

# **Crisis Care Mobile Units (CCMU) & Behavioral Health Justice Intervention Services (BHJIS)**

Workshop 8 | December 6, 2022

## **How to Triage Crisis Calls and Determine Criteria for Mobile Crisis Dispatch**



CRISIS CARE MOBILE UNITS PROGRAM

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**BEHAVIORAL HEALTH**  
**Justice Intervention Services**

# Welcome and Introductions

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, ranging from a deep magenta to a light lavender. The bands flow across the middle of the slide, creating a sense of movement and depth.

**Danielle Raghieb, LCSW**

TTA Specialist, Center for Applied Research Solutions (CARS)

# Today's Presenters

**David Eric Lopez, MFT**

Program Director, King's View Central Valley Suicide Prevention

# How to Triage Crisis Calls and Determine Criteria for Mobile Crisis Dispatch

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, ranging from a deep magenta to a light lavender, positioned in the lower half of the slide.

**David Eric Lopez, MFT**

Program Director, King's View Central Valley Suicide Prevention

# Objectives

- » Definitions of suicidal/mental health crisis
- » Provide an overview of initial contact assessment
- » Introduce safety and risk assessment procedures
- » Determining level of response
- » Follow up and resources

# Definitions

## Mental Health Crisis

- A mental state in which a person's behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community.

## Mental Health Emergency

- A life-threatening situation in which an individual is threatening immediate harm to self or others, is severely disoriented or out of touch with reality, or is otherwise out of control.

## Suicidal Ideation

- Wish to die.
- Active thoughts of killing themselves.

## Suicide Attempt

- A self- injurious act committed with at least some intent to die as a result of the act
- There does not have to be any injury or harm, just the potential for injury or harm
- Intent and behavior must be linked



# Initial Contact Assessment

- 1) **Access line counselors should introduce yourself and identify the agency they are with.**
- 2) **Ask the following**
  - Callers name
  - Name and age of person in crisis
  - Current location (and any additional demographic information as available and appropriate)
  - Good call back number
  - Assessment of danger/safety concerns (weapons present, etc...)
  - Assessment of person in crisis possibly under the influence (last time used, etc...)
- 3) **Gather the reason for the call.**
  - Why did they call (information/referral/crisis intervention/emotional support)
- 4) **Move toward attending skills.**
  - Active listening/building trust/paraphrasing/empathizing/assessment
- 5) **Gather information throughout the call.**

# Safety/Risk Assessment

» **Every counselor must consistently think about safety.**

- Clients/Counselors/Crisis Clinicians

» **Assess for the following.**

- Individual is in the act of self-harm or a suicide attempt
- Individual has a weapon or other lethal means (with them)
- Threatening self-harm or suicide/homicide
- Asking specific questions about substance use (current, last time used?)
  - » Talking about death or suicide while intoxicated or high
- Actively experiencing SMI symptoms and Mental health Hx/Dx

» **Ask direct questions about:**

- Suicide/homicide
- Talking about death or suicide and acting anxious or agitated over the phone



# Determining Level of Response

## » Is caller describing a mental health emergency/mental health crisis?

- If individual is in act of suicide (taken pills/on bridge/railroad)
- High level immediate response
  - Medical concerns
  - Consider risks for team
  - Crisis co responder (law enforcement)/ mobile crisis units

## » Does the individual have a weapon (knife/firearm) with intent?

- High level of risk
  - Immediate response
    - » Access line counselor to attempt to have caller remove means



# Determining Level of Response (cont.)

- » **Does the individual have a high level of risk that is not immediate?**
  - Mental health crisis/Crisis mobile team
- » **Is the individual out of touch with reality or having hallucinations?**
  - Command/Auditory
  - Visual
    - Crisis Co Responders
- » **Is the individual in a mental health emergency?**
  - Access counselor to stay on the line with caller where individual is requiring immediate date response
  - Send mobile units (with law enforcement/EMS)



# Determining Level of Response (cont.)

## » Is the individual in a mental health crisis?

- No high-level immediate risk crisis co-responder team
  - Mobile crisis counselor teams

## » Is the individual experiencing an SUD Crisis?

- De-escalation strategies
- Person in crisis and their rights when under the influence of alcohol and/or other substances.
- Substance induced psychosis and level of care evaluations

## » Mental health crisis/emotional crisis/support

- Non-emergency
  - Mobile Crisis team
- Low risk
  - De-escalation via phone contact







# Follow-Up/Resources

- » During contact best practice is to offer/provide follow-up
  - Follow-up can be done by a peer support specialist
- » One follow-up should be conducted within 48-72 hours
- » Brief check-in
- » Provider referrals
- » Additional local resources as needed

# Times and Frequency of Calls for Service

- » Know your service area
- » Are weekends comprised of high or low calls for service
  - Rural areas tend to have decreased calls for service on weekends
- » 2am-7am typically slower calls for service
- » Identify ability to adjust for coverage needs







