



## *Mobile Crisis Assessment Tool*

The purpose of this desk reference is to provide guidance on how to complete the Mobile Crisis Assessment Tool form.

### Menu Path

Avatar CWS > Assessments > Yolo County Assessments > Mobile Crisis Assessment Tool or enter “Mobile Crisis Assessment Tool” in the Search Forms field

Search Forms		2023-12-08
<input type="text" value="mobile"/>		2023-12-08
Name	Menu Path	
Mobile Crisis Assessment Tool	Avatar CWS / Assessments / Yolo County Assessments	

### Details

1. The Mobile Crisis Assessment Tool is a DHCS form and cannot be changed without DHCS approval.
2. All fields highlighted “Red” are required; the form cannot be submitted until completed.
3. All non-required fields should be reviewed and completed when applicable.
4. The form contains a total of 13 tabs that can be navigated by clicking on items within the panel on the upper left of the form.

## Steps

- Open the Mobile Crisis Assessment Tool form and enter the medical record number or client's last name, first name in the 'Select Client' pop up.

- Select the appropriate episode in which you will be submitting the form.

The screenshot displays a software interface for a Mobile Crisis Assessment Tool. At the top, there is a navigation bar with 'Home', 'Yolo T', 'Preferences', 'Lock', 'Sign Out', 'Switch', 'Help', and 'TJOHNSON'. Below this, a header section contains patient information: 'TESTCLIENT, YOLO (000011136)', 'Preferred Name: George', 'Personal Pronouns: He/Him/His', 'Date of Birth: F, 11, 03/13/2012', 'Ep: -', 'Problem P: -', 'DX P: -', 'Phone #: 530-666-6666', 'Location: -', 'Attn. Pract.: -', 'Adm. Pract.: -', and 'Allergies (8)'. The main area is titled 'Mobile Crisis Assessment Tool' and shows patient details: 'Name: YOLO TESTCLIENT', 'ID: 11136', 'Sex: Female', and 'Date of Birth: 03/13/2012'. Below this is a table of episodes:

Episode	Program	Start	End
106	Access Log	12/21/2023	12/21/2023
107	Granite Wellness Center R31-Auburn	03/02/2023	
106	Yolo Wayfarer Center-Walter's House-R35	03/01/2023	03/01/2023
105	Hope Cooperative-FSP	02/28/2023	
104	Yolo Wayfarer Center-Walter's House-R31	01/21/2023	02/23/2023
103	HHSA-ODP	01/08/2023	01/09/2023
102	Communicare Juvenile Justice	11/10/2022	
101	Siena Nursing and Rehabilitation	11/03/2022	11/03/2022
100	Access Log	09/29/2022	12/20/2023
99	Access Log	09/20/2022	09/21/2022
98	Fremont Hospital-FREMONT	09/21/2022	09/21/2022
97	1-HHSA MH EPISODE	08/17/2022	
96	COMMUNICARE-MH	08/17/2022	04/14/2023
95	PROGRESS RANCH STRTP	08/15/2022	
94	Telecare Corp-FSP	07/01/2022	01/13/2023
93	Access Log	06/20/2022	06/20/2022
92	Access Log	06/17/2022	06/20/2022
91	Access Log	06/17/2022	06/17/2022
90	Access Log	06/10/2022	06/10/2022
89	TURNING POINT-MH	06/09/2022	
88	Access Log	03/09/2022	04/14/2022
87	TRINITY HOUSE	02/13/2022	09/21/2022
86	Access Log	11/29/2021	11/29/2021
85	Access Log	11/24/2021	11/29/2021
84	Access Log	11/15/2021	11/24/2021
83	Sharp Mesa Vista Hosp-SAN DIEGO	10/31/2021	02/13/2022
82	4-HHSA CYF QI ASSESSMENTS EPISODE	10/18/2021	

At the bottom of the interface, there are 'OK' and 'Cancel' buttons.

- Crisis Information tab

Chart Mobile Crisis Assessment Tool

**1. CRISIS INFORMATION**

2. TEAM MEMBERS

3. CRISIS EVENT INFO...

CRISIS EVENT INFORM...

ASSESSING FOR TRAUMA

ASSESSING FOR PSYC...

4. SAFETY AND RISK A...

5. ADDITIONAL ASSES...

SUICIDE PLAN ASSES...

PERSON IN CRISIS ME...

VIOLENCE AND HOMIC...

ASSESSING FOR IMPUL...

ASSESSING FOR SUBS...

6. CHILDREN AND YOU...

7A. RECENT HOSPITAL...

7B. LIST RECENT HOSP...

7C. LIST CURRENT REL...

