

**Medi-Cal Mobile Crisis Services Benefit**

**Dispatch Screening Tool Companion Prompt Guide**



Behavioral Health Information Notice (BHIN) 23-025 requires county-operated or contracted mobile crisis services hotline operators to use a standardized tool and set of procedures to determine when a mobile crisis team should be dispatched versus when a member’s needs can be addressed via alternative means (e.g., de-escalation by hotline operator, connection to other services, etc.). As part of the training and technical assistance process, the Department of Health Care Services (DHCS) will develop a template that Medi-Cal behavioral health delivery systems may use as the standardized dispatch tool. Counties may also select or develop their own standardized dispatch tool, subject to DHCS approval during the implementation process, that is used to screen members and dispatch mobile crisis teams as appropriate. Whether the Medi-Cal behavioral health delivery system uses DHCS’ template or develops its own dispatch tool, the Medi-Cal behavioral health delivery system shall use the tool consistently to dispatch mobile crisis teams. Of note, counties may modify this tool by adding questions, resources etc., but items from this tool cannot be removed.

The DHCS dispatch screening tool companion guide is designed to aid mobile crisis team dispatchers in safely “screening in” individuals who would benefit from mobile crisis services. It is not intended to replace clinical judgment. Instead, it offers examples and options for possible question prompts that support the dispatch call taker. The dispatch call taker makes the dispatch determination that is safest for the person in crisis, others on site, and the mobile crisis response team. The ultimate decision to dispatch is at the discretion of the dispatch operator, in accordance with county-level protocol and any supervision instructions.

Mobile crisis team dispatchers should ask questions of the caller to gain an initial understanding of their distress. This will enable dispatchers to link callers with the most appropriate services. Mobile crisis teams are dedicated to supporting individuals in the community where they are to resolve a behavioral health crisis and connect the individual with ongoing support once the situation has been stabilized. The suggested questions are designed to solicit answers from a person in crisis on sensitive topics. When asking these questions, remember to attend to both verbal (e.g., spoken words) and non-verbal communication (e.g., breathing rate, pauses). Be an active listener: paraphrase what is said to you, allow for silence and reflection, and validate feelings. Modulate your tone of voice and ensure that you communicate warmth and respect to the caller.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Dispatch Operator:   | Date:/ / | Time Call Started: | Time Call Ended: |
| **Greet the Caller:** *Hello, this is Mobile Crisis Services. May I have your name and a good callback number in case this call gets disconnected? How may I help you?* |
| **Guide:** While greeting the caller, it is important to build rapport. One way to achieve that is to use a warm tone of voice. |
| **Collect Contact Information and Location** |
| **Guide:** It is important to collect some basic contact information first in case the call gets disconnected or the person in crisis is unable to continue to respond.**Possible Prompt:** “*Thank you for sharing that with me. I am here to help get the right support to you. First, I need to collect some basic contact information in case we get disconnected accidentally.”*  |
| Caller’s Name:  | Caller’s Phone Number:  |
| Name and Approximate Age of Person in Crisis: | Name:  | Age:  |
| Relationship to Person in Crisis: [ ]  Self [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Guide:** Identify the relationship of the caller to the person in crisis (e.g., family member, friend, co-worker, neighbor, concerned citizen). If the caller sounds like a child, ask the age of the caller. Relay information to the mobile crisis team and/or those responding to the call.  |
| Location for Services (address and/or description of location): **Guide:** Attempt to get as much of an address and description of the location as possible so the mobile crisis team can find the person in crisis quickly. If no address is available, ask the caller for the name of the city, town, neighborhood etc., and any businesses, streets, or landmarks that will help the mobile crisis team find the exact location. **Possible Prompts:*** *“What is the address, and apartment number (if relevant), where the person in crisis is located?”*
* *“What is the name of the city? Neighborhood?”*
* *“If no address is known or available, what is the closest landmark, business, or street(s) where the person in crisis is located? On which side of the building or street are they located?”*
* *“What is the current appearance of the person in crisis?”*

[ ]  Residence [ ]  Motel [ ]  Unhoused [ ]  Group Home [ ]  School [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Screen for Urgent Medical Issues** |
| Is there an urgent medical issue?  |  [ ]  Yes [ ]  No |
| **If there is an urgent medical issue, initiate 911 Emergency Medical Services:****If the call is from a third party, ask the following:**1. Is the person in crisis ***unconscious***?  [ ]  Yes [ ]  No
2. Is the person at ***high risk for or in an active*** opioid overdose? [ ]  Yes [ ]  No

*If* ***YES to a. or b.****, ask if naloxone is on hand.*  [ ]  Yes [ ]  No*If so, instruct the caller to administer it to the person in crisis (if they have not already done so).**If* ***NO to a. or b.****, ask if weapons were involved.*  [ ]  Yes [ ]  No*If* ***YES****, ask type/kind and communicate this information to 911 dispatch:* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Guide:** If the caller communicates that there is an urgent medical issue, while you are completing the questions in this section, proceed with contacting 911 at the same time. You can always let 911 know if the medical issue is not urgent after getting more information from the caller, but time saved in the meantime may be critical for the person in crisis.  |
| **Conduct Safety Assessment** |
| 1. Is the person in crisis ***threatening self-harm***? [ ]  Yes [ ]  No

