



Mobile Crisis Teams help over 1200 people stay in their communities each month

January – March 2009		
After-Service Placement ¹	Number of Calls	Percent of Calls
Other Community Setting	3024	60%
Inpatient Care	1392	27%
Community Crisis Setting	606	12%
Jail	60	1%
Total Calls	5082	100%

Mobile Crisis Teams consist of professionals with experience in responding to crisis situations among persons with mental health, developmental disabilities and substance abuse conditions. With access to a psychiatrist as needed, the team can provide immediate response to a person’s crisis 24 hours a day. They work to stabilize the person, while making sure that she or he, as well as others, are safe. The goal, when possible, is to address the crisis, while helping the person to remain in their current home, so that she or he does not face criminal charges or commitment to a psychiatric hospital.

During January, February and March 2009, Mobile Crisis Teams responded to over 5,000 crisis calls across the state. As shown in the graph above, these teams helped over 3,600 persons in crisis to remain in community settings. Slightly over one-quarter of the calls resulted in admissions to inpatient psychiatric or substance abuse treatment facilities. Only 60 individuals were sent to jail or detention.

¹After Service Placements:

Community Settings – current setting, natural supports, medical referral START Team, other.

Inpatient Care – community hospital psychiatric unit, state psychiatric hospital, alcohol and drug treatment centers.

Community Crisis - facilities for detoxification, facility-based crisis, crisis respite.

Jail – Jail or detention.

Mobile Crisis Teams are but one way in which individuals in crisis can get the help they need to remain in their home communities. In fact, developing a comprehensive crisis service system is one of the five major objectives of the Division's State Strategic Plan 2007-2010. In addition to using specially legislated funds to increase the crisis service capacity in communities, the Division has been working to achieve this objective by improving:

- crisis intervention and stabilization training techniques,
- continuity of care planning, and
- crisis response coordination between crisis service providers and community hospitals, primary care physicians, clinics, and other community agencies.