Mobile Crisis Response

SAMHSA National Guidelines for Behavioral Health Crisis Care:

A mobile crisis team response is one of SAMHSA's three core structural or programmatic elements of a crisis system. SAMHSA emphasizes that all crisis services must be available to ***anyone, anywhere, anytime***. Mobile crisis care:

1. Helps individuals experiencing a crisis get relief quickly and resolve the crisis situation when possible;
2. Meets individuals in an environment where they are comfortable; and
3. Provides appropriate care while avoiding unnecessary law enforcement involvement, ED use and hospitalization.

MODELS

Response teams in Montana and the nation take on many forms, each with different capabilities and limitations.

- ***Mobile Crisis Unit:*** Sometimes referred to as a "crisis response team" (CRT), mobile crisis units are solely made up of mental health professionals and/or paraprofessionals (peer support specialists, behavioral health aides).
    - House Bill 660 provides one definition of a possible mobile crisis unit
    - CAHOOTS (Crisis Assistance Helping Out On The Streets) Model (OR)
    - Montana Peer Network
- ***Co-Responder:*** Co-responder units embed a mental health professional with law enforcement when responding to behavioral health calls—increasing the opportunity for diversion.
- ***Behavioral Health Community Paramedicine:*** By incorporating a mental health professional with an ambulance or fire unit, urgent medical responses can be accompanied by immediate behavioral health services on-site.
- ***Consultant:*** In this model, a mental health professional and/or paraprofessional works on call to help law enforcement or EMS/fire navigate situations in real-time. They can consult or provide direct services via telephone or video chat.
- ***Crisis Intervention Team (CIT):*** CIT officers are not healthcare professionals, but peace officers (police, sheriff, detention center officers, etc.) that have been specifically trained to respond to behavioral health crisis situations.
    - CIT Montana (Contact Deb Matteucci) & CIT International

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CONSIDERATIONS

- ***Partners***
    - Potential partners include: local government leaders, local health departments, behavioral health providers, hospitals and emergency rooms, law enforcement agencies (including detention facilities), EMS/fire, health departments, 211, CONNECT, etc.
    - Partners must know which role they play during a crisis response in order to effectively coordinate services.
        - Example: Marion County, Indiana--What to do in Psychiatric Crisis
- ***Access***
    - Mobile crisis teams should operate 24/7, or as close to that as possible, and be able to respond anywhere--crises can occur at any time and at any location.
    - Access is critical. Market the service and its access point to ensure the public can utilize the service.
    - Triage is key. Dispatch must be trained to identify behavioral health calls and send the appropriate responders.
- ***Warm Hand-Offs & Follow-up***
    - Crisis response, regardless of the responder, is an excellent opportunity to link someone in need with services. Immediate referrals and follow-up can ensure that individuals get connected with the supports they need.
- ***Safety***
    - Mobile crisis response units should always include at least two individuals to ensure safety for both the responders and individuals in crisis.
    - Behavioral health crises require unique considerations—the effects of law enforcement presence, uniforms, marked cars, etc. should be well thought out when providing mobile crisis response services.