

Name of Dispatch Operator:	Date: /	/	Time Call Started:	Time Ca	all Ended:		
GREET THE CALLER (USE A W	ARM 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 INFORM	ATION AND LO	CATION					
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	🗆 Un	housed	□ Group Home	C	∃ School		
□ Other:							
SCREEN FOR URGENT MEDIC	AL ISSUES						
Is there an urgent medical issue?							
If there is an urgent medical issue, initiate 911 Emergency Medical Services:							
If the call is from a third part	y, ask the follow	wing:					
a. Is the person in crisis <i>unconscious</i> ?] Yes	🗆 No		
b. Is the person at high r i	isk for or in an o	active opioid ov	verdose?] Yes	🗆 No		
If YES to a. or b. , ask if naloxone is on hand.							
If NO to a. or b. , ask if weapon. If YES , ask type/kind and comm		rmation to 911 d	Lispatch:] Yes	🗆 No		

СС	DNC	OUCT SAFETY ASSESSMENT					
1.	ls ⁻	the person in crisis <i>threatening self-harm</i> ?		Yes	🗆 No		
lf Y	YES	to 1. , ask the person in crisis the following:					
	a.	Do you have a method to act on these threats?		Yes	🗆 No		
	b.	Do you have intention of acting on these threats?		Yes	🗆 No		
	c.	Do you have access to lethal means? (e.g., firearm/weapon, prescribed or other drugs, etc.)		Yes	🗆 No		
2.		k the person in crisis if they have any intent to harm anyone ho attempts to intervene?		Yes.	🗆 No		
		to 1a., 1b., 1c., or 2. , transfer to 911. Counties with a co-response model w ement may dispatch depending on the level of safety.	ith la	IW			
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.							
No	ote:						
• 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. 							
3.	ls '	the person in crisis threatening to harm someone else ?		Yes	🗆 No		
lf Y	YES	to 3., ask the person in crisis the following:					
	a.	Ask the identity of intended person(s):					
	b.	Do you have a method to act on these threats?		Yes	🗆 No		
	c.	Do you have intention of acting on these threats?		Yes	🗆 No		
	d.	Do you have access to lethal means (e.g., firearm/weapon)?		Yes	🗆 No		
4.		k the person in crisis if they have any intent to harm anyone ho attempts to intervene?		Yes	🗆 No		

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

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 in crisis or for the mobile crisis team to deliver services?

	Y	es		

Are any of the following	g 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: ______

□ No

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

 \Box Mobile crisis team will be dispatched under the conditions of:

 \Box 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:
□ 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): ______