

NH Rapid Response: FAQ for First Responders

When should you call NH Rapid Response (NHRR)? Law enforcement can call the NHRR to support youth, families, and adults experiencing a behavioral health (mental health and/or substance use) crisis who need immediate crisis support in the community. For example, the individual may state they need help. Or, you may observe behaviors such as suicidal threats, disorganized speech, high levels of anxiety, mood changes, or paranoia. **Do not call NHRR** if the individual is in a medical emergency or if the situation is too dangerous for civilians to join.

What is the overall goal of NHRR? To provide behavioral health crisis support to individuals in crisis in the least restrictive environment that is safe. To work together as safely and effectively as possible, local law enforcement and mental health center teams should regularly communicate and collaborate.

How do you start the process for a NHRR crisis intervention? Call **NHRR at 833-710-6477** to reach crisis call operators dedicated to services in NH. Calling your local mental health center to request a deployment disrupts state-wide dispatch and can cause delays or duplication of efforts. Other important numbers: **988** (call/text) is a national suicide and crisis lifeline. **211** (call) directs people to community resources, including the **NH Doorway**, which connects people to local substance use supports and services. See [Strong As Granite | New Hampshire Department of Health and Human Services \(nh.gov\)](https://www.nh.gov/strong-as-granite) for more details.

What will the crisis call operator ask you? If law enforcement calls to request a mobile crisis team deployment, the intention is to deploy one. The crisis call operator will use a briefer process with on-duty law enforcement officers. You will be asked to provide:

- Your name, department, contact number(s), including your direct number and extra numbers
- First and last name of person in crisis, birthdate, home address if known, phone number, adult or child
- Address where the crisis team will meet you and/or the person in crisis, with additional details (landmarks) if not a specific home or business address
- Presenting issue, including details around unusual safety concerns or the scene (e.g. deceased body)
- If you need to leave the scene: The NHRRAP will need to complete a screening and risk assessment with the individual in crisis to ensure it is safe to deploy a mobile crisis team. Law enforcement will need to make the individual in crisis aware of the mobile crisis team deployment.

What will happen after you call? NHRR will attempt to deploy the closest mobile crisis team.

- The call operator will let you know if there is a team available. Teams are expected to deploy within 60 minutes.
- When available, the responding mobile crisis team will call you and gather additional information.
- Please coordinate with the mobile crisis team prior to deployment as there may be times when:
 - The team needs you to stay on the scene while they take the lead
 - The team will follow your lead until you determine the scene is clear for their involvement
- The mobile crisis team will help the person de-escalate the crisis, will complete an assessment, and will recommend what to do next. This may range from connecting to services, making a mental health appointment for the same or next day, or going to the Emergency Department.

What will happen if there is no available mobile crisis team?

- At times, there may not be a mobile crisis team available. In this case, law enforcement can continue to problem-solve. NHRR will help find alternative solutions, which may include a video assessment or a Same-day/Next Day Urgent appointment at a community mental health center
- If you are unable to reach the Access Point for assistance, use your judgment about whether it is most appropriate to move forward with an IEA and/or take the individual to the Emergency Department.

What happens when emergency medical services (EMS) are dispatched to the scene?

- Care can only be transferred to a mobile crisis team if the patient refuses treatment and transport by EMS, or, there is an established Mobile Integrated Healthcare program between EMS and mobile crisis.
- Patients who lack capacity to refuse care or are an active threat to others or self cannot refuse care and should be transported.
 - EMS will consider contacting law enforcement if unable to convince patient to be transported.
 - A patient should only be physically restrained for transport when other reasonable options for less restrictive measures have been unsuccessful.

What happens when a mobile crisis team calls for law enforcement support prior to a deployment (for which you did not call in)?

- The Rapid Response Team may call 911 to coordinate a deployment together in support of an individual in crisis to determine if law enforcement should lead and clear the scene or if law enforcement and the mobile crisis team should co-deploy together.
- The team will work with you to help the person de-escalate the crisis, will complete an assessment, and will recommend what to do next. This may range from connecting to services, making a mental health appointment for the same or next day, or going to the Emergency Department.

How is the process different if it involves an Involuntary Emergency Admissions (IEAs)? Follow normal procedures if law enforcement is on scene and determines that a mobile crisis deployment is required to assist or complete an IEA. Law enforcement may call the Access Point and proceed as usual. Depending on the level of risk, the mobile crisis team may request to have law enforcement stay on scene.

When is it appropriate to engage a mobile crisis team after a special operation situation (e.g., SWAT)? Once law enforcement has cleared a scene and determined it is safe, they can call the Access Point for a mobile crisis team deployment to support individuals experiencing behavioral health crises.

When can you call the local community mental health center directly? Law enforcement and the community mental health centers should regularly discuss how to best support individuals with behavioral health needs. You can consult with the mental health center when you are not sure what to do, such as situations that are complex. They may recommend transport to jail or emergency department or calling the Access Point for a mobile crisis team deployment. If this results in a mobile deployment, the mental health center should call the Access Point to dispatch their team and follow existing workflows. This ensures documentation, data collection, and the ability for Access Point to identify which teams are available within the state-wide system.

How can you or individuals using the system give feedback to the NH Rapid Response leaders? To provide feedback about the program, please contact bmhs@dhhs.nh.gov. Individuals receiving care can scan this QR code to complete a satisfaction survey.