Questions  
Comments  
Discussion



# Presenter Information

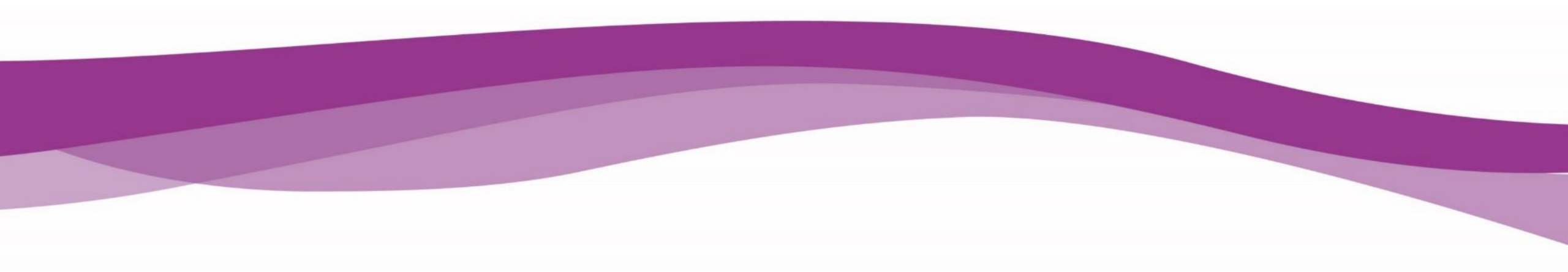
**David Lopez, MFT**

Program Director

Central Valley Suicide Prevention

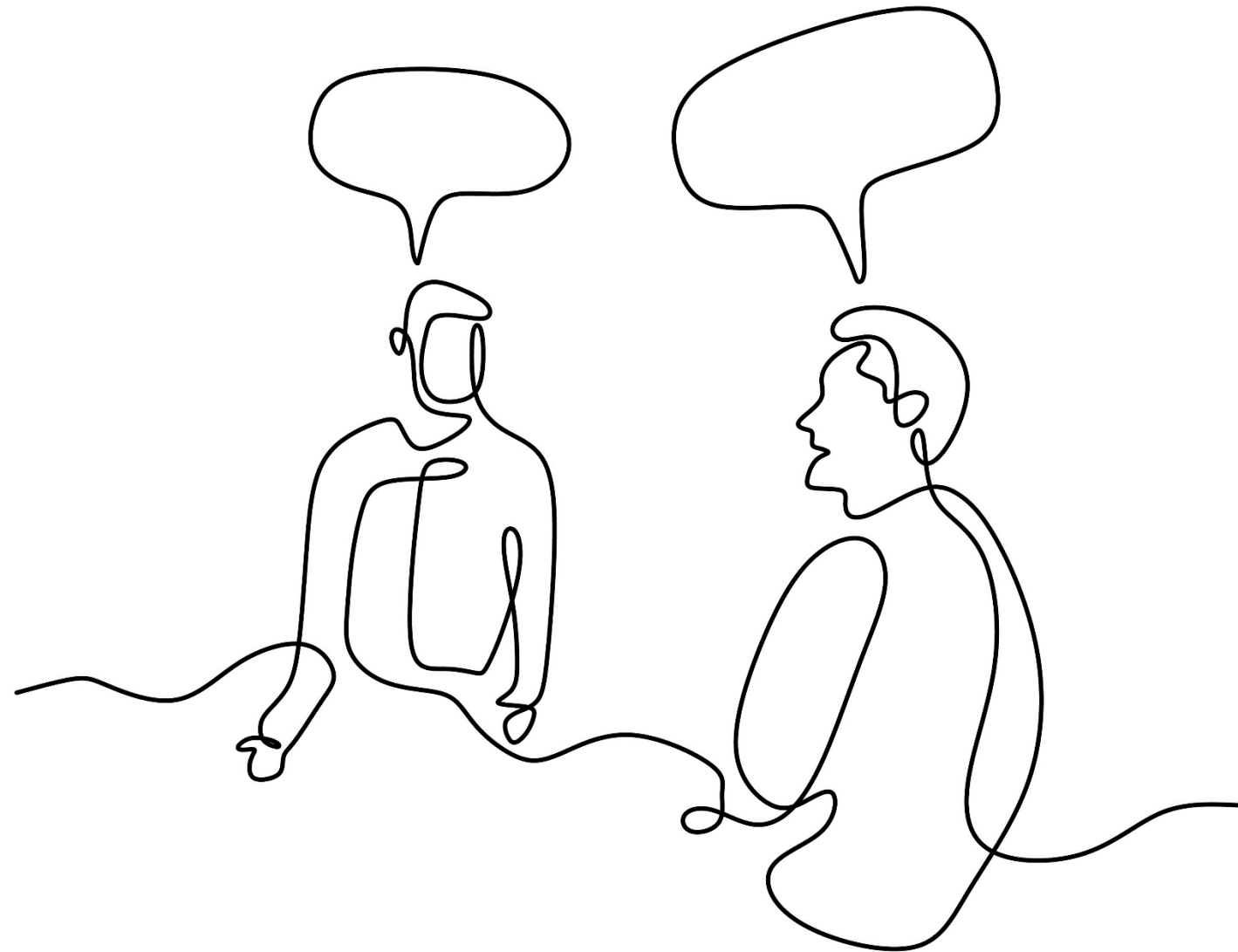
[dlopez@kingsview.org](mailto:dlopez@kingsview.org)

# Group Discussion and Closing



» Open Discussion amongst Grantees

» Q&A



**Appreciation!**

*Thank you*

# Contact Us

**Monica Reeves (Project Director)**  
[mreeves@ahpnet.com](mailto:mreeves@ahpnet.com)

**Andrew Guy (Implementation Specialist)**  
[aguy@ahpnet.com](mailto:aguy@ahpnet.com)

**Miranda March (TTA Lead)**  
[mmarch@cars-rp.org](mailto:mmarch@cars-rp.org)

**Danielle Raghیب (TTA Specialist)**  
[draghib@cars-rp.org](mailto:draghib@cars-rp.org)

**Carla Lemos (Implementation Specialist)**  
[clemos@ahpnet.com](mailto:clemos@ahpnet.com)

**Veronica Welch (Grantee Liaison and Coach)**  
[vwelch@ahpnet.com](mailto:vwelch@ahpnet.com)

**Charlie Seltzer (Coach and Subject Matter Expert)**  
[Grandview.charlie@gmail.com](mailto:Grandview.charlie@gmail.com)

**For General Questions**  
[CCMU@ahpnet.com](mailto:CCMU@ahpnet.com)