







# Mobile Crisis Response Assessment

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# Presenters



David Eric Lopez, Program Director,  
Kings View's Central Valley Suicide  
Prevention Hotline.



Danielle Raghieb, PPSC, LCSW, Crisis  
Care Technical Assistance Specialist,  
The Center for Applied Research  
Solutions (CARS).

# Mobile Crisis Response Services

- » *Mobile crisis services provide rapid response, individual assessment and community-based stabilization to Medi-Cal beneficiaries who are experiencing a behavioral health crisis. Mobile crisis services are designed to provide relief to beneficiaries experiencing a behavioral health crisis, including through de-escalation and stabilization techniques; reduce the immediate risk of danger and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations and law enforcement involvement.*



## A new direction for mobile crisis services

- » Overall change in mobile crisis services is for the response to be more resolution focused and work to provide relief to people in crisis in the community
- » Support people in crisis where they are, while using the least restrictive means necessary



# A new direction for mobile crisis services

- » Mobile Crisis Response services should be;
- Person-centered
  - Trauma-informed
  - Equity-driven
  - Brief intervention: de-escalation and resolution focused
  - Working from a lens of least restrictive interventions
  - Culturally responsive, linguistically appropriate, and accessible



# M-TAC Core Training Modules

## » Core Training Modules

- Conducting a Crisis Assessment
- Crisis Intervention and De-escalation Strategies
- Harm Reduction Strategies
- Delivering Trauma-Informed Care
- Crisis Safety Plan Development



# The M-TAC team is here to collaborate!

Intention is to work collaboratively with counties to develop trainings and standardized tools

- Crisis assessment tools
  - Triage and dispatch tools
- » Ongoing monthly meetings with counties to gather information and tell us what they need
- » Looking directly for your thoughts and experiences in the field to help re-envision the delivery of mobile crisis services across the state to positively transform the crisis care experience for everyone



# Temperature check

- » Do we feel like we are being asked to give up anything?
- » Does it feel like we are moving towards more effective practices and fewer potentially harmful interventions? Or vice versa?



# The world of mobile crisis response

- » Mobile crisis services in CA are not new. However, they are being expanded and made more comprehensive to suit the needs of an ever-growing population in CA
- » New Medicaid covered services in CA
  - Types of mobile crisis response teams has varied
    - Nature of the work
    - Key deliverables
    - Team composition
    - Clinical approach etc...

Let's use some polling questions to get a sense of your direct experiences

**Tell us more  
about you**

Years of  
experience in the  
behavioral health  
field?

Current role with  
mobile crisis  
team?

Years doing crisis  
work specifically?



# Learning Objectives for today's session

- » Understand a person-centered approach in crisis assessment for increased engagement and establishing a sense of security
- » Brief intervention and immediate support to calm crisis state
- » Understand how to support an individual to experience relief throughout a crisis assessment and various components
- » Review of the importance of self-care and a healthy work environment

# Polling Question

- » What has been your primary role on your mobile crisis team?
  - Level of care evaluations (5150/5585)?
  - Treatment/resolution focused crisis response (no formal 5150/5585 eval role)?
  - Co-response with law enforcement?
  - Other? Please explain in chat box

# Polling Question

- » What location do you typically deliver crisis intervention services?
  - Please put your response in the chat box



# CRISIS

## What is a Crisis?

- » A “behavioral health crisis” refers to any event or situation associated with an actual or potential disruption of stability and safety as a result of behavioral health issues or conditions. A crisis may begin the moment things begin to fall apart (e.g., running out of psychotropic medications or being overwhelmed by the urge to use a substance they are trying to avoid) and may continue until the member is stabilized and connected or re-connected to ongoing services and supports.



