person at given location/address, IHOT team members will research in EHR to see if individual is connected to other services or has been admitted to criminal justice and/or hospital system.

The IHOT team aims to provide outreach to referred individuals twice a week, for a maximum of 120 days; however, this is subject to change depending on what is best for the individual and/or is possible.



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Co-response with Law Enforcement (LE)

If IHOT staff members encounter a client that is aggressive, violent or has a history of violence, they will request support from law enforcement following these guidelines:

1. IHOT will contact appropriate law enforcement agency and provide them details of the situation to prepare for a joint response.
2. IHOT will not approach the scene without law enforcement present, if IHOT staff are already on scene, they will maintain their safety or temporarily leave scene until law enforcement arrives.
3. Once LE arrives on scene, IHOT staff will connect with LE representatives to discuss an action plan.
4. LE will make first contact with client if contact has not already been initiated by IHOT staff.
5. LE representatives will remain on scene during IHOT team's assessment of client.

Clinical Assessment

1. Attempt to obtain consent for treatment and release of information.
2. Assess client's current safety and conduct a risk assessment if necessary.
3. Complete a brief screening/intake if client is engaged and open to it. (*Refer to the Forms section to locate the Intake Form*)
4. Determine if there are any basic needs not able to be met at this time and provide resources accordingly.
5. Utilize motivational interviewing with client and link them to appropriate treatment.



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Disengagement and Re-engagement

IHOT teams aim to outreach and engage with individuals twice a week until they are connected to treatment or for the 120 days maximum that an IHOT client can remain open. However, depending on the needs and request of the individual, rapport may be better developed when there is decreased contact with the client. If an individual refuses IHOT services and/or adamantly refuses any desire for treatment, based on clinical judgment, IHOT staff will disengage with the client and close them to the team. An IHOT individual may be referred and opened back to the same team or to one of the other IHOT teams if they continue to be a high utilizer of emergency services and are not connected to treatment. IHOT teams will also disengage and close clients if they are successfully linked to treatment, are unable to contact or locate, moved out of County, go to a SNF or IMD, or will be in custody for over 120 days. Individuals can be re-referred and reengaged with if those circumstances change, and they again become high utilizers of emergency services, are not connected to treatment, and have Medi-Cal or no insurance.

De-escalation Guidelines

1. Always remain calm, avoid showing a client that you are scared.
2. Always remain professional. If the situation becomes chaotic or dangerous, leave the scene immediately.
3. Keep sentences simple and direct.
4. When a client is agitated, avoid answering their questions.
5. Use joining phrases like “let’s” “we” and “us.” For example, “tell us what is happening today?” Avoid “I” statements.
6. Do not, **under any circumstance**, touch a client who is agitated; a supportive touch (hug, pat on the shoulder, tap on back) can be interpreted as an attack by someone who



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is triggered. Even if their emotional state is distress/distraught (crying, panicking) do not touch clients – you could trigger a flashback or a dissociative state.

7. Increase standing distance when a client is agitated. Stand 3-4 times as far away as is normal.
8. Keep voice at a low level. There is a temptation to yell when a client is not listening or is themselves yelling, but this will encourage them to maintain or escalate their yelling.

There is a pressure to match the level of those around us, so use that pressure to help the client lower their voice.
9. Never use the phrase “calm down”– ‘Calm down’ delegitimizes the client’s feelings and immediately reminds them that they are not being understood.
10. Never use the phrase “it’s ok” - ‘It’s ok’ invalidates the client’s feelings and reminds them their issue has not been understood and may incite them to increase their volume or find nonverbal ways to show how *not* ok things are.
11. Do not make extended eye contact. This can be seen as threatening.
12. Do not stand directly facing a client. Stand perpendicular.
13. Hold your hands in front of you and not in your pockets.

Safety

Vehicle safety

- IHOT staff will ensure their cars are in good working order and that cars have plenty of gas. Cars should be stocked with a flashlight, jumper cables, and a first aid kit.
- Do not park in front of emergency vehicles, including unmarked police cars.