Submit

Autosaved at 1:26 PM

Pre Admit Access Log

Dispatch Screening Tool

Diagnosis

Financial Eligibility

Pre Admit Discharge

Progress Notes (Group and :

**CRISIS INFORMATION**

Date of Service  T Y **1**

Mobile Crisis Team Dispatch Date  T Y **2**

Mobile Crisis Team Arrival Date  T Y **3**

Client Name  **7**

Service Duration (minutes)  **4**

Mobile Crisis Team Dispatch Time  Current H M AM/PM **5**

Mobile Crisis Team Arrival Time  Current H M AM/PM **6**

Date of Birth  **8** Age  **9**

Location of the mobile crisis service **10**

- Home
- Workplace
- Community Location
- Office
- Field
- School
- Homeless Shelter
- Business
- Homeless Encampment
- Other

Other Location

Is the service location in an urban or rural area? **11**

Urban  Rural

Service Location Name/Description (where the intervention took place) **12**

Service Location Address **13**

Service Location Zip Code **14**

Service Location City **15**

Service Location State **16**

Reporting Party Name **17**

Reporting Party Phone Number **18**

Dispatch Channel / Call Origination / Referral Source

- 988 Call Center
- 911
- 888-965-6647 (Access Crisis Line)
- Family
- Friend/Acquaintance
- BH Provider
- Physician
- Social Worker
- School
- Community Member
- Other

Other Dispatch Channel / Call Origination / Referral Source

Law enforcement involved?

Yes  No

Explain how law enforcement was requested and the outcome.

Transportation Destination

- N/A Beneficiary Stabilized
- Crisis Stabilization Unit
- Crisis Residential Treatment Facility
- Hospital
- ED
- Psychiatric Inpatient Facility
- Jail
- Other

Other Transportation Destination

Type of Transportation Used

- N/A Beneficiary Stabilized
- MCRT
- Ambulance
- Law Enforcement
- Medi-Cal MCP Transport
- Other Ground Transportation

Other Transportation Used

1. In the “Date of Service” field enter the date the service was provided.

Date of Service

T Y

2. In the “Mobile Crisis Team Dispatch Date” enter the date staff was dispatched.

Mobile Crisis Team Dispatch Date

T Y

3. In the “Mobile Crisis Team Arrival Date” enter the date staff arrived.

Mobile Crisis Team Arrival Date

4. In the “Service Duration (minutes)” field enter the total minutes of the service.

Service Duration (minutes)

5. In the “Mobile Crisis Team Dispatch Time” field enter the time staff was dispatched.

Mobile Crisis Team Dispatch Time

 H  M  AM/PM 

6. In the “Mobile Crisis Team Arrival Time” field, enter the time staff arrived.

Mobile Crisis Team Arrival Time

 H  M  AM/PM 

7. Client Name will autofill.

Client Name

8. Client Date of Birth will autofill.

Date of Birth

9. In the “Age” field enter the client’s age.

Age

10. In the “Location of the mobile crisis service” field, make the appropriate selection. If Other is selected, the “Other Location” field to the right will become mandatory, type location there.

Location of the mobile crisis service

- Home
- Workplace
- Community Location
- Office
- Field
- School
- Homeless Shelter
- Business
- Homeless Encampment
- Other

Other Location

11. In the “Is the service location in an urban or rural area?” field, select either Urban or Rural. (“Rural” is defined to include areas with less than 50 people per square mile.)

Is the service location in an urban or rural area?

Urban  Rural

12. In the “Service Location Name (where the intervention took place)” field, type in the location name.

Service Location Name (where the intervention took place)

13. In the “Service Location Address” field, type in the street address.

Service Location Address

14. In the “Service Location Zip Code” field, type in the zip code.

Service Location Zip Code

15. In the “Service Location City” field, type in the city.

Service Location City

16. The “Service Location State” field is set to California and cannot be changed.

Service Location State

CALIFORNIA

17. In the “Reporting Party Name” field, type the name.

Reporting Party Name

18. In the “Reporting Party Phone Number” field, enter the phone number.

Reporting Party Phone Number

19. In the “Dispatch Channel / Call Origination / Referral Source” field, make the appropriate selection. If Other is selected the “Other Dispatch Channel / Call Origination / Referral Source” field will become mandatory, type details there.

Dispatch Channel / Call Origination / Referral Source

- 988 Call Center
- 911
- 888-965-6647 (Access Crisis Line)
- Family
- Friend/Acquaintance
- BH Provider
- Physician
- Social Worker
- School
- Community Member
- Other

Other Dispatch Channel / Call Origination / Referral Source

20. In the “Law enforcement involved?” field make the appropriate selection. If Yes is selected, the “Explain how law enforcement was requested and the outcome” field will become mandatory, enter text there.

Law enforcement involved?

Yes  No

Explain how law enforcement was requested and the outcome.

21. In the “Transportation Destination” field, make the appropriate selection. If Other is selected, the “Other Transportation Destination” field will become mandatory, enter text there.



