

## 2.10 EMERGENCY/CRISIS SERVICES

### 2.101 Crisis Response Team/Mobile Crisis Team (Adult)

Description of Services: The Crisis Response Team/Mobile Crisis Team (CRT/MCT) provides onsite, mobile assessment to individuals in an active state of crisis (24 hours per day, 7 days per week). The purpose of the CRT/MCT is to rapidly respond, effectively screen, and provide early intervention to help those individuals who are in crisis, and insure their entry into the continuum of care at the appropriate level. The CRT also identifies services and alternatives that will minimize distress and aid in crisis stabilization, and provides referral and case management services to link individuals with other service providers and community supports that can assist with maintaining maximum functioning in the least restrictive environment. Teams are typically comprised of mental health professionals, paraprofessionals, registered nurses, and peer specialists, with oversight by a psychiatrist. This service may be provided in community settings, private residences, or other locations in response to requests by police, providers, community-based agencies, family members, guardians or the individual in crisis.

Crisis stabilization requires flexibility in the duration of the initial intervention, the individuals participating in the treatment, and the number and type of follow-up services. It is crucial that the patient and the patient's family or other primary caretakers and/or social supports participate in the stabilization process whenever possible. The desired goal is to activate the individual's personal strengths and family/system resources to defuse the crisis and maintain the individual in the community whenever possible.

#### Criteria

<p><b>Admission Criteria</b></p>	<p><i>Both of the following are necessary for admission to this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The Individual must be in an active state of crisis with the ability to communicate and to comprehend and participate in proposed resolution strategies; and</li> <li>2. The Intervention must be reasonably expected to improve/stabilize the individual's condition and/or resolve the crisis safely in the community.</li> </ol> <p><i>In addition to the above, at least one of the following must be present:</i></p> <ol style="list-style-type: none"> <li>3. The Individual demonstrates suicidal/assaultive/destructive ideas, threats, plans, or attempts which present risk to self or others as evidenced by degree of intent, lethality of plan, means, hopelessness or impulsivity; or</li> <li>4. The individual demonstrates an incapacitating or debilitating disturbance in mood/thought/behavior that is disruptive to interpersonal, familial, or occupational functioning to the extent that immediate intervention is required.</li> </ol>
<p><b>Psychosocial, Occupational, and Cultural and Linguistic Factors</b></p>	<p><i>These factors, as detailed in the Introduction, may change the risk assessment and should be considered when making level of care decisions.</i></p>
<p><b>Exclusion Criteria</b></p>	<p><i>Either of the following criteria is sufficient for exclusion from this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The presenting situation does not demonstrate elements of an acute crisis that are of a life-threatening nature or are likely to significantly impact the individual's life, environment, or family dysfunction; or</li> <li>2. The individual can be safely and appropriately transported to a facility or clinical office.</li> </ol>

	<p>3. The community setting in which the crisis is occurring is judged to have unwarranted risks for the deployment of the Mobile Crisis Response Team.</p>
<b>Continued Stay Criteria</b>	<p><i>Does not apply.</i></p>
<b>Discharge Criteria</b>	<p><i>Either of the following two (2) criteria is sufficient for discharge from this level of care:</i></p> <ol style="list-style-type: none"><li>1. The Individual is released or transferred to an appropriate treatment setting based on crisis screening, evaluation, and resolution.</li><li>2. A plan of aftercare follow-up is in place and believed to be able to reasonably continue to provide services and prevent exacerbation of the crisis.</li></ol>