*If* ***YES to 1.****, ask the person in crisis the following:** 1. *Do you have a method to act on these threats?*  [ ]  Yes [ ]  No
	2. *Do you have intention of acting on these threats?*  [ ]  Yes [ ]  No
	3. *Do you have access to lethal means?*  [ ]  Yes [ ]  No*(e.g., firearm/weapon, prescribed or other drugs, etc.)*

2. *Ask the person in crisis if they have* ***any intent to harm anyone*** [ ]  Yes [ ]  No ***who attempts to intervene?****If* ***YES to 1a., 1b., 1c., or 2.****, transfer to 911. Counties with a co-response model with law enforcement may dispatch depending on the level of safety.**If* ***YES to 2. ONLY****, transfer to 911. Counties with a co-response model with law enforcement may dispatch depending on the level of safety.* ***It is important to inform 911 and any other potential team that may be dispatched, that the person in crisis is threatening to harm anyone who attempts to intervene.****If* ***YES to 1a. ONLY****, a mobile crisis team dispatch and/or warm transfer to a crisis line (e.g., 988) may be appropriate. Engage the caller and explore what their needs are.****Note:**** *Not everyone threatening self-harm will need the same level of intervention and support.*
* *Follow the county plan for coordination with law enforcement or other crisis lines and communicate the information obtained during warm transfer/dispatch.*

**Guide:** Not everyone threatening self-harm will need the same level of intervention and support. Therefore, it is important to ask questions a, b, and c to get an accurate description for the protection of everyone who may be or become involved (e.g., Person in Crisis, others present at the location, first responders, mobile crisis team). Follow the county plan for coordination with law enforcement or other crisis lines and communicate the information obtained during warm transfer/dispatch. |
| 1. Is the person in crisis ***threatening to harm someone else***? [ ]  Yes [ ]  No

*If* ***YES to 3.****, ask the person in crisis the following:** 1. *Ask the identity of intended person(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
	2. *Do you have a method to act on these threats?* [ ]  Yes [ ]  No
	3. *Do you have intention of acting on these threats?* [ ]  Yes [ ]  No
	4. *Do you have access to lethal means (e.g., firearm/weapon)?* [ ]  Yes [ ]  No
1. *Ask the person in crisis if they* ***have any intent to harm anyone*** [ ]  Yes [ ]  No***who attempts to intervene?***

*If* ***YES to 3b., 3c., 3d., or 4.****, transfer to 911. Advise law enforcement to secure safety first. Then, when secure, the mobile crisis team can collaborate with law enforcement and/or other responders to determine when it is safe to intervene.* *If* ***YES to 4. ONLY****, transfer to 911. Counties with a co-response model with law enforcement may dispatch depending on the level of safety.* ***It is important to inform 911 and any other potential teams that may be dispatched that the person in crisis is threatening to harm anyone who attempts to intervene.****If* ***YES to 3b. ONLY****,* *a mobile crisis team dispatch and/or warm transfer to a crisis line (e.g., 988) may be appropriate. Engage the caller and explore what their needs are.****Note:**** *Not everyone threatening self-harm will need the same level of intervention and support.*
* *Follow the county plan for coordination with law enforcement or other crisis lines and communicate the information obtained during warm transfer/dispatch.*
 |
| **SCREEN FOR UNDER THE INFLUENCE OF SUBSTANCES OR ALCOHOL** |
| Is the person in crisis under the influence of any substances or alcohol? [ ]  Yes [ ]  No [ ]  Unsure*If* ***YES****, ask type and quantity consumed (if known) and communicate this information to the mobile crisis team or 911 dispatch during warm transfer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Guide:** If the caller is unsure that the person in crisis is under the influence of alcohol or drugs, ask the caller what makes them think it is possible. Some symptoms of substance use and mental health issues are the same (e.g., fatigue, hallucinations or delusions, tremors, incohesive thoughts, incoherent or impaired speech). Note the symptoms the caller is identifying and communicate any information obtained during warm transfer/dispatch. |
| **Obtain Reason for Call** |
| *Should be written from the caller’s perspective.***Guide**: Document the reason for the call from the caller’s perspective. When possible, try to capture the exact phrases and words the caller used to describe the crisis. Put words or phrases you found important to the caller in quotes. This will help the mobile crisis team build rapport and engage the person in crisis in a culturally responsive way. For example, document phrases the caller reports when describing their current situation: “losing their grip” or “wanting to just stop the pain.” |
| **Screen for Location Safety** |
| Is the location where services are needed unsafe for the [ ]  Yes [ ]  Noperson in crisis or for the mobile crisis team to deliver services? Are any of the following a concern? [ ]  Abusive partner/person on site [ ]  Environmental concerns (e.g., crowded/unsafe area, contagious health issue) [ ]  Animals (dangerous/protective of owner) [ ]  Weapons in active use in area [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*If* ***YES****, follow the county plan for coordination with law enforcement and communicate the information during warm transfer/dispatch.* ***Note:**** *While law enforcement officers may accompany a mobile crisis team when necessary for safety reasons, they shall not qualify as a member of the mobile crisis team for purposes of meeting Mobile Crisis Team Requirements.*