Field Safety Guidelines

Your safety can impact your partner’s and law enforcement’s safety:

- I. Prior to approach



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- a. Gather any information about the client's history following compliance guidelines (i.e. are there prior violent encounters with the police, schools, or social services, or negative interactions with agencies in the past.)
 - b. Go out in a team of two. Discuss game plan beforehand.
 - c. Travel with a cell phone that is charged and turned on.
 - d. This is not a time to argue – trust team members. They may have seen something others missed.
 - e. Do not be afraid to exit a situation that feels uncomfortable or appears unsafe. If the client is offended, the clinician can apologize later, but may not be able to fix a situation that quickly escalates out of control.
- II. During the Field Visit
- a. IHOT staff will introduce themselves clearly, letting client know who they are and why they are there.
 - b. If a client has a pet, IHOT will assess ability to put distance between and the animal. Ask the client to put the animal away before beginning the assessment.
 - c. Stand at least 6 feet away from client when performing assessment.
- III. Law Enforcement – *Note: IHOT would only be approaching with LE in the event of a violent, aggressive, or otherwise concerning behaviors of a client.*
- a. Have law enforcement standby during the assessment.
 - b. Before contacting the client, meet with law enforcement at a location away from the crisis and brief regarding the case.
 - c. HIPAA still applies when talking with Law Enforcement so do not directly share PHI with Law Enforcement unless necessary to address an emergent threat to the client or others. In an emergent situation, the minimum necessary rule applies.



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- d. IHOT staff will ensure they are aware their role in the crisis. For example, are they there for a 5150 assessment, assisting in contacting a client who is barricaded, etc.
 - e. Officers must make first contact with the client (e.g., knock, approach the house). IHOT staff can approach once officers deem it is safe and prompts IHOT over.
 - f. Officers must standby with the clinicians during the entire assessment or until the client is transported unless otherwise discussed and approved by a manager.
- IV. Dwellings
- a. When meeting a client inside a dwelling, attempt to position yourself with space and some form of cover and/or barrier (side of wall, side of building, objects) between yourself and the client.
 - b. Do not enter the client's unit without permission.
 - c. It is typically best to meet with the client outside, when possible.
 - d. If a client has a pet, ask the client to secure the pet, even if the pet is non-violent.
 - e. Always approach with caution. This includes keeping distance between self and the client, positioning self behind the law enforcement partner.
 - f. Be aware of anything in the client's vicinity that could be used as a weapon and communicate anything concerning to IHOT partner and to law enforcement immediately. When entering a room with a client, scan for possible weapons (knives, pipes, etc.). Pay attention to nontraditional weapons as well. A book or a coffee mug can be used as a weapon.
 - g. Bed bugs/lice – if there are concerns that a client may have an infestation, make sure to avoid contact with materials in which bugs can jump easily (e.g., sitting on couches and chairs). Bag clothing once home and wash and dry clothing on high heat for at least an hour to reduce the risk of transferring an infestation.



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- V. Dress Code - Staff shall wear attire that is appropriate for the nature of work done and to convey an image to the public that is consistent with a professional and/or clinical setting. Dress sensibly at work to allow for ease of movement, including comfortable shoes. Refer to the full policy using this link on the intranet: [Dress Code](#).
- a. Staff will wear their County badge while working; if wearing around the neck, wear a detachable badge lanyard
 - b. Avoid wearing a lot of jewelry or items that can be easily grabbed by someone.
 - c. Always keep a form of identification readily available (i.e., Driver's License).

Refer to attachment I for IHOT Safety tips.

Transporting Individuals

IHOT does not provide transportation. If an individual needs transportation to an appointment IHOT can provide taxi vouchers or linkage to transportation through insurance provider.

Taxi Vouchers

In the event IHOT Clinicians are allocated Taxi Vouchers, all other alternative options for transportation should first be explored and exhausted (patrol assistance, family/friend), before considering offering a Taxi Voucher as a last resort. Taxi vouchers should not be utilized for individuals who: have a history of violent behaviors, are heavily intoxicated, or are not cooperative/unwilling/unable due to altered mental status to contract for safety. Taxi vouchers may be appropriate for individuals who are willing to agree to safety planning and are cooperative in the coordination of transportation to facilities that will aid them with resolution of the crisis on a voluntary basis.



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If a taxi voucher is provided to an individual, the IHOT Clinician will need to verify with the individual that they reached their intended destination by calling the individual/intended destination.

Once a taxi voucher has been used, please email the HSR so they can record the voucher has been used and turn in duplicate to HSR so it can be filed.

If IHOT staff needs to request more taxi vouchers, email IHOT managers/leads who will arrange pick up of new vouchers.



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PART III

Forms

- **Intake Form** - S:\Mobile Crisis Response Team\IHOT Referral tracking\Forms
- **VMC Release of Information (ROI)** - S:\Mobile Crisis Response Team\IHOT Referral tracking\Forms
- **Consent for Treatment** – S:\Mobile Crisis Response Team\IHOT Referral tracking\Forms
- **IHOT Referral Form** - S:\Mobile Crisis Response Team\IHOT Referral tracking\Forms

Attachments

- Attachment I:** IHOT Safety Tips
- Attachment II:** IHOT Statement of Work
- Attachment III:** IHOT Referral Workflow
- Attachment IV:** Starlight Community Services IHOT PnPs
- Attachment V:** BWC IHOT Staff Manual March 2003

