A blue and white logo

Description automatically generated

**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.* | | | | | | |
| **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  No 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.* | | | | | | |
| **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.* | | | | | | |
| **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):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_