# The Experience of Crisis

- » Individuals in a state of crisis may experience problems as insurmountable
- » People may feel a physical rise in tension and pressure; if attempts to solve the problem are unsuccessful, there is a further rise in tension
- » They may continue to use their known coping skills and lack of success may result in periods of disorganization, leading to *desperate* attempts at solving the problem
- » People may be overwhelmed with feelings that range from fear to panic and from anger to rage and experience confusion



# What mobile crisis services looked like for mental health

Call for  
Emergency  
assistance  
via 911

- Police
- Fire
- Emergency medical services
- Mobile crisis team

Assessing if  
the client  
met  
criteria

- Danger to self
- Danger to others
- Grave disability

# Applying the new direction of mobile crisis services

- » Meeting people where they are with the **intention** of helping them experience relief, provide support, offer guidance, and resolve the crisis, in the least restrictive setting
  - Supporting self-determination/empowerment and autonomy of choice
  - All forms of language are powerful tools
- » Provide appropriate care the first time, every time – lens of a willingness for help
- » Delivering care that is experienced as safe and effective



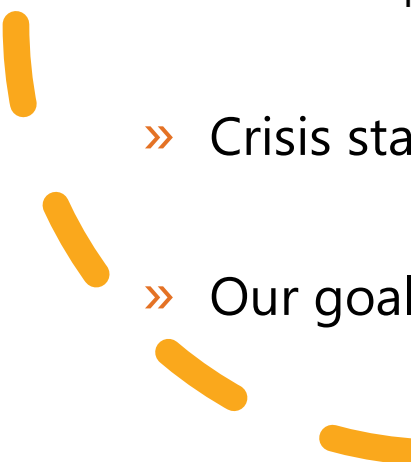
# Mobile Crisis Response

- » Is not always a 5150/5585 level of care evaluation
- » Is not just about providing referrals when criteria are not met
- » Eligibility should not be limited to only those who seem to be candidates for hospitalization
- » It is about providing relief to the individual and any family supports
- » Providing psychoeducation
- » Adding to their coping skills





# Consider this...

- » What is happening to the person in crisis...
  
  - » Questions to think about...
    - Can a person be suicidal and NOT be in crisis?
    - Can a person have severe mental illness and not be in crisis?
    - Can a person with a substance use disorder be experiencing a crisis that is not at all related to mental illness or substance use?
    - Can a person have no diagnosis at all and be experiencing a serious crisis?
  
  - » Crisis state is a protective, physiological response—it happens to all of us
  
  - » Our goal is to help a person through that crisis state
- 

# What do you hope for?

- » What do you see as the major transformational challenges for the system?
- » What will mobile crisis teams and communities need to rethink?
- » What habits of mobile crisis response teams will need to adapt/strengthen?
- » What community partnerships will be key to your successes? Why are cross systems so important for the work you do?



# Polling Question

- » What would be evidence to you, as part of the mobile crisis team, that the crisis intervention has been effective?
  - What would you see?
    - Consider the shift in mood and behaviors of the individual/family/caregiver in crisis
    - Please put your response in the chat box



# Person Centered Crisis Intervention & Assessment

- » Person-centered crisis intervention is based on a foundation of “presence”
  - Being fully present and engaged with the client
  - Viewing the person as the expert in their life
  - Integrating cultural considerations and unique beliefs into stabilization and assessment
- » Pillars
  - Rapport
  - Trust
  - Validation
  - Empathy
  - Unconditional positive regard





# Person Centered Crisis Intervention & Assessment

- » Before starting a formal assessment ask yourself...  
Am I listening, understanding, trusting, etc.?

Questions to consider...

- » What happened/is happening?
  - This is very different from "what is wrong with you?"
- » What did you experience/are you experiencing?
- » What might help right now (to calm symptoms...to make this service more comfortable)?
- » Why did you decide to call the mobile crisis team? What are you hoping will happen because of this service? What questions do you have?





