What It Means To Be In A Mental Health Crisis

Too often, public systems respond as if a mental health crisis and danger to self or others were one and the same. In fact, danger to self or others derives from common legal language defining when involuntary psychiatric hospitalization may occur—at best, this is a blunt measure of an extreme emergency. A narrow focus on dangerousness is not a valid approach to addressing a mental health crisis. To identify crises accurately requires a much more nuanced understanding and a perspective that looks beyond whether an individual is dangerous or immediate psychiatric hospitalization is indicated.
Responding To A Mental Health Crisis: Ten Essential Values

1. Avoiding Harm
2. Intervening in Person-Centered Ways
3. Shared Responsibility
4. Addressing Trauma
5. Establishing Feelings of Personal Safety
6. Based upon Strengths
7. The Whole Person
8. The Person as Credible Source
9. Recovery, Resilience and Natural Supports
10. Prevention
Principles For Enacting The Essential Values

1. Access to supports and services is timely.
2. Services are provided in the least restrictive manner.
3. Peer Support is available.
4. Adequate time is spent with the individual in crisis.
5. Plans are strength-based.
6. Emergency interventions consider the context of the individual’s overall plan of service.
7. Crisis Services are provided by individuals with appropriate training and demonstrable competence to evaluate and effectively intervene.
8. Individuals in self-defined crisis are not turned away.
Principles For Enacting The Essential Values (continued)

9. Interveners have a comprehensive understanding of the crisis.
10. Helping the individual to regain a sense of control is a priority.
11. Services are congruent with the culture, gender, race, age, sexual orientation, health literacy and communication needs of the individual.
12. Rights are respected.
13. Service are trauma-informed.
14. Recurring crises signal problems in assessment or care.
15. Meaningful measures are taken to reduce the likelihood of future emergencies.

Practice Guidelines: Core Elements in Responding to Mental Health Crisis (HHS Publication No. SMA-09-4427, 2009)
Community-Based Mobile Crisis Teams

- Since the 1970s, community-based mobile crisis services have been a core component of crisis care systems. These services emerged in response to the mental health center movement of the 1960s and comprised significant changes in the treatment of people with mental illness (Ruiz et al., 1973).

- Community-based mobile crisis services use face-to-face professional and peer intervention, deployed in real time to the location of a person in crisis, in order to achieve the needed and best outcomes for that individual. Most community-based mobile crisis programs utilize teams that include both professional and paraprofessional staff. Peer support workers often take the lead on engagement and may also assist with continuity of care by providing support that continues past the crisis period.
Goals of Community-based Mobile Crisis Programs

- According to SAMHSA’s recent report on crisis care (2014, p. 10): The main objectives of mobile crisis services are to provide rapid response, assess the individual, and resolve crisis situations that involve children and adults who are presumed or known to have a behavioral health disorder (Allen et al., 2002; Fisher, Geller, and Wirth-Cauchon, 1990; Geller, Fisher, and McDermeit, 1995). Additional objectives may include linking people to needed services and finding hard-to-reach individuals (Gillig, 1995). The main outcome objective of mobile crisis teams is to reduce psychiatric hospitalizations, including hospitalizations that follow psychiatric ED admission.
Goals of Community-based Mobile Crisis Programs (continued)

While terms describing mobile crisis care differ, these programs share common goals to:

1. Help individuals experiencing a crisis event to experience relief quickly and to resolve the crisis situation when possible
2. Meet individuals in an environment where they are comfortable
3. Provide appropriate care/support while avoiding unnecessary law enforcement involvement, ED use, and hospitalization
Task Force Findings on Mobile Crisis Services

After reviewing previous reports and research on mobile crisis programs and considering model programs, the Task Force finds mobile crisis services accomplish a wide range of tasks and are a necessary, core component of a well-integrated crisis system of care. To maximize effectiveness, the availability of mobile crisis services should match needs in the area/region they serve on a 24/7/365 basis and should be deployed and monitored by a regional call center.
Essential Functions of Mobile Crisis Services

- Triage/Screening
- Assessment
- De-Escalation and Resolution
- Peer Support
- Coordination with Medical and Behavioral Health Services
- Crisis Planning and Follow-Up

When collaboration exists with hospitals, medical and behavioral health providers, law enforcement, and other social services, community-based mobile crisis is an effective and efficient way of resolving mental health crisis and preventing future crisis situations.

