Guide: Using Mobile Crisis Services in lieu of an Order to Apprehend

What is Mobile Crisis?

Mobile crisis is a statewide service provided by DBHDD. This service is available 24/7/365 and can be requested through the Georgia Crisis and Access Line (GCAL).

Mobile Crisis is intended to:

- De-escalate crisis situations;
- Relieve the immediate distress of individuals experiencing a crisis situation;
- Reduce the risk of individuals in a crisis situation doing harm to themselves or others; and
- Promote timely access to appropriate services for those who require ongoing mental health or co-occurring mental health and substance abuse services.

How can Mobile Crisis assist when family/loved ones are requesting an Order to Apprehend (OTA)?

A mobile crisis team can provide an assessment by a licensed clinical professional to determine the most appropriate level of care. While some individuals may require an evaluation at an emergency receiving facility, others may be able to have their needs met through outpatient appointments with a community behavioral health provider in their area. Mobile crisis engagement may be less traumatic for the individual. It often results in linkage to community services that provide the most appropriate level of care.

When should I call GCAL to request Mobile Crisis?

Request mobile crisis when an individual is experiencing a behavioral health crisis, or is in a situation likely to turn into a behavioral health crisis if intervention does not occur. GCAL will assess each request individually to determine the most appropriate level of care.

A crisis is defined as an acute response to an event or situation, whether real or perceived, wherein one's regular level of functioning is, or is perceived to be, disrupted; one's usual coping mechanisms have, or have been perceived to have, failed; and there is evidence of significant distress or functional impairment.

If physical or medical safety is an immediate concern, Mobile Crisis is not a viable option. On average, teams are expected to arrive at the crisis scene within an hour of dispatch – if the safety of those involved cannot be maintained for that period of time, 911 is recommended. If after EMS/Law Enforcement arrives and determines the person does not need to go to jail or the ER, they can call GCAL to request Mobile be dispatched. They should first determine whether the scene can remain stable long enough for the team to arrive.

What information should I have when requesting Mobile Crisis?

- Demographic information
- Description of the crisis, including the problematic behaviors and symptoms? (In addition to basic clinical, GCAL needs to be able to determine whether the Mental Health team or the Developmental Disabilities team should be dispatched)
- Where the individual is located
- Who, if anyone, is with the individual
- Whether the individual currently has a weapon or has access to weapons
- Whether there are any safety concerns at the location (pets, other potentially aggressive people, etc.)

Why does GCAL ask to talk with the individual in crisis before dispatching mobile crisis?

Choice: Whenever possible, we want to work collaboratively with individuals in crisis and respect their right to be involved in their care and other related decisions. As with all other behavioral health services, individuals in crisis should also be given the opportunity to consent for services.

Engagement: The request to speak with the individual in crisis is *not* an effort to exclude someone from mobile crisis but an attempt to improve the effectiveness of the intervention. People may have a more positive response if they are aware that the team is arriving, rather than strangers appearing without warning.

Safety: Speaking to the person helps the clinician determine if there are any safety risks to the person being served or the mobile crisis team. If we are unable to speak with the individual, or there is imminent risk to the individual, GCAL may engage law enforcement or 911 to assist in response.

Can Mobile Crisis be dispatched if the GCAL clinician is not able to talk with the individual?

Yes. Engaging the individual by phone prior to the visit is preferable, but mobile crisis can still be dispatched if the GCAL clinician cannot speak to the individual.

Can Mobile Crisis be dispatched if the family or third-party caller is not with the individual?

Yes. The family may not be able to be with the person in crisis, whether due to distance or safety. GCAL can work with the caller to facilitate a meeting with the mobile team and the family at a location close to the individual. It is preferable that someone who knows the individual is present, but that may not always be possible. In some situations, GCAL may require that law enforcement must go with the mobile team.

Can Mobile Crisis be dispatched if we don't know where the individual is?

No. We need to be able to notify the team of the exact location of the individual in crisis.

How does GCAL determine that Mobile Crisis should be dispatched?

Clinicians at the GCAL call center gather information to determine the intensity of the individual's current symptoms, level of risk, history of violence against self or others, and environmental factors. These aspects are considered together to determine the need for mobile services and what supports may be needed to keep the individual and mobile crisis team safe.

These guidelines help standardize communication and clarify expectations, so that everyone is speaking the same language. Additional information can be found in the attached appendices.

Appendix A: Acuity Guidelines

The determination of acuity is the basic building block of GCAL's clinical triage and suggests an appropriate disposition. This identification is based on the documentation of the clinical interview. It is not based on payer source, age, or location. It also outlines the timelines appropriate for the level of service needed.

These guidelines aid in determining the appropriate referral (e.g. mobile crisis, 911, community referral, etc.) based on the individual's symptoms and level of risk. In some cases, mobile crisis may be dispatched outside of these parameters if requested by DBHDD, a community partner (such as probate or emergency department requests), or if GCAL is aware of history that makes the individual a good candidate for this intervention.