# Cultural Humility vs. Cultural Competence

## Cultural Competence

- » Emphasizes the knowledge of the individual providing the service
- » Is the ability to work respectfully with people from diverse cultures, while recognizing one's own cultural biases

## Cultural Humility

- » Cultural humility refers to an orientation towards caring for one's patients that is based on: self-reflexivity and assessment, appreciation of patient expertise on the social and cultural context of their lives, openness to establishing power-balanced relationships with patients, and a lifelong dedication to learning. (Lekas, H. M., Pahl, K., & Fuller Lewis, C. 2020)
- » Expands upon the knowledge base and is an important aspect for an effective crisis intervention

# Know thyself!

- » Being called out to a crisis call can drum up a multitude of feelings, even if you are experienced in helping others
- » It is important to be mindful and acknowledge your own attitudes and emotions



# Knowing yourself activity

- » Consider the following...
  - Why did you choose to become a helping professional?
  - Why serve in a mobile crisis response team?
  - Have you ever felt unprepared for a situation in the field? How did you manage those feelings?
  - Is there a population you consider may be challenging to work with? How will you approach this if called to serve that population?



# Break Time

10-minutes

# The art of crisis assessment

Every one of us has a unique skill set...

- Perspectives
- Lived experiences
- Variety of disciplines
  - Peers, case managers, community health workers, mental health professionals, first responders, etc.
- Multi-disciplinary teams bring a diverse set of interventions and approaches that are inclusive and strength based

Building rapport and trust is key to what we do

- Calmness, collaboration, understanding, stability, supportive and resolution focused

# Observation of person in crisis

- » Observe verbal and non-verbal communication
- » Posture
- » Tone of voice
- » Rate of speech
- » Facial expression
- » Note shifts in body language (posture, eye contact, facing you or away)

# Safety Assessment vs. Risk Assessment

- » While these two share similarities there are some key differences
- » Risk assessment places the focus on the current presenting risk factors and level of care assessment
- » Safety assessment places the focus on the persons' strengths and ways they can stay safe in the community
- » Consider your past crisis interventions. What lens were you using to view the client?
  - Place your responses in the chat section



# Person Centered is Holistic in Nature

- » Gathering an understanding of the person in crisis and what factors contributed to them entering a crisis state
- » Learn about their unique view of their situation and how we can support them through the crisis
- » Allows for exploration with the person in crisis of their own existing strengths and what works best for them
  - Ask what natural supports they may have in their life
  - Coping skills



# Narrative/Storytelling Assessment Style

- » Every time we work with a person in crisis, we must lead with empathy, care, respect, and dignity
- » See the person, not the symptoms
- » Have conversation vs an interrogation
- » Weave the assessment into the crisis intervention/conversation
- » Many people hear; YOU must listen
  - Ask earnest and clarifying questions
    - Do not assume; paraphrase and ensure understanding
    - Sit in the passenger seat
    - Mirror body language
    - Attunement
    - Validation

# Non-Verbal Attending skills

- » Good communication involves more than just verbal content, attending body language greatly aids in the crisis assessment and intervention
- » Eye contact
- » Body position
- » Vocal tone
- » Silence
  - Consider cultural influences



# Rapport Building & Validation

- » Can you tell me a bit more about what's been going on lately?
- » Can you tell me your story and how you see what got us here?
- » Based on what has been going on at (home, work, school), what, in your opinion, might be some of the major problems?
- » This sounds very difficult. Is it better at (work, school, home?) (exploring for hope while validating)
- » Tell me a little more about how \_\_\_\_\_ has changed/affected you?

# Hear their story



- » For a person or family to reach out for help is an invitation to provide support
- » Every "crisis event" will have had a multitude of contributing factors that led to them entering the crisis state
- » Create an environment where we can support the person in need while learning more about them in a non-judgmental way
- » Remaining true to providing relief and solution focused care

# Deepen your understanding



- » Validation of the person's experience is key and coupled with paraphrasing creates a safe space for the person in crisis to express themselves
- » Questions such as the following can help deepen your understanding of their situation
  - What were your feelings when that happened?
  - What did you mean by \_\_\_\_\_?
  - What else is important for me to know?
  - Tell me more about \_\_\_\_\_?