**Guide:** When asking about location safety, it is recommended that you turn the prompts above into questions. Try to collect as much information from positive responses to any of the question areas and communicate any information obtained during warm transfer/dispatch.**Possible Prompts**: * *“I appreciate how open you have been with me about the situation. I need to ask about the location where the mobile crisis team will be coming to offer their support and services. Is there anyone at the location who has a history of being abusive to the person in crisis and may hurt the person in crisis during or after the mobile crisis team visit?”*
* *“Are there any concerns that the location could be unsafe for the mobile crisis team (e.g., a crowded or unsafe area, or a known person with a contagious health issue)?”*
* *“Are there any animals that might be dangerous or protective of their owner that would present a safety risk to the mobile crisis team? If yes, could the animal(s) be removed or restrained prior to the mobile crisis team’s arrival?”*
* *“Are you aware of any weapons in active use in the area that could present a safety risk to the mobile crisis team and others present?”*
 |
| **Collect Additional Information** |
| **Accessibility Needs** (i.e., preferred language, cultural considerations, vision or hearing impairment, Intellectual/Developmental Disability)**Guide:** You will want to ask the caller if the person in crisis or anyone present at the visit speaks a preferred language other than English or if they have any cultural considerations that are important for the mobile crisis team to know about before they arrive. Also, ask if the person in crisis has any visual or hearing issues that the mobile crisis team should be aware of to offer their best care (e.g., communication devices, ASL interpreter, materials in Braille). It is also important to ask if the person in crisis has any intellectual or developmental needs that would help the mobile crisis team offer a better service (e.g., use clear, simplified language and speak slower but not louder, visual cues, communication devices, sensory preferences/needs). To provide a trauma-informed experience it is important to ask about any recent or past traumatic experiences that the mobile crisis team should be aware of that relate to the situation today. From there, ask what the mobile crisis team could do with respect to those experiences and considerations they should put into place when they arrive. Note any needs and preferences in the dispatch decision area below. **Possible Prompts**: * *“Is there a preferred language that would best be used for the visit?”*
* *“Is there anything we should know about your culture, beliefs, or religious practices that would help us to offer the best support?”*
* *“Are you aware of any vision, hearing, mobility, or technology needs that would be important to having a successful visit?”*
* *“Are you aware of any disability or health issues? If so, what would be helpful for the team to know about with respect to those issues and today’s visit?”*
* *“Are there any recent or past traumatic experiences that you want the team to be aware of that relate to this visit?”*
 |
| **Support Persons/Others on Site** (e.g., Will third party caller remain with person in crisis? Are others on site safe and supportive to the person in crisis?)**Guide:** It is possible that the caller may not know the person in crisis (e.g., business owner, concerned citizen). If they can stay with the person in crisis until help arrives, that is optimal. However, if this is not possible, make sure to ask if someone else could be contacted, who is known to the person in crisis, that you or someone else could contact to come to the location. If there is no one who can remain with the person in crisis, consider a warm handoff toan appropriate crisis service (e.g., 988) until the dispatched mobile crisis team is able to arrive at the location.  |
| **Dispatch Decision** |
| [ ]  Mobile crisis team will be dispatched under the conditions of: [ ]  Joint with law enforcement  [ ]  Sequentially after law enforcement determines scene safety[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Mobile crisis team dispatched (Add team/member names below.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Mobile crisis team will NOT be dispatched (Add reason below.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Note:**** *Reasons a mobile crisis team may not be dispatched may include client declined services, warm hand-off to 988, 911, etc.*
 |
| **Language or Accessibility Needs (Communicated to Mobile Crisis Team)** |
| [ ]  Considerations needed for the person in crisis (i.e., preferred language, cultural considerations, vision or hearing impairment, Intellectual/Developmental Disability I/DD) [ ]  Sensory preferences/needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Other preferences/needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  I/DD (consultant may be needed)[ ]  Preferred language(s) spoken by one or more individuals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­ [ ]  Assistance for visual impairment requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Assistance for hearing impairment requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Consulting Supervisor’s Name (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Resources**

**Note:** The resources listed below are not exhaustive of all resources reviewed during the research and development phase of this tool. The design team included subject matter experts who reviewed a large volume of behavioral health crisis-related resources. Thematic agreement across them guided the development of the dispatch tool.

Bamboo Health. (2022). Public health playbook: Planning for a behavioral health crisis response solution. <https://bamboohealth.com/wp-content/uploads/2022/11/Public-Health-Playbook_Crisis-Management.pdf>

Mutrux, M. (2022) 988 On-ramping playbook: Accelerating adopting of the new mental health crisis hotline. Aspen Tech Policy Hub. <https://www.aspentechpolicyhub.org/wp-content/uploads/2022/02/988-Playbook.pdf>

SAMHSA. (2020). National guidelines for behavioral health crisis care: A best practice toolkit.

<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>