

**West Michigan Regional MCC  
SYSTEM  
MOBILE CRISIS RESPONSE TEAM**

Initial Date:  
Revised Date:

Section 8-xx

**Mobile Crisis Response Team**

Adopting MCAs will have an “X” under their MCA name. If no “X” is present, the MCA has not approved or adopted the protocol.

Allegan	Barry	Clare	Ionia	Isabella	Kent	Mason
Montcalm	Muskegon	N. Central MI	Newaygo	Oceana	Ottawa	

**Purpose:** To outline procedures for Emergency Medical Services (EMS) personnel to request and collaborate with behavioral health mobile crisis response teams, ensuring specialized assessment and care for individuals experiencing a behavioral health crisis.

**Definitions**

1. Mobile Crisis Response Team – A specialized community-based team of behavioral health professionals that provides rapid response and support to individuals experiencing acute behavioral health crisis.
2. Behavioral Health Crisis – A situation where an individual experiences disturbances in thoughts, emotions, or behaviors that impairs their ability to function effectively. Examples include:
  - a. Acute psychosis, severe anxiety, panic attacks, hallucinations, delusions, or disorganized thinking.
  - b. Overwhelming feelings of despair, hopelessness, anger, or agitation.
  - c. Impulsive or destructive behaviors.
3. Safety Planning –A proactive, collaborative process led by behavioral health professionals to help individuals at risk of a behavioral health crisis develop strategies and resources to keep themselves safe.

**Procedure**

1. Follow the **Behavioral Health Emergencies Protocol**.
2. Ensure scene safety and remove any immediate means of harm if safe to do so (e.g., weapons, medications).
3. Assess the patient and situation to determine the need and appropriateness for deployment of a mobile crisis response team.
  - a. Any patient experiencing a behavioral health crisis, as defined above, may benefit from the deployment of the Mobile Crisis Response Team.
  - b. If the patient meets the definition for Behavioral Health Crisis, discuss the option of having a mobile crisis response team deployed to the scene as an alternative to transport to the emergency department.
  - c. Complete the S.M.A.R.T. EMS Medical Clearance screening.

MCA Name: **Muskegon County MCA**  
 MCA Board Approval Date:  
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4. Request Mobile Crisis Response Team through dispatch.
5. Upon arrival of the mobile crisis response team, provide a comprehensive report including:
  - a. Patient demographics and medical history.
  - b. Current assessment findings.
  - c. Any actions taken or interventions provided by EMS.
6. Coordinate with the mobile crisis response team to further assess the patient and develop a joint care plan.

**Transport Decision**

1. Collaborate with the patient and mobile crisis response team to determine if transport to an emergency department is appropriate or if the patient can safely be treated on scene by the mobile crisis response team.
2. If the patient prefers treatment on scene by the mobile crisis response team, follow **Refusal of Care Protocol** for refusal of transport.
3. Patients who lack medical decision-making capacity or are otherwise unable to be medically cleared using the S.M.A.R.T. EMS Medical Clearance screening, or are deemed to be an immediate threat to themselves or others, should be transported to the emergency department by EMS.

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# SMART EMS Medical Clearance Form

	No*	Yes
<b>S</b> uspect <u>New Onset</u> Psychiatric Condition? .....	1	
<b>M</b> edical Conditions that Indicate Need for ED Treatment? .....	2	
Diabetes (BGL less than 60 or greater than 250) .....		
Possibility of pregnancy (age 12-50) .....		
Other medical/trauma complaints that require ED treatment .....		
<b>A</b> bnormal: .....	3	
<b>Vital Signs?</b>		
Temp: greater than 38.0°C (100.4°F) .....		
HR: less than 50 or greater than 110 .....		
BP: less than 100 systolic or greater than 180/110 (2 consecutive readings 15 min apart) .....		
RR: less than 8 or greater than 22 .....		
O <sub>2</sub> Sat: less than 95% on room air .....		
<b>Mental Status?</b>		
Cannot answer name, month/year and location (minimum A/O x 3) .....		
If clinically intoxicated, HII score 4 or more? .....		
<b>Physical Exam findings requiring ED evaluation?</b> .....		
<b>R</b> isky Presentation? .....	4	
Age less than 12 or greater than 55 .....		
Possibility of medication ingestion (screen all suicidal patients) .....		
Eating disorders .....		
Potential for alcohol withdrawal (daily use equal to or greater than 2 weeks) .....		
Ill-appearing, significant injury, prolonged struggle or "found down" .....		
<b>T</b> herapeutic Levels Needed (is the patient prescribed any of the medications below)? .....	5	
Phenytoin .....		
Valproic acid .....		
Lithium .....		
Digoxin .....		
Warfarin (INR) .....		