# Focus on one area or concern

- » Because the person in crisis is likely experiencing challenges in more than one area, focusing on a single idea or area of concern can help get to the heart of the problem
- » Questions such as the following can help guide the conversation
  - You mentioned several things, let's talk a bit about (a topic they have mentioned)
  - This point seems important and worth looking more closely at
- » In the chat box, please add what other questions you would ask the person in crisis to help guide the conversation?

# Focus on the needs of the person

- » Identify with the person what they would like from this interaction
- » Empower the person throughout the interaction
  - Highlight strengths
  - Spotlight past success
  - Tie into their resilience
- » Help the person problem solve
  - They are the expert in their life





# Exploring their strengths and current coping skills



WHAT HAVE YOU  
THOUGHT ABOUT  
TRYING?



HOW DID THAT WORK  
FOR YOU?



HOW HAVE YOU BEEN  
DEALING WITH THIS?



HOW DO YOU USUALLY  
SOLVE PROBLEMS?



HAVE YOU EVER BEEN  
IN A SIMILAR  
SITUATION BEFORE?



HAVE YOU TALKED TO  
ANYONE ELSE ABOUT  
THIS?



DO YOU HAVE ANY  
HOBBIES OR  
INTERESTS?

# Asking about risk to self and others

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Variety of ways to ask

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Simple, clear, direct, and not leading

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Strength-based and person-centered

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What are ways you have asked about suicide? What works? What doesn't work?



# Hear their story and listen for

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- Hope is powerful!
  - Help the person see ways of overcoming their challenges
  - Great way to spotlight ambivalence in the person
  - Person centered as it is their own reason for a better tomorrow
- With everything that is happening to you, what gives you hope?



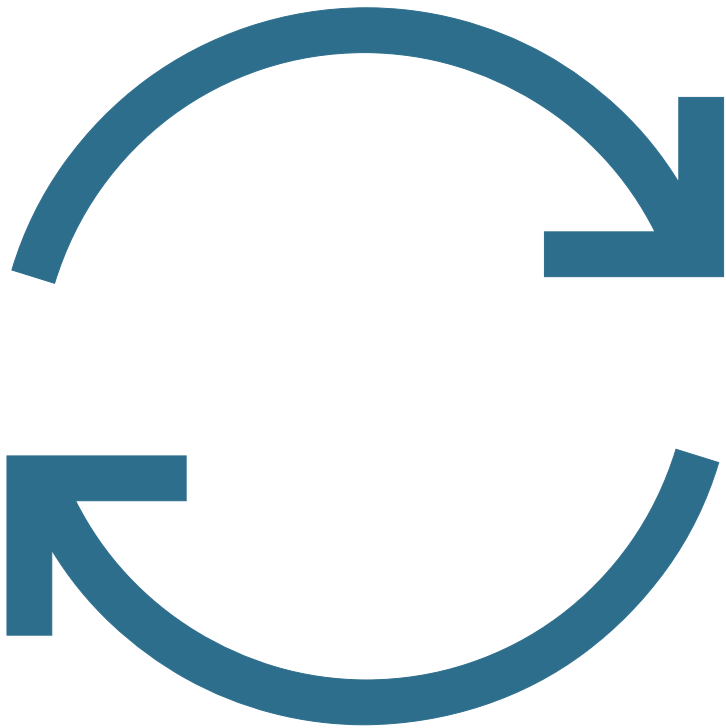
# What resources are readily available



- » Help support the person in crisis by exploring available resources
- » Self-reliance
- » Any family, friends, support groups
- » People who have helped in the past
- » Community resources
- » Emergency resources
- » What resources are available in your area of service that can help someone in crisis?
- » Who or what in the community can help the person's specific need?

# Summarizing

- » A process where the mobile crisis teams can put together key themes, feelings, and issues the person in crisis has presented
- » This can be used throughout the intervention and assessment to gather a clear understanding and to help the person refocus on a single topic or key area
- » Summarize to recap what was discussed and the safety plan they created



The background features several pink alarm clocks scattered across a light blue surface. A large, light blue circle is centered on the page, containing the text. To the left of the circle, there are several short, orange, dashed lines. A small white circle is located at the bottom right edge of the light blue circle.