Acuity	**Intensity (one or more of the following is present)**	**Potential Responses Based on Acuity Level:**
Emergent	A life threatening condition exists as caller presents: ▪ Suicidal/homicidal intent ▪ Active psychosis ▪ Active withdrawal (alcohol, benzodiazepines, barbiturates) ▪ Disorganized thinking or reporting hallucinations which may result in harm to self/others ▪ Imminent danger to self/others ▪ Unable to care for self NOTE: Though we attempt to document as many clinical and demographic fields as possible, data collection is never to be a barrier in the process of linking individuals with emergent needs to services. GCAL associates collect whatever data possible to provide the swiftest and safest linkage possible.	*For an Emergency Crisis:* ▪ Immediately arrange to be seen within *2 hours* ▪ If suicidal/homicidal with means, call 911/police ▪ If active withdrawal, send to nearest ER for medical clearance ▪ If safe to do so, offer mobile crisis assistance or assertive community treatment (ACT) team assistance if the individual is enrolled ▪ Follow GCAL workflow to relay situation to provider if already enrolled
Urgent	▪ No suicidal/homicidal intent ▪ Denies suicidal plan/means/capability ▪ Expresses hopelessness, helplessness, sense of burdensomeness, disconnectedness, or anger ▪ May develop suicidal intent without immediate help ▪ Potential to progress to need for emergent services ▪ May express distress/impairments that compromise functioning, judgment, and/or impulse control ▪ May have withdrawal signs/symptoms from non-life threatening substances: cocaine, methadone, heroin ▪ Dependence on alcohol, benzodiazepines, or barbiturates, but not in active withdrawal and no history withdrawal seizures or detox symptoms	*For Severe Situation:* ▪ Offer mobile crisis dispatch or ACT team assistance for individuals enrolled in ACT ▪ Offer an urgent appointment within *24 hours* (48 hours at the maximum) ▪ Instruct caller to re-contact GCAL if condition worsens ▪ May include assisting in the implementation of existing crisis plan (if one exists through mobile crisis or through the Georgia Collaborative ASO partners) with available supports or certified peer specialists ▪ Follow GCAL workflow to relay situation

		to provider if already enrolled
Routine	▪ Affects caller's ability to participate in daily living ▪ Markedly decreased the caller's quality of life ▪ Caller acknowledges some distress/concerns ▪ No evidence of danger of harm to self/others ▪ No marked impairments in judgment or impulse control ▪ Severity warrants assessment and possibly services ▪ Substance abuse issues with possibility of substance dependence	*For Distressed Caller:* ▪ Re-contact GCAL if condition worsens ▪ Assist in identifying a provider and warm-transfer to the provider during business hours, or give the phone number after hours
Referral Only (Non-Core Customer)	▪ Presenting problems do not rise to clinical acuity required for state-funded services (which require Severe & Persistent Mental Illness)	▪ Offer appropriate referral or resource ▪ Suggest that the individual contact his or her insurance carrier (if appropriate) for appropriate routine resources
Warm-Line (Support Only)	▪ Caller is already linked with community services and does not have urgent or emergent needs	▪ Encourage individual to contact current provider ▪ Follow GCAL workflow to relay situation to provider if already enrolled ▪ Connect to Georgia Mental Health Consumer Network Peer Warm Line if appropriate
Information Only	▪ No identified consumer for clinical triage; simply a request for basic information	▪ Provide requested information
Business Call	▪ Request for an administrative staff person or in regard to an administrative matter	▪ Link to appropriate Behavioral Health Link staff
Inappropriate Call	▪ Wrong number, prank, or inappropriate call	▪ No action necessary

Appendix B: Mobile Crisis Dispatch Levels

These guidelines help GCAL determine when to request assistance from mobile crisis supervisors and varied levels of support from law enforcement. This support ranges from asking law enforcement to accompany, follow behind, or be on standby for the team.

Level 1	**Law Enforcement Leads** (with Mobile Crisis Team Accompanying or Following Behind) The team must heed police instructions and respond as the scene is deemed safe for entry.	This level indicates situations that are too dangerous to deploy without the environment first being secured by law enforcement. It is also key in these situations to have a response within the shortest time possible. The Georgia Crisis & Access Line initiates Rescue Protocol and does not dispatch the Mobile Crisis Team as sole responder if the caller is in imminent danger to self and/or others (as evidenced by any of the following): • "Likely" or "Very Likely" intent for suicide attempt (more than desire/ideations and capability alone) • "Likely" or "Very Likely" intent for homicide attempt • Threat to staff • Possession of weapon
Level 2	**Mobile Crisis Team Leads** (with Law Enforcement in the Background or Following Behind but on the Scene)	Caller reports any of one of the following: • History of aggression • Recent acts of aggression • Self-Injury This level indicates situations where BHL staff enters into the environment first but law enforcement is immediately available if needed.
Level 3	**Mobile Crisis Team Lifeline** (Law Enforcement on Standby by Phone)	All "Emergent" cases and certain "Urgent" cases (where clinical judgment suggests that a call to apprise law enforcement of the situation is prudent)
Level 4	**Mobile Crisis Team A lone** (With no Law Enforcement)	"Urgent" cases in which the absence of clinical intervention suggests the advancement to greater risk or other cases where children or adolescents are being referred to the state hospital or LOC
Level 5	**Secure Location (Hospital, Jail, Social Service Agency Etc...)**	These cases are in a safe location so a clinician may respond alone without a Field Care Consultant. Calls to residences, (apartments, homes etc.) are not "safe sites." With supervisory permission, a Clinician may be sent alone if another mental health or social services professional is already on site (i.e. DFCS, CSB employee).