Transportation Destination

- N/A Beneficiary Stabilized
- Crisis Stabilization Unit
- Crisis Residential Treatment Facility
- Hospital
- ED
- Psychiatric Inpatient Facility
- Jail
- Other

Other Transportation Destination

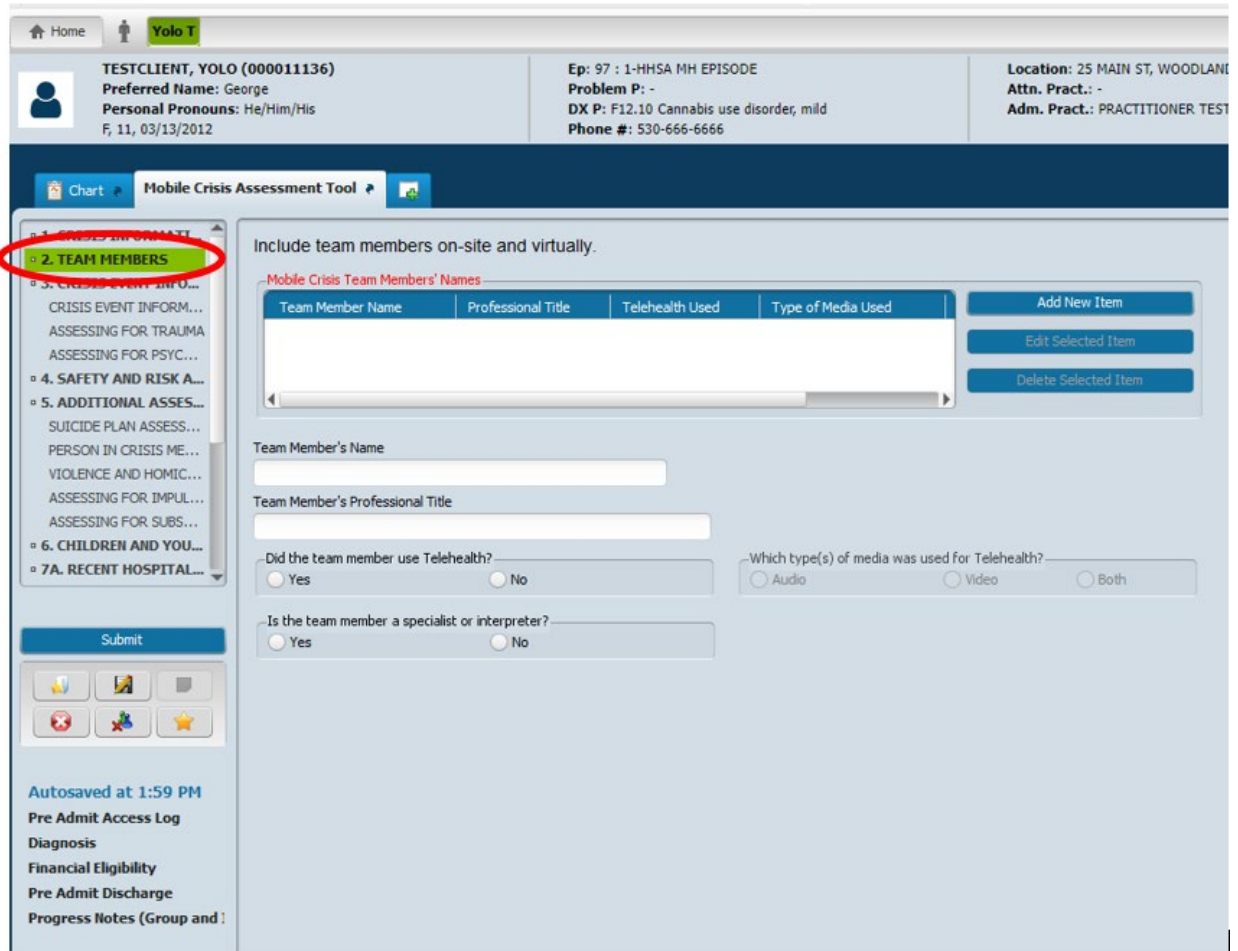
22. In the “Type of Transportation Used” field, make the appropriate selection. If Other Ground Transportation is selected, the “Other Transportation Used” field will become mandatory, enter details there.

Type of Transportation Used

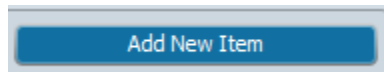
- N/A Beneficiary Stabilized
- MCRT
- Ambulance
- Law Enforcement
- Medi-Cal MCP Transport
- Other Ground Transportation

Other Transportation Used

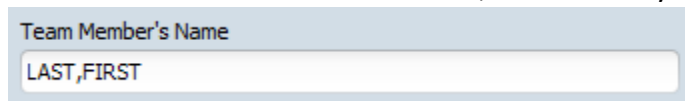
➤ Team Members tab



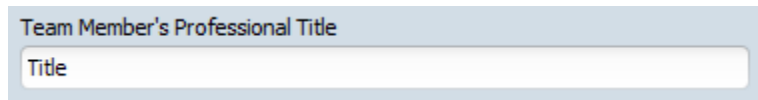
1. Click the “Add New Item” button



2. In the “Team Member’s Name” field, enter staff by last name, first name



3. In the “Team Member’s Professional Title” field, enter the title



4. In the “Did the team member use Telehealth?” field make the appropriate selection. If Yes is selected, the “Which type(s) of media was used for Telehealth?” field becomes mandatory, make the appropriate selection.