# Break Time

5-minute standup

# Joel, 37-year-old white male, in his apartment:

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You receive a call for service for a mobile crisis unit to assess a 37-year-old white male named Joel. Joel had called 988 around 11am reporting ongoing suicidal thoughts. During the call, Joel reported ingesting a handful of sleeping pills the night before. He reports he got scared and later induced vomiting and slept through the night. During the conversation, Joel reports he feels lost and is struggling not to "finish the job." He did not want to disclose his location. However, the 988 center contacted emergency response who were able to trace the call and police have arrived on scene and initiated the call for assessment. Joel reports ongoing feelings of frustration and hopelessness, but states that his overdose was impulsive, not planned, and that he regretted it immediately. Yet he doesn't know why he still feels this way. He is hesitant to discuss how often he thinks of suicide. He admits to drinking a six pack of beer the previous night before the overdose and to drinking "a few" several times a week. He denies the use of any other drugs. Joel recently lost his job of two years, broke up with his girlfriend and is uncertain where he will live moving forward. The officer reports Joel disclosed a prior suicide attempt at age 17 when he was in a foster home. Joel currently sees a therapist; however, he feels isolated from his family and has few friends.

# Vignette Questions

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Using a person-centered, resolution focused approach, please consider the following...

- » What approach would you take?
  - Is it resolution focused ?
- » How would you show Joel you're here to support?
- » What questions would you ask Joel to understand more about his crisis?
- » How can you work with Joel to help him stay safe and experience relief?



# All behaviors have a purpose

- » When working in the field of behavioral health, it is important for us to remember individuals have various ways of dealing with life's situations and struggles
- » People have multiple ways of coping with crisis, including some that are not as healthy as others
  - Commonly seen during crisis assessment: substance use, aggression, risky or reckless behavior, defiance, self-injurious, disruptive behaviors

What coping skills do you encounter the most? Healthy or not...

# Ashley, 16-year-old, non-binary, on school campus

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- » You receive a call for service to respond to a local high school campus where a 16-year-old, Asian, non-binary student, made comments about not wanting to live anymore and not being able to “take it” to a classmate. The classmate reported it to a school counselor who contacted them and called for service.
- » From the counselor’s report, Ashley did state they were feeling suicidal and had a couple of plans as to how they were going to kill themselves, including running onto the freeway, however they did not disclose when. They reported they feel as if they cannot trust anyone as their best friend betrayed them and appears to be devastated by this. Additionally, both of their dogs had to be put down and their romantic partner of eleven months broke up with them. Ashley feels alone and can't talk to anyone because they do not trust anyone. Ashley frequently engages in self-harm by cutting and feels that their thoughts of suicide have become more intense over the past two weeks. Ashley used to play on the basketball team but was recently cut because of their grades and attendance. The school counselor did contact Ashley’s parents, to notify them of the call for service to the mobile crisis unit.

# Vignette Questions

---

Using a person-centered, brief intervention, resolution focused approach, please consider the following...

- » What approach would you take? How would you show Ashley you're here to support and validate their experience?
- » What questions would you ask Ashley to discover more about their self-injurious behaviors?
- » How would you validate their coping skill?
- » How can you work with Ashley to reduce harm and help them identify safer alternative coping skills and stay safe in the community?



## Crisis Assessment recap

- » Summary of what has been done...
  - Worked to calmly and effectively engage
  - Crisis assessment and exploration of safety
  - Provided brief crisis treatment, support, and resolution
- » What should come next?
  - Safety planning
  - Harm reduction
  - Discussion about resources and services
  - Must be collaborative, strength-based, and person-centered

# Crisis Planning

- » As appropriate during the mobile crisis services encounter, the mobile crisis team shall engage the beneficiary and their significant support collateral(s), if appropriate, in a crisis planning process to create or update a crisis safety plan for the beneficiary to avert future crises
- » When appropriate, crisis planning may include the development of a written crisis safety plan

