## **THERE IS HOPE**

## YOU NEED SOMEONE TO LISTEN

YOU ARE NOT ALONE

## WE ARE HERE FOR YOU



TULALIP HEALTH SYSTEM BEHAVIORAL HEALTH

**CRISIS CO-RESPONSE** 



(360) **502-3365** or call 24/7

# 988, Option 4 Native and Strong Lifeline

MRRCT MAY RESPOND IN PERSON Monday - Friday 8:00 am - 4:30 pm AND AFTER HOURS BY PHONE AND/OR BY TEXT



MOBILE RAPID RESPONSE CRISIS TEAM (MRRCT)

MRRCT is designed to support the community. Call us when in crisis, or questioning if there is a crisis.



#### MOBILE RAPID RESPONSE TEAM (MRRCT)



### DIFFERENCE BETWEEN MENTAL HEALTH EMERGENCY AND A CRISIS

A Mental Health Emergency is defined as a life-threatening situation in which someone is a danger to themselves or others. A mental health emergency includes an active suicide attempt. Call TPD 360-716-9911

A Mental Health Crisis may be nonthreatening, but the individual is severely distressed. The person may or may not be thinking about or planning a suicide attempt. Call MRRCT 360-502-3365

*The Mobile Rapid Response Crisis Team* (*MRRCT*) provides professional and culturally responsive on-site community intervention. It includes outreach, deescalation, stabilization, resource connection, and follow-up support for individuals who are experiencing a behavioral health crisis.

#### MOBILE RAPID RESPONSE TEAM (MRRCT)

IN PERSON HOURS: Monday - Friday 8:00 am - 4:30 pm

24/7 TULALIP TRIBES CRISIS-LINE (360) 502-3365



A Mental Health Crisis occurs when thoughts, feelings or actions prevent a person from engaging in regular activities. It can feel overwhelming and may seem as if normally used coping skills are no longer working. The person may be thinking about self-harm, harming others, or ending life.

*A Mental Health Crisis* can occur in people who do not have a mental health diagnosis.



#### **EXAMPLES OF WHEN TO CALL MRRCT:**

- Suicidal Thoughts: with or without weapons AND with or without a plan.
- *Homicidal Thoughts*: with or without weapons AND with or without a plan.
- Active Psychosis (organic and/or substance induced): panic attacks, manic behavior.
- Assistance with voluntary in-patient psychiatric hospitalization.
- Mental health measures (i.e., PHQ-9, BDI): score is moderate to severe and clinically presenting distress.
- Schools: when police or MRRCT are called for disruptive behaviors; MRRCT can respond since this is considered behavioral health.
- Older Adults: dementia, wandering, elopmental disoriented, or displaying other dementia-like symptoms.
- Frequent Callers: identified Tribal members whose frequent 911 calls are suspected to be related to behavioral health issues (both mental health and/or substance abuse).
- Death: when requested by family, MRRCT may be available for individuals/family members/ friends to offer support.

*Suspicious Calls*: when requested by TPD, MRRCT can gather information and calm individuals in distress while the police search for suspicious activity.

*Car Accidents*: when requested by TPD, MRRCT may be able to assist with deescalating frantic parties while police do their work.

Substance Abuse - Detox and Referrals coordinate with Substance Use Disorder (SUD) department 24/7 425-754-2535