Did the team member use Telehealth?  Yes  No

Which type(s) of media was used for Telehealth?  Audio  Video  Both

- In the “Is the team member a specialist or interpreter?” field make the appropriate selection.

Is the team member a specialist or interpreter?  Yes  No

- To add another team member, click the “Add New Item” button and repeat steps 2 through 5 above. Continue adding team members as needed.

Include team members on-site and virtually.

Mobile Crisis Team Members' Names

Team Member Name	Professional Title	Telehealth Used	Type of Media Used
LAST,FIRST	Title	No	

**Add New Item**  
 Edit Selected Item  
 Delete Selected Item

Team Member's Name

Team Member's Professional Title

Did the team member use Telehealth?  Yes  No

Which type(s) of media was used for Telehealth?  Audio  Video  Both

Is the team member a specialist or interpreter?  Yes  No

- Lines can be edited or deleted by clicking on the line (it will appear green) and then clicking “Edit Selected Item” or “Delete Selected Item.”

Include team members on-site and virtually.

Mobile Crisis Team Members' Names

Team Member Name	Professional Title	Telehealth Used	Type of Media Used
LAST,FIRST	Title	No	
LAST-TWO,FIRST-TWO	Title Two	No	

**Add New Item**  
**Edit Selected Item**  
**Delete Selected Item**

Team Member's Name

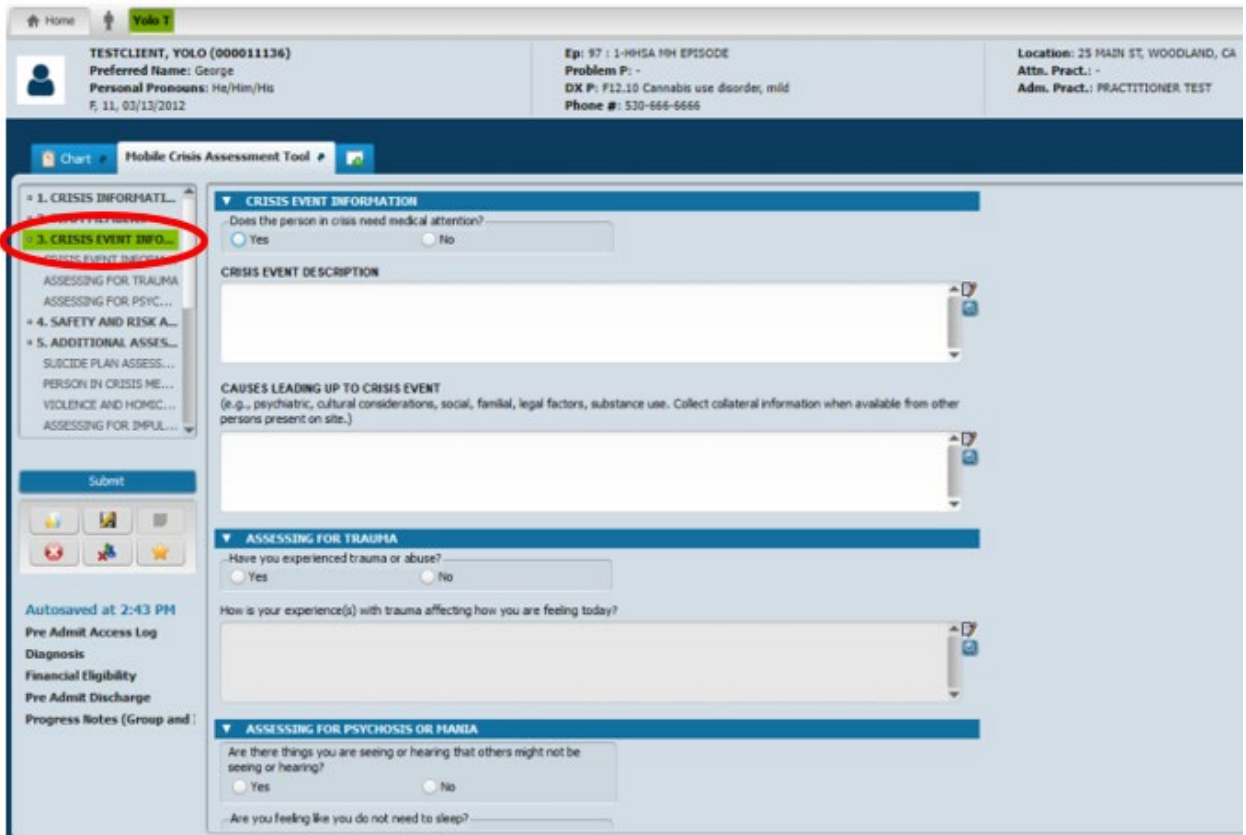
Team Member's Professional Title

Did the team member use Telehealth?  Yes  No

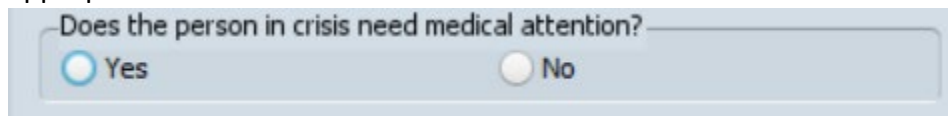
Which type(s) of media was used for Telehealth?  Audio  Video  Both

Is the team member a specialist or interpreter?  Yes  No

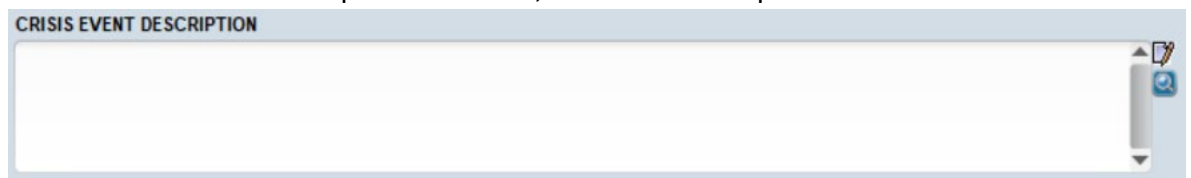
➤ Crisis Event Information tab



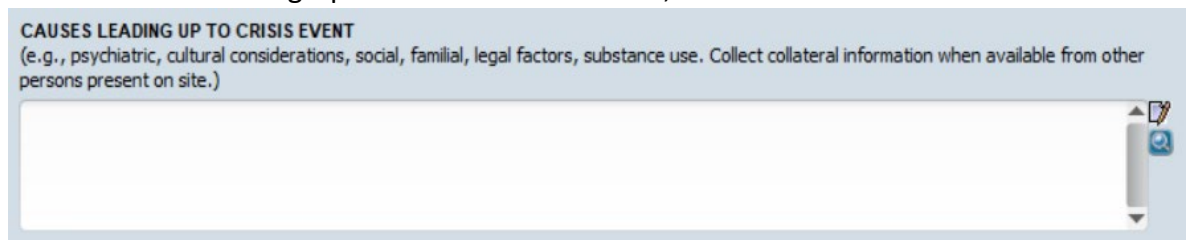
1. In the “Does the person in crisis need medical attention?” field make the appropriate selection.



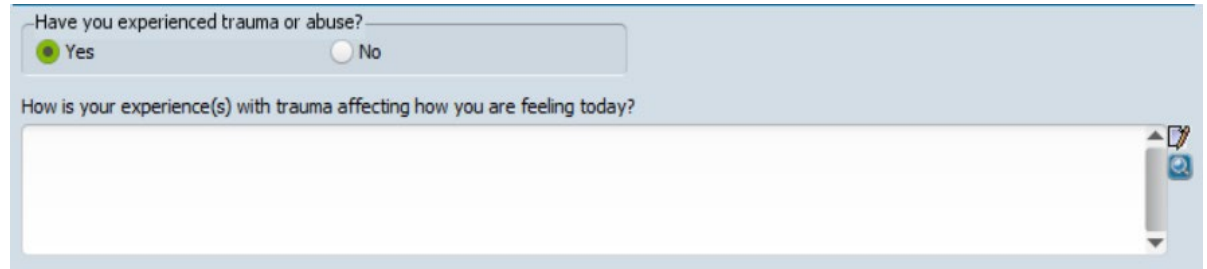
2. In the “Crisis Event Description” text box, enter the description.



3. In the “Causes Leading Up to Crisis Event” text box, enter the causes.



4. In the “Have you experienced trauma or abuse?” field, make the appropriate selection. If Yes is selected, the below field “How is your experience(s) with trauma affecting how you are feeling today” will activate for text entry. If No is selected, that field will be disabled.



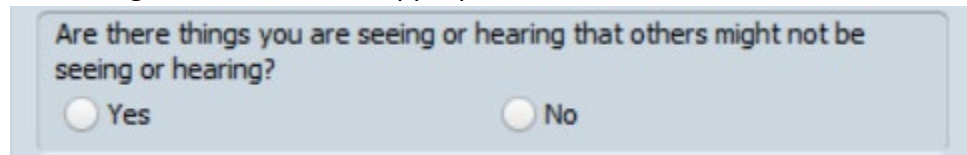
Have you experienced trauma or abuse?