# Crisis Planning

- » Crisis safety planning may include:
  - Identifying conditions and factors that contribute to a crisis
  - Reviewing alternative ways of responding to such conditions and factors
  - Identifying steps that the member can take to avert or address a crisis

# Crisis planning should be person-centered

- » Collaborative approach to develop a safety plan that works for the person in crisis
  - Allows for self-determination
- » Ask earnest questions and be curious
  - Offer relevant resources that work for the person in crisis
  - i.e., when directing someone to call a hotline when in crisis and they say "I won't call the hotline" we can ask "who can/would you call instead to get some support?"
- » No wrong door approach
- » Be intentional, get creative
  - Apps
  - Written/stored in notes on phone



# What approach do you take?

- » What crisis assessment tools are you using?
  - » What do you like?
  - » What type of safety plans do people in crisis prefer and are most likely to use?
  - » Is anyone using psychiatric advance directives?
- 
- » How do you plan for system coordination for safety plans?
    - Is there a system for crisis teams to access crisis plans?
    - A flag for call center and mobile crisis team that there is one on record to which they can refer?
    - How do we shift to a more meaningful, non-duplicative safety plan development?



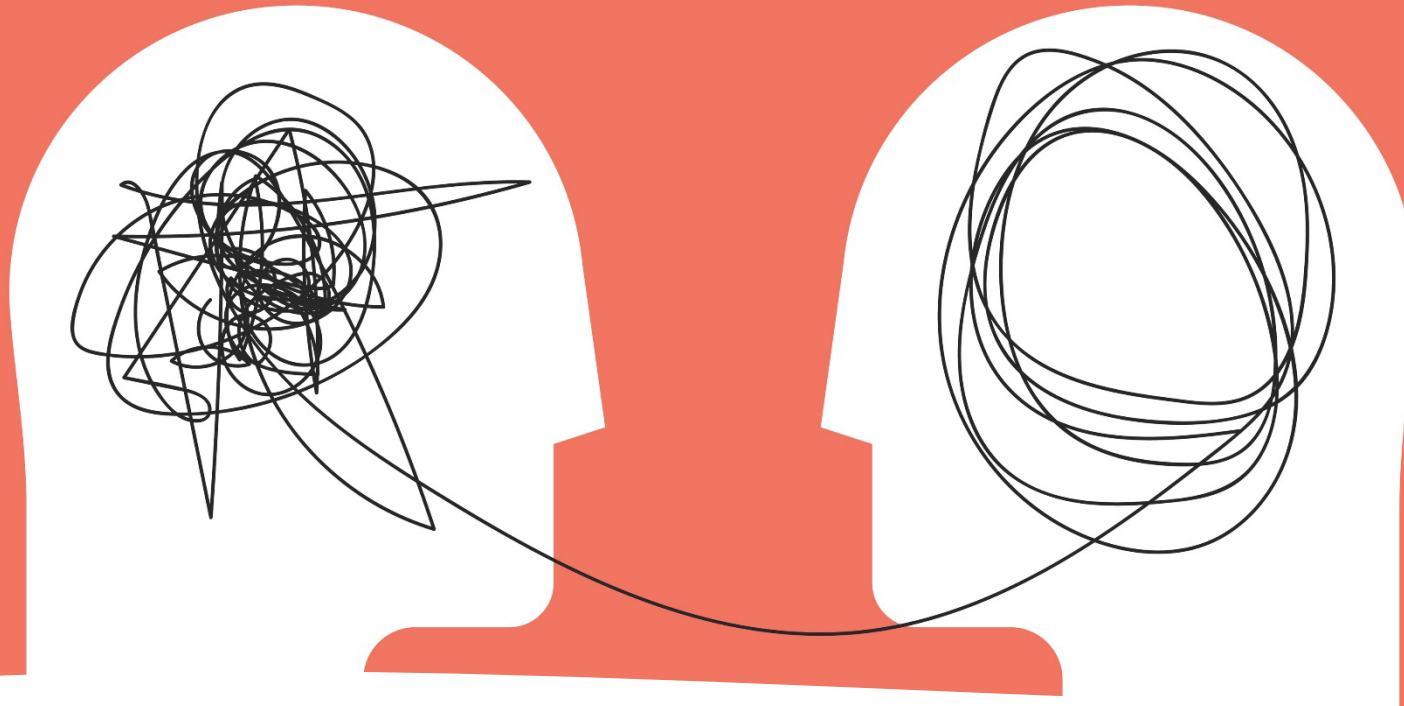




# Now you've done the work, time for YOU!

- » Crisis work is an extremely rewarding profession
- » It brings a unique experience and perspective that many clinical teams would not encounter
- » It provides opportunities for consistent collaboration between mental health providers, law enforcement personnel, emergency services, consumer advocates, and other providers
- » It also carries a high degree of stress, which, when left unaddressed, can take a toll on us

# Controlled Empathy



- » “Controlled empathy” is a vigorous neurological activity. When a helping person is listening to the shocking, sad, or traumatic stories of another, it may look like he or she is calmly sitting and listening. But the activity going on inside the listener’s brain and body looks anything but calm (International Trauma Consultants, 2006)
- » Not only is the helper absorbing the story, he or she must respond to the content in a constrained manner that is geared to aid the suffering person



# Vicarious Trauma

- » The emotional residue of exposure to traumatic stories and experiences of others through work; witnessing fear, pain, and terror that others have experienced; a pre-occupation with horrific stories told to the professional (American Counseling Association, 2016)
  - Sometimes referred to as “secondary traumatization, secondary stress disorder, or “insidious trauma” (ACA, 2016)
