

3.10 EMERGENCY/CRISIS SERVICES

3.101 Crisis Response Team/Mobile Crisis Team (Child/Adolescent)

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 children/adolescents and their families 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. Referrals and coordination of services are provided to link children/adolescents and their families 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, and registered nurses, peer and/or family 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, protective service workers 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 child/adolescent and his/her family or other primary caretakers/guardians and interpersonal supports participate in the stabilization process whenever possible. The desired goal is to activate the child/adolescent's personal strengths and family/system resources to defuse the crisis and maintain the youngster in the community whenever possible.

Criteria

<p>Admission Criteria</p>	<p><i>Both of the following are necessary for admission to this level of care:</i></p> <ol style="list-style-type: none"> 1. The child/adolescent must be in an active state of crisis with the ability to communicate and to comprehend and participate in proposed resolution strategies; and 2. Intervention must be reasonably expected to improve/stabilize the child/adolescent's condition and/or resolve the crisis safely in the community. <p><i>In addition to the above, at least one of the following must be present:</i></p> <ol style="list-style-type: none"> 3. The child/adolescent demonstrates suicidal/assaultive/destructive ideas, threats, plans, or attempts which represent risk to self or others as evidenced by degree of intent, lethality of plan, means, hopelessness or impulsivity; or 4. The child/adolescent demonstrates an incapacitating or debilitating disturbance in mood/thought/behavior that is disruptive to interpersonal, familial, or occupational and/or educational functioning to the extent that immediate intervention is required. 5. Immediate intervention is reasonably expected to be able to stabilize the child/adolescent's condition and deescalate the situation safely in the community.
<p>Psychosocial, Occupational, and Cultural and Linguistic Factors</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>Exclusion Criteria</p>	<p><i>Either of the following criteria are sufficient for exclusion from this level of care:</i></p> <ol style="list-style-type: none"> 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 child/adolescent's life,

	environment, or family dysfunction; or 2. The child/adolescent can be safely and appropriately transported to a facility or clinical office. 3. The individual/family refuses services and supports and there is no evidence that they are incompetent to do so and assessment reveals that the crisis has diminished
Continued Stay Criteria	<i>Does not apply.</i>
Discharge Criteria	<i>Either of the following two (2) criteria is sufficient for discharge from this level of care:</i> 1. The child/adolescent is released or transferred to an appropriate treatment setting based on crisis screening, evaluation, and resolution. 2. A plan of aftercare follow up is in place and is expected to be able to reasonably continue to provide services and prevent exacerbation of the crisis.