

**Medi-Cal Mobile Crisis Services Benefit**

**Dispatch Screening Tool**

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| Name of Dispatch Operator:  | Date:/ / | Time Call Started: | Time Call Ended: |
| **Greet the Caller (*Use a Warm Tone of voice*)**  |
| *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?* |
| **Collect Contact Information and Location** |
| Caller’s Name:  | Caller’s Phone Number:  |
| Name and Approximate Age of Person in Crisis: | Name:  | Age:  |
| Relationship to Person in Crisis: [ ]  Self [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Location for Services (address and/or description of location):  |
| [ ]  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:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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.*
 |
| 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.*
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| **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:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Obtain Reason for Call** |
| *Should be written from the caller’s perspective.* |
| **Screen for Location Safety** |
| Is the location where services are needed unsafe for the person [ ]  Yes [ ]  Noin 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.*
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| **Collect Additional Information** |
| **Accessibility Needs** (i.e., preferred language, cultural considerations, vision or hearing impairment, Intellectual/Developmental Disability) |
| **Support Persons/Others on Location** (e.g., Will third party caller remain with the person in crisis? Are others on location safe and supportive to the person in crisis?) |
| **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.*
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| **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):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_