If ALL five SMART categories are checked "NO" then the patient is likely to not benefit from evaluation or treatment at an emergency department.

If ANY category is checked "YES" then the patient should be transported to an emergency department for further evaluation/treatment.

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ COMPLETED BY: \_\_\_\_\_






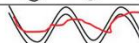

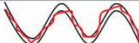

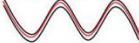
PRINT

SIGNATURE











## Hack's Impairment Index (HII Score)

Time	0)	1)	2)	3)	4)
<b>Gross Motor Function</b>					
Unable to cooperate; cannot sit up	4	4	4	4	4
Can sit up, but unsteady	3	3	3	3	3
Can sit up steadily	2	2	2	2	2
Can stand and walk, but unsteady	1	1	1	1	1
Can stand and walk steadily	0	0	0	0	0
<b>Mentation and Speech</b>					
Unable to cooperate; unintelligible speech/moans	4	4	4	4	4
Slurred speech; does not make sense	3	3	3	3	3
Slurred speech; answers some questions	2	2	2	2	2
Imperfect speech; answers most questions	1	1	1	1	1
Baseline speech; lucid and appropriate	0	0	0	0	0
<b>Tracing Curve</b>					
Unable to participate	4	4	4	4	4
Makes mark on paper	3	3	3	3	3
Traces mostly outside of the line	2	2	2	2	2
Traces mostly inside the line	1	1	1	1	1
Traces curve perfectly	0	0	0	0	0
<b>Nystagmus</b>					
Unable to participate	4	4	4	4	4
Profound nystagmus / can't follow finger with eyes	3	3	3	3	3
Moderate nystagmus/follows finger for short distance only	2	2	2	2	2
Minimal nystagmus/follows finger with eyes whole time	1	1	1	1	1
No nystagmus/accurately touches targets	0	0	0	0	0
<b>Finger to Nose Testing</b>					
Unable to participate	4	4	4	4	4
Grossly unsteady/misses targets	3	3	3	3	3
Unsteady and inaccurate/barley touches targets	2	2	2	2	2
Steady/touches targets, but inaccurate	1	1	1	1	1
Steady/accurately touches targets	0	0	0	0	0
<b>Total Score</b>					
<b>Healthcare Provider Initials</b>					