- » Included in the DSM-5 as part of the cluster of “trauma- and stressor-related disorders”
- » Various vicarious trauma assessment questionnaires
  - [National Alliance of State and Territorial AIDS Directors \(NASTAD\)](#)
  - [Center for Disease Control \(CDC\) Fact Sheet](#)
  - [Office for Victims of Crime \(OVC\) Vicarious Trauma Tool kit](#)



# Burnout

- » Burnout is not new. However, it is important we address it as it can impact those in the helping professions
- » Burnout is a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job (Maslach, C., & Leiter, M. P. 2016)
- » Can be brought about by workplace conflict, overload of responsibilities, perception of inequality and inadequate rewards, and consistent exposure to traumatic materials (Chamberlain and Miller, 2008)
- » Emotional exhaustion, depersonalization, and reduced personal accomplishment
- » Feelings of being emotionally overextended, depleted, or self-doubt
- » Increasing disillusionment (Edelwich and Brodsky, 1980)
- » How many of you have felt a level of burnout over the past year?




# Staying Healthy

- » Ask yourself: what brings you joy?
  - Check in with yourself: are you are still doing those things?
- » Make time for yourself
  - Eat healthy
  - Drink water
  - Exercise
  - Rest
- » Set professional and personal boundaries
- » Balance is a key contributor to avoiding burnout and reducing stress



## Staying healthy at work

- » Healthy Workday habits
  - Create a morning wellness routine
  - Ensure to eat and take breaks
  - Decompress
  - Check in with team members
- » Characteristics that contribute to a healthy workplace
  - Organizational culture focused on person-centered care over productivity and other performance metrics, robust management skills and practices to overcome bureaucracy, opportunities for employee professional development and self-care (Rollins et al., 2021)



## Staying healthy at work cont.

- » Modulating leadership style
- » Flexibility with schedules while meeting the demands of service
- » Programed check-ins for wellness and prioritizing employee overall wellness
- » Team members can have agency and are regularly asked for viewpoints

What would you add to this or takeaway?  
What do you need?

# Recap of today's learning objectives



- » Understand a person-centered approach in crisis assessment for increased engagement and establishing a sense of security
- » Brief intervention and immediate support to calm crisis state
- » Understand how to support an individual to experience relief through a crisis assessment and various components
- » Review the importance of self-care and a healthy work environment



# Questions and Open Discussion



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