Yes  No

How is your experience(s) with trauma affecting how you are feeling today?

[Empty text entry field with a scroll bar and a blue refresh icon]

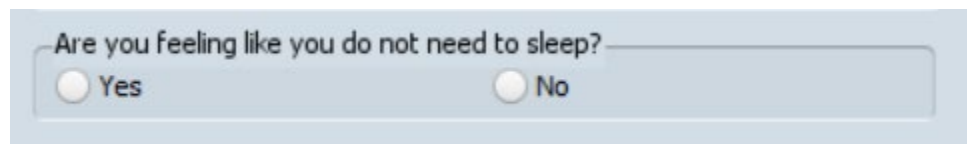
5. In the “Are there things you are seeing or hearing that others might not be seeing or hearing?” field, make the appropriate selection.



Are there things you are seeing or hearing that others might not be seeing or hearing?

Yes  No

6. In the “Are you feeling like you do not need to sleep?” field, make the appropriate selection.



Are you feeling like you do not need to sleep?

Yes  No

7. In the “Describe any reported psychosis or mania” field, enter symptoms if applicable.



Describe any reported psychosis or mania

[Empty text entry field with a scroll bar and a blue refresh icon]

➤ Safety and Risk Assessment tab

Home Yolo T

TESTCLIENT, YOLO (000011136)  
 Preferred Name: George  
 Personal Pronouns: He/Him/His  
 F, 11, 03/13/2012

Ep: 105 : Hope Cooperative-FSP  
 Problem P: -  
 DX P: Z56.9 Other problem related to employ...  
 Phone #: 530-666-6666

Location: 25 MAIN ST, WOODLAND, CA  
 Attn. Pract.: -  
 Adm. Pract.: PAM SIDHU

Chart Mobile Crisis Assessment Tool

1. CRISIS INFORMATI...  
 2. TEAM MEMBERS  
 3. CRISIS EVENT INFO...  
 CRISIS EVENT INFORM...  
 ASSESSING FOR TRAUMA  
 ASSESSING FOR...  
**4. SAFETY AND RISK ASSESSMENT**  
 5. RISK ASSESSMENT...  
 SUICIDE PLAN ASSESS...  
 PERSON IN CRISIS ME...  
 VIOLENCE AND HOMIC...  
 ASSESSING FOR IMPUL...

Submit

Pre Admit Access Log  
 Diagnosis  
 Financial Eligibility  
 Pre Admit Discharge  
 Progress Notes (Group and :

**SAFETY AND RISK ASSESSMENT**

Columbia Suicide Severity Rating Scale-Screener

1. In the past month, have you wished you were dead or wished you could go to sleep and not wake up?  
 Yes  No

2. In the past month, have you actually had any thoughts of killing yourself?  
 Yes  No

3. In the past month, have you been thinking about how you might do this?  
 Yes  No

4. In the past month, have you had these thoughts and had some intention of acting on them?  
 Yes  No

5. In the past month, have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?  
 Yes  No

6a. In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life?  
 Yes  No

6b. In the past 3 months, have you ever done anything, started to do anything, or prepared to do anything to end your life?  
 Yes  No

Columbia Score

Columbia Risk Rating Guidance

Items turn red (become mandatory) depending on how the preceding question is answered

1. In the “1. In the past month, have you wished you were dead or wished you could go to sleep and not wake up?” field, make the appropriate selection. Note: the following question (#2) is a mandatory question regardless of the selection on #1.

**Columbia Suicide Severity Rating Scale-Screener**

1. In the past month, have you wished you were dead or wished you could go to sleep and not wake up?  
 Yes  No

2. In the “2. In the past month, have you actually had any thoughts of killing yourself?” field, make the appropriate selection. NOTE: If Yes is selected, question #3 will become a mandatory field. If No is selected, question #3 will be disabled.

2. In the past month, have you actually had any thoughts of killing yourself?  
 Yes  No

3. If applicable, in the “3. In the past month, have you been thinking about how you might do this?” field, make the appropriate selection. NOTE: the following question #4 is a mandatory question regardless of how #3 is answered.

3. In the past month, have you been thinking about how you might do this?

Yes  No

4. In the “4. In the past month, have you had these thoughts and had some intention of acting on them?” field, make the appropriate selection. NOTE: the following question #5 is a mandatory question regardless of how #4 is answered.

4. In the past month, have you had these thoughts and had some intention of acting on them?

Yes  No

5. In the “5. In the past month, have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?” field, make the appropriate selection. NOTE: the following question #6a is a mandatory question regardless of how #5 is answered.

5. In the past month, have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?

Yes  No

6. In the “6a. In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life?” field, make the appropriate selection. NOTE: the following question #6b is a mandatory question regardless of how #6a is answered.