### Scoring Reference

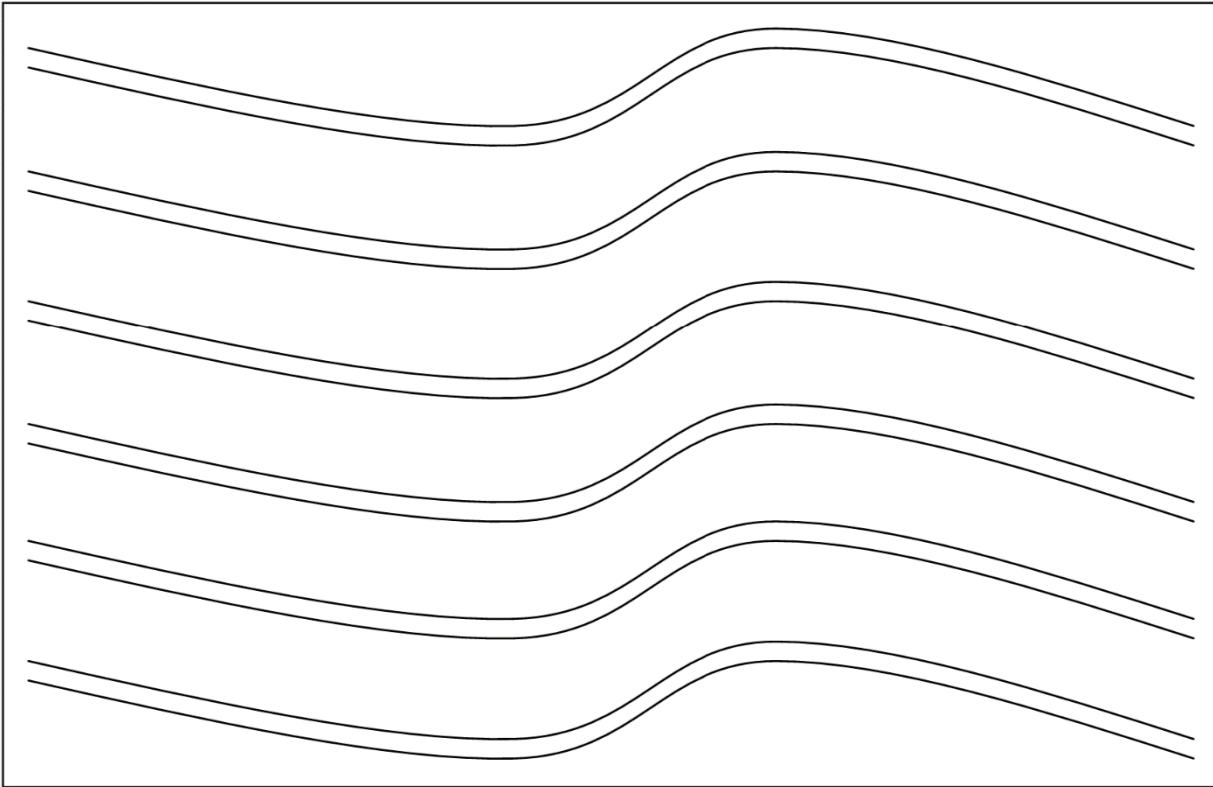
Gross Motor Function			Mentation and Speech			Tracing Curve		
Unable to cooperate; cannot sit up		<b>4</b>	Unable to cooperate; unintelligible speech or only moans		<b>4</b>	Unable to participate		<b>4</b>
Can sit up, but is unsteady		<b>3</b>	Slurred speech; does not make sense		<b>3</b>	Makes mark on paper		<b>3</b>
Can sit up and is steady, but cannot stand		<b>2</b>	Slurred speech; answers few questions appropriately		<b>2</b>	Traces mostly out side of line		<b>2</b>
Can stand or walk, but is unsteady		<b>1</b>	Imperfect speech; answers most questions appropriately		<b>1</b>	Traces mostly inside lines		<b>1</b>
Can stand and walk and is steady		<b>0</b>	Normal or Baseline speech; Conversive and appropriate		<b>0</b>	Traces curve perfectly		<b>0</b>

Nystagmus			Finger to Nose Testing		
Unable to participate		<b>4</b>	Unable to participate		<b>4</b>
Profound nystagmus; unable to follow finger with eyes		<b>3</b>	Grossly unsteady; Misses finger to target		<b>3</b>
Moderate nystagmus; only follows finger with eyes for short distance		<b>2</b>	Unsteady; Inaccurate/barely touches target		<b>2</b>
Minimal nystagmus; follows finger with eyes whole time		<b>1</b>	Steady; Inaccurate but touches target		<b>1</b>
No nystagmus; Follows finger with eyes whole time		<b>0</b>	Steady; Accurate finger to target		<b>0</b>

# Tracing Curve

Time:



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_