

Crossroads Behavioral Healthcare and Easter Seals UCP

Mobile Crisis Management Team

Diane Morrison, MS
Director ACCESS, Crossroads Behavioral Healthcare

Kathy McGuire, MSW
Director of Special Programs, West for Easter Seals UCP

Mobile Crisis Management Team

Collaborative Partnerships

- Mobile Crisis Management Team is dispatched almost exclusively through Crossroads ACCESS staff
- Provides immediate feedback to the LME on the status of the individuals and family in crisis
- Allows for the team to connect the individual with a follow-up appointment of their own choosing with Crossroads ACCESS staff scheduling those appointments whenever possible
- Increases the relationship of the LME and provider community through regular dialogue both on an individual case basis and more globally on a crisis continuum

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Mobile Crisis Management Team

Crisis and Recovery Center

- Mobile Crisis staff consults with the physician serving both Mobile Crisis and the Crisis and Recovery Center to determine if the individual is best served through a voluntary placement in facility based crisis for short-term stabilization.
- Provides an immediate and local response for individuals in crisis in order to provide short-term stabilization and an opportunity to begin the journey into recovery

Local Emergency Rooms

- Local emergency rooms call for mobile crisis team intervention through Crossroads ACCESS, again further strengthening those partnerships between LME, provider network and local healthcare facilities

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- Law Enforcement: Presentations to all officers during required Special Populations training.
- Homeless shelter: Mobile Crisis staff are working to develop our relationship with staff at homeless shelters and are working out protocols in these developing relationships
- System of Care Interagency Groups: presentations to local System of Care groups to provide opportunities for feedback on the impact of crisis services in the Crossroads area

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Mobile Crisis Management Team

Where does the program fit on the crisis continuum?

- Mobile Crisis: Acute intervention
- Crisis and Recovery Center: Crisis Treatment
- Crisis and Recovery Center and where appropriate, Community Support Services: Recovery/reintegration

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Outcomes

- Fiscal Year 2007-2008 through March:
 - 599 interventions
 - 252 remained within the community
 - 103 were admitted to the Crisis and Recovery Center
 - At least 19 were admitted to detox facilities
- Fiscal Year 2006-2007
 - 430 interventions
 - 227 remained within the community
 - 61 were admitted to Crisis and Recovery Center (opened January 2007)
 - Data not kept on detox admissions

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Mobile Crisis Management Team

What have been the keys to success?

- Getting the right people on the team (from leadership to paraprofessionals).
- Provide opportunities for new members to “shadow” experienced team members before providing services
- Excellent physician services
- Communication across systems through:
 - Regular presentations to agency staff co-presented by LME and Easter Seals staff
 - Community forums
 - Regular meetings of LME and Easter Seals crisis services leadership
- Training and supervision
 - On-going for ACCESS and crisis services staff
 - Competency checklists as an on-going training and performance monitoring tool

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Mobile Crisis Management Team

What comes next?

- Continue to develop existing collaborative relationships and seek out new ones
- Gain more insight through data collection and evaluation
- Hire a team leader exclusively for mobile crisis services
- Frequent flyers: seek ways to increase coordination of individuals served, crisis providers and mental health, DD, and substance abuse providers to develop a comprehensive treatment process that occurs across systems
- Improve and increase data collection to meet the needs of collaborative partnerships (ie: System of Care, housing collaboratives, etc)

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