6a. In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life?

Yes  No

7. In the “6b. In the past 3 months, have you ever done anything, started to do anything, or prepared to do anything to end your life?” field, make the appropriate selection.

6b. In the past 3 months, have you ever done anything, started to do anything, or prepared to do anything to end your life?

Yes  No

8. Based on the selections from questions 1-6b the “Columbia Score” field will automatically calculate. Upon receiving the score, use the guide below to determine the risk rating, then make the appropriate selection in the “Columbia Risk Rating” field.

Columbia Score

**Columbia Risk Rating Guidance**


If score greater than or equal to 100, then risk is High  
If score between 2 and 99, then risk is Moderate  
If score is equal to 1 or 2, then risk is Low  
If score is equal to 0, then risk is None

Columbia Risk Rating

High  Moderate  Low  None

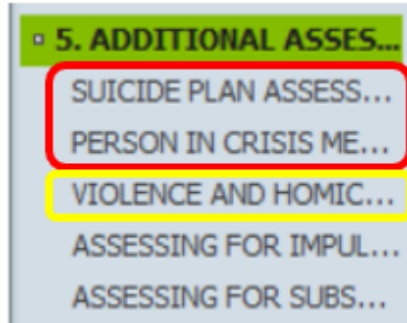
NOTE: Whichever risk rating is selected, a pop up will display instruction to confirm that the selection matches the guidance.

**Confirm** ×

 Please confirm the risk rating matches the guidance.

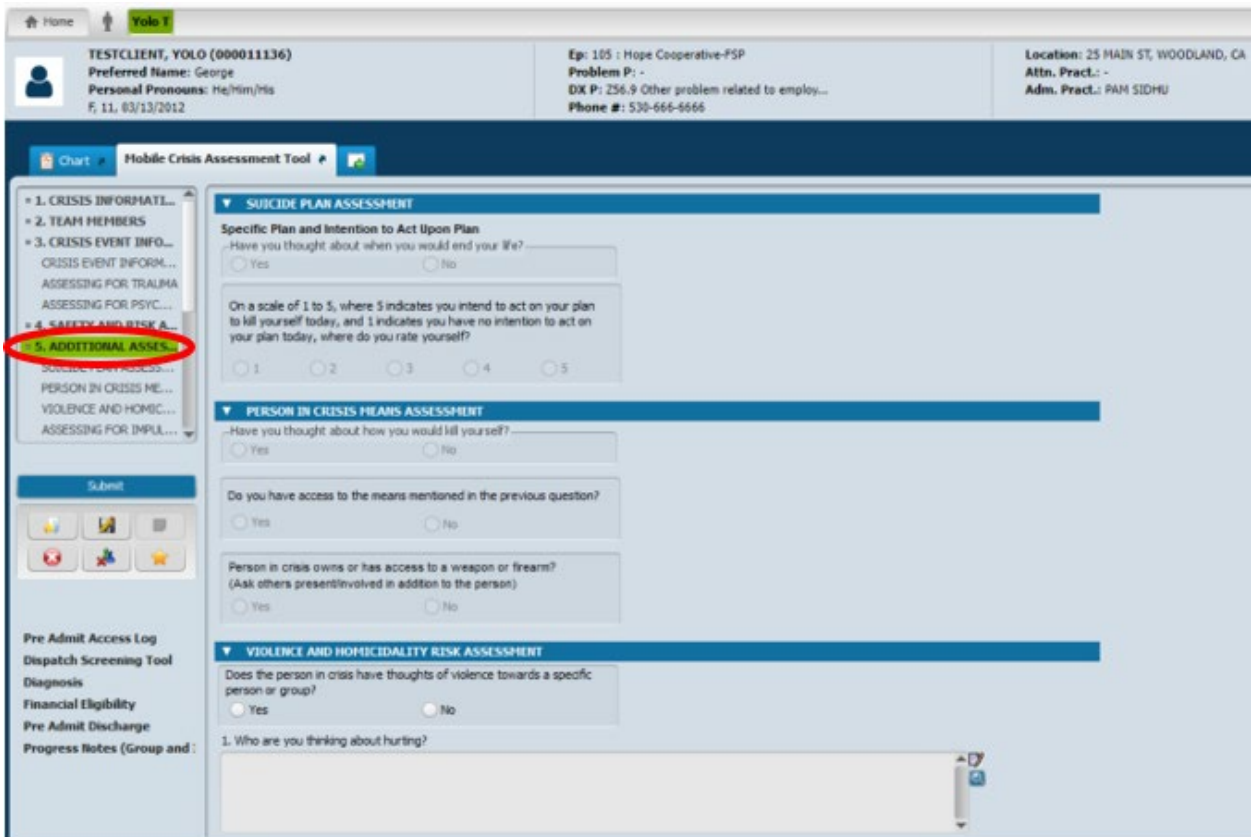
9. If Risk Rating of Moderate or High is selected, proceed to tab 5 “Additional Assessments” and answer the questions in the “Suicide Plan Assessment” and “Person in Crisis Means Assessment.” If a Risk Rating of Low or None is selected, proceed to tab 5 “Violence and Homicidality Risk Assessment” questions.