Crisis Now - Transforming Services is Within Our Reach (Action Alliance for Suicide Prevention, 2010)
Mobile Response Network
Crisis Intervention and Recovery Center
Seven-Stage Crisis Intervention Model

MRAP uses the Seven-Stage Crisis Intervention Model and Motivational Interviewing. Practice guidelines and essential values of responding to mental health crisis are incorporated into Crisis Services (Practice Guidelines: Core Elements in Responding to Mental Health Crises. SAMHSA, 2009).
Mobile Response Network

- Embedded Practices
  - Zero Suicide
  - Trauma Informed Care
  - Motivational Interviewing
  - Culturally and Linguistically Appropriate Service
Mobile Response Network

- **Concept**
  - Offers youth and adults throughout Stark County rapid access to the following
    - Behavioral health services
    - Linkage to ongoing treatment and support

- **Aim**
  - To provide a rapid, culturally-competent, trauma-informed mobile response employing behavioral health interventions that are sensitive to the age-specific needs of the individuals served
CIRC began providing Mobile Crisis Services to the Stark County Sheriff’s Office on May 3, 2016 in collaboration StarkMHAR. Service expansion to the Canton Police Department transpired on 6/25/2016. In January 2017, Mobile Crisis Services was renamed the Mobile Response Adult Program in preparation for migration to a joint model with the Mobile Response Youth Program in 2017. These joint programs will be housed under the umbrella of the Mobile Response Network at CIRC.
Mobile Response Network

- **Design**
  - May be accessed by calling the CIRC Behavioral Health Hotline at 330-452-6000
  - Activation of the Mobile Response Adult Program (MRAP) may be initiated by law enforcement officers throughout Stark County
  - Activation of the Mobile Response Youth Program may be initiated by the following entities throughout Stark County:
    - Individuals
    - Families
    - School personnel
    - Medical personnel
    - Law enforcement officers
    - Other community entities
Core Functions of the Mobile Response Network Team

- Provide 24/7 access to Mobile Response Network services
- Coordinate rapid co-response to youth and adults experiencing crises
- Conduct Crisis Assessments
- Perform lethality assessments
- Develop collaborative Crisis Care Plans with client, family and significant others
- Provide information, referral, and service navigation
- Refer and link clients to needed resources and services for follow-on care
- Conduct follow-up calls and community outreaches (Postvention)
Mobile Response Adult Program (MRAP) Pathways

- Supportive Response Pathway
  - Within 24 hours
  - Low risk due to mental health symptoms
  - Would benefit from referral to behavioral health care services and social service agencies
  - Acceptance of treatment options

- Accelerated Response Pathway
  - Within 12 hours
  - Moderate risk due to mental health symptoms
  - High utilizer of emergency services
  - Acceptance of treatment options
Mobile Response Adult Program (MRAP) Pathways

- Rapid Response Pathway
  - Within 30 minutes
  - High risk due to mental health symptoms
  - Substantial risk of physical harm to self
  - Refusing voluntary treatment options
  - Requires rapid co-response
Mobile Response Youth Program (MRYP) Pathways

- Supportive Response Pathway
  - Telephone contact
  - Caller requests no face-to-face contact
  - Caller is gathering information unrelated to an identified individual

- Accelerated Response Pathway
  - Within 24 hours
  - Caller requests delayed activation
  - Example:
    - Parent or school personnel requests assistance during a specified timeframe
Mobile Response Youth Program (MRYP) Pathways

- Rapid Response Pathway
  - Within 30 minutes
  - Urgent need that requires rapid stabilization
  - Any situation when the caller identifies the need for a rapid response
  - Examples:
    - Activation by law enforcement, juvenile justice system, or hospital personnel
    - Reports of high-risk behaviors
    - Individual presents as a danger to self or others
    - High degree of distress is reported by the family
Mobile Response Network Organizational Chart

Christa McCabe
Administrative Oversight

Monica Miller
Clinical Oversight

MRN Manager
0.5 FTE MRAP/0.5 FTE MRYP
Shift: 1000-1800

MRAP Counselor
1 FTE
Shift: 1400-2200

MRAP Counselor
1 FTE
Shift: 2200-0600

MRYP Counselor
1 FTE
Shift: 1200-2000

MYRP Counselor
1 FTE
Shift: 1000-1800

Family Peer Recovery Supporter
1 FTE
Shift: 1200-2000

Behavioral Health Triage Specialists
24/7
CIT - Crisis Intervention Teams