

# **The Charleston/Dorchester Community Mental Health Center's Assessment/Mobile Crisis Team (A/MC)**

**Taking Emergency Psychiatry to the  
Streets**

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# Assessment/Mobile Crisis (A/MC)

## *Staffing Level*

- 7.8 Master's prepared clinicians
- 1 team leader, a Master's prepared clinician
- 1 director of Emergency Services, a Master's prepared clinician who manages all emergency services of CDMHC, to include A/MC
- 3 part-time psychiatrists for approximately 20 hours a week
- 1 administrative specialist

# Assessment/Mobile Crisis (A/MC)

## *Functions*

- **Triage** – determines the needs of callers and folks walking into the clinic and offering appropriate treatment options
- **“Mobile Calls”** – assessing and addressing consumers’ psychiatric needs in their natural environment as requested by family members, neighbors, consumers, treatment providers, law enforcement, EMS, etc.
- **Intakes** – Assessing scheduled and non-scheduled consumers in the clinic setting for their need of services from the mental health center and offering appropriate treatment options

# FUNCTIONS – CONT'D

- **Probate Court Screenings** – helping community members navigate the Probate Court commitment process
- **Probate court consults** – seeing folks on a mobile call when community members indicate emergency admission papers may be indicated but before papers are done.
- **Community Liaison-** Coordinating care for consumers throughout the community in order to improve treatment and continuity of treatment
- **Gatekeeping/Funding Approval** – manages the flow of patients from local hospitals to DMH state hospitals, and manages the funding process for indigent patients needing admission to local hospitals

# MOBILE CRISIS AND LAW ENFORCEMENT – THE DANCE!

- WHEN MOBILE CRISIS MAY NEED LAW ENFORCEMENT
  - on a potentially dangerous call in the community
  - with a potentially dangerous consumer in a treatment facility
  - to transport a committed individual to a hospital bed
  - to transport an individual who needs an evaluation by a physician to an ER or mental health facility

# **MOBILE CRISIS AND LAW ENFORCEMENT – THE DANCE CONTINUES.....**

- **WHEN LAW ENFORCEMENT MAY NEED MOBILE CRISIS – YES, IT DOES OCCASIONALLY HAPPEN.....**
- **on a scene with a psychotic individual**
- **on a scene with a suicidal individual**
- **on a critical incident needing a negotiator**
- **after having picked up an individual who needs an evaluation by a physician**
- **for info/consultation about psychiatric issues**
- **after a critical incident for a critical incident stress debriefing**

# Assessment/Mobile Crisis (A/MC) *Hours of Coverage*

- On duty (in house), 8a – 6p, M – F
- On call (at home), 24 hours, Sa, Su.
- Available all holidays. (some holidays are staffed in house and some are staffed on-call)

***Someone from A/MC can be reached 24 hours a day, 7 days a week.***

# CAPABILITIES

- Can facilitate both voluntary and involuntary admissions to hospitals 24/7
- Can provide medications in the “field” if a physician is available to go “mobile”
- Can provide trained crisis negotiators and trained Critical Incident Stress Debriefers
- Will always respond to scenes when requested by law enforcement



# LIMITATIONS

- Cannot transport individuals
- Cannot respond to scenes as quickly as law enforcement/EMS – NO BLUE LIGHTS!
- Cannot always dispatch a physician to a scene
- Cannot safely assess intoxicated individuals in the “field”

# WHAT IS A PSYCHIATRIC EMERGENCY?

- ***Imminent*** risk of harm to self or others
- ***Any*** request for immediate assistance from Law Enforcement, EMS, the Fire Service or from members of the Coastal Crisis Chaplaincy
- Any constellation of symptoms and signs that indicates a clear onset or relapse of a consumer's psychiatric syndrome that produces profound dysphoria and/or dysfunction. Phone counseling cannot ameliorate the crisis.