**HAMILTON CENTER, INC.**

**CRISIS SERVICES MANUAL**

Section: MOBILE CRISIS RESPONSE Policy No.: CRI 01.00.00.00

Policy: **NO WRONG DOOR MOBILE CRISIS RESPONSE**

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PURPOSE

The Hamilton Center Inc. (HCI) Mobile Crisis Response Team offers the community a no-wrong-door access to mental health and substance use crisis care. The Mobile Crisis Team offers community-based intervention to individuals in need wherever they are; including at home, work, or anywhere else in the community where the person is experiencing a crisis. The no-wrong-door admission allows for access for mobile crisis referrals, including working with persons of varying ages and clinical conditions regardless of acuity.

The goal of the Mobile Crisis Response Team is to better service individuals in crisis, to prevent fatalities from suicide, drug overdose, and other mental health and substance use emergencies, and to divert individuals in crisis away from hospitals, emergency departments, and jails to eliminate the overuse and misuse of these services.

PROCEDURE

**Contact**

1. Mobile Crisis response calls may be initiated via contact to an Outpatient Site, The Crisis Diversion Center, or a provider.
2. The Mobile Crisis Response Team is staffed at all times with a multidisciplinary team 24 hours a day, 7 days a week, 365 days a year.
3. The Mobile Crisis Response Team accepts referrals from 988 crises response center (within 45 miles or 60 minute urban trip | 90 rural trip).

**Triage and Pathway to Care**

1. Upon receiving an inquiry regarding a Mobile Crisis Response, an Outpatient Site or Provider will transfer the call to a trainer provider in the Crises Diversion Center.
2. The initial step in providing community-based mobile crisis services is to determine the level of risk faced by the individual in crisis and assess the most appropriate response to meet the need.
3. The Crisis Diversion Specialist will use XXX tool to determine the pathway to care.
4. The Crisis Diversion Specialist will determine if other first responders, such as law enforcement or emergency medical services, should be involved while understanding that this is not the preferred approach and one that should only be used when alternative behavioral health responders are not available, or the nature of the crisis indicates that EMS or law enforcement are most appropriate.
5. *If the person describes a serious medical condition or indicates that he or she poses an imminent threat of harm, the mobile crisis team should coordinate with emergency responders and or law enforcement..*
6. The Crisis Diversion Specialist will utilize the **Columbia Suicide Rating Scale**, an accepted, standardized suicide screening tool.

**Once Deployed**

**\****For safety and optimal engagement, two person teams should be put in place to support emergency department and justice system diversion. Emergency medical services (EMS) and law enforcement should be aware, and partner as warranted.*

A.The Community Based Mobile Crisis team will establish rapport and engage the individual in attempt to de-escalate the crisis without a higher level of care.

B.The behavioral health professional (BHP) on the mobile crisis team is responsible for completing a LOCUS assessment. Information gathered should include:

* Causes leading to the crisis event; including psychiatric, substance abuse, social, familial, legal factors and substance use;
* Safety and risk for the individual and others involved; including an explicit assessment of suicide risk;
* Strengths and resources of the person experiencing the crisis, as well as those of family members and other natural supports;
* Recent inpatient hospitalizations and/or any current relationship with a mental health provider;
* Medications prescribed as well as information on the individual’s compliance with the medication regimen; and medical history as it may relate to the crisis.
* The behavioral health professional will evaluate the need for hospitalization: homicidal/suicidal/gravely disabled

C.The behavioral health professional will review the clinical record to identify if there is a current prescribing psychiatric provider. If there is a current prescribing provider, the therapist will contact the prescribing provider to staff the crisis evaluation.

1. If consumer does not have a current HCI prescriber, the behavioral health professional will contact the on call medical practitioner. The BHP should be prepared to discuss all information required as outlined in the consultation “Crisis Staffing Consultation” document on the Clinical Resources page on the HCI NET.
2. After staffing with the medical provider and the consumer is determined to have no

current suicidal/homicidal ideation or meet criteria for being gravely disabled, the

behavioral health provider will complete safety plan,

The behavioral health provider will ask the consumer to continue outpatient treatment as clinically necessary by scheduling additional appointments.

If criteria are met for inpatient hospitalization, the provider will initiate placement process with the Crisis Diversion Center.