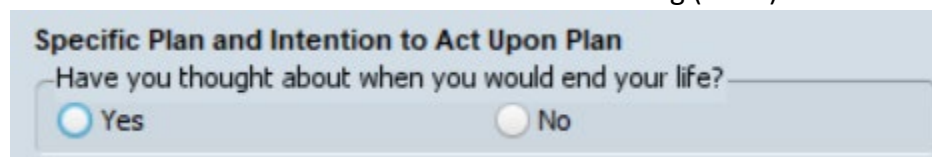


Complete if Columbia Risk Rating is **High** or **Moderate**. If Risk Rating is Low or None, skip and proceed to “Violence and Homicide Risk Assessment”

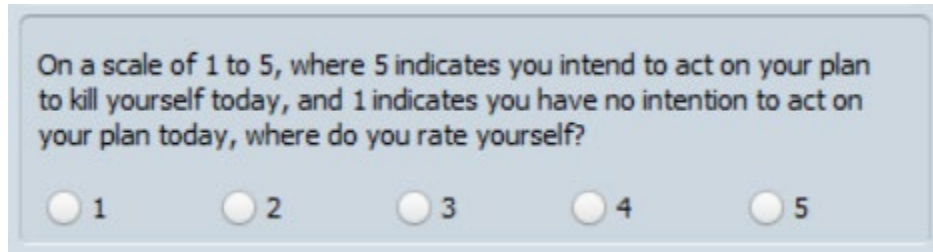
➤ Additional Assessments tab



1. In the “Have you thought about when you would end your life?” field, make the appropriate selection. NOTE: this question will be disabled unless High or Moderate was selected on the Columbia Risk Rating (tab 4).



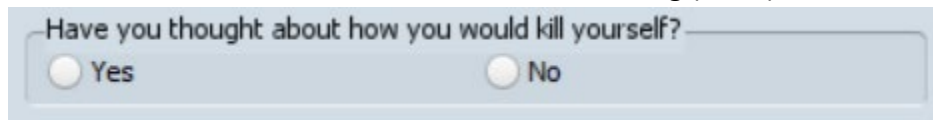
2. In the “On a scale of 1 to 5, where 5 indicates you intend to act on your plan to kill yourself today, and 1 indicates you have no intention to act on your plan today, where do you rate yourself” field, make the appropriate selection. NOTE: this question will be disabled unless High or Moderate was selected on the Columbia Risk Rating (tab 4).



On a scale of 1 to 5, where 5 indicates you intend to act on your plan to kill yourself today, and 1 indicates you have no intention to act on your plan today, where do you rate yourself?

1       2       3       4       5

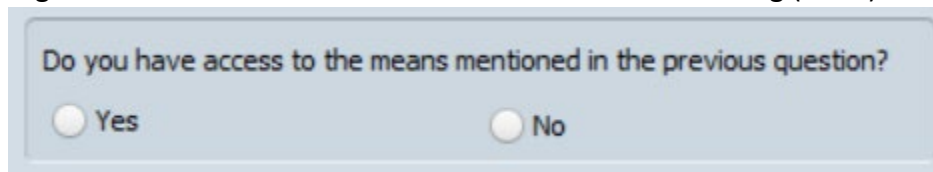
3. In the “Have you thought about how you would kill yourself?” field, make the appropriate selection. NOTE: this question will be disabled unless High or Moderate was selected on the Columbia Risk Rating (tab 4).



Have you thought about how you would kill yourself?

Yes       No

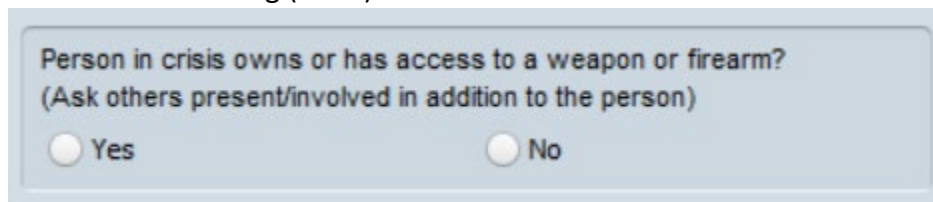
4. In the “Do you have access to the means mentioned in the previous question?” field, make the appropriate selection. NOTE: this question will be disabled unless High or Moderate was selected on the Columbia Risk Rating (tab 4).



Do you have access to the means mentioned in the previous question?

Yes       No

5. In the “Person in crisis owns or has access to a weapon or firearm? (Ask others present/involved in addition to the person)” field, make the appropriate selection. NOTE: this question will