

EMERGENCY SERVICES

Mobile Crisis Intervention

Mobile Crisis Intervention is the youth (under the age of 21) -serving component of an emergency service program (ESP) provider. Mobile Crisis Intervention will provide a short-term service that is a mobile, on-site, face-to-face therapeutic response to a youth experiencing a behavioral health crisis for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing immediate risk of danger to the youth or others consistent with the youth’s risk management/safety plan, if any. This service is provided 24 hours a day, 7 days a week.

The service includes: A crisis assessment; development of a risk management/safety plan, if the youth/family does not already have one; up to 7 days of crisis intervention and stabilization services including: on-site face-to-face therapeutic response, psychiatric consultation and urgent psychopharmacology intervention, as needed; and referrals and linkages to all medically necessary behavioral health services and supports, including access to appropriate services along the behavioral health continuum of care.

For youth who are receiving Intensive Care Coordination (ICC), Mobile Crisis Intervention staff will coordinate with the youth’s ICC care coordinator throughout the delivery of the service. Mobile Crisis Intervention also will coordinate with the youth’s primary care physician, any other care management program or other behavioral health providers providing services to the youth throughout the delivery of the service.

Criteria	
Admission Criteria	<p><i>All of the following are necessary for admission to this level of care:</i></p> <ol style="list-style-type: none"> 1. The youth must be in a behavioral health crisis that was unable to be resolved to the caller’s satisfaction by phone triage. For youth in ICC, efforts by the care coordinator and Care Plan Team (CPT) to triage and stabilize the crisis have been insufficient to stabilize the crisis and ESP/Mobile Crisis Intervention has been contacted. 2. Immediate intervention is needed to attempt to stabilize the youth’s condition safely in situations that do not require an immediate public safety response. 3. The youth demonstrates impairment in mood, thought, and/or behavior that substantially interferes with functioning at school, home, and/or 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"> 1. The youth demonstrates suicidal/assaultive/destructive ideas, threats,

	<p>plans, or actions that represent a risk to self or others.</p> <p>2. The youth is experiencing escalating behavior(s) and, without immediate intervention, he/she is likely to require a higher intensity of services.</p> <p><i>In addition to the above, at least one of the following must be present:</i></p> <p>1. The youth is in need of clinical intervention in order to resolve the crisis and/or to remain stable in the community.</p> <p>2. The demands of the situation exceed the parent's/guardian's/caregiver's strengths and capacity to maintain the youth in his/her present living environment and external supports are required.</p>
Psychosocial, Occupational, and Cultural and Linguistic Factors	<i>These factors may change the risk assessment and should be considered when making level-of-care decisions.</i>
Exclusion Criteria	Consent for an evaluation and mobile crisis intervention services is refused.
Continued Stay Criteria	<i>Does not apply</i>
Discharge Criteria	<p><i>Any one of the following criteria is sufficient for discharge from this level of care:</i></p> <p>1. The crisis assessment and other relevant information indicate that the youth needs a more (or less) intensive level of care and the Mobile Crisis Intervention has facilitated transfer to the next treatment setting and ensured that the risk management/safety plan has been communicated to the treatment team at that setting.</p> <p>2. The youth's physical condition necessitates transfer to an inpatient medical facility and the Mobile Crisis Intervention provider has communicated the youth risk management/safety plan to the receiving provider.</p> <p>3. Consent for treatment is withdrawn and there is no court order requiring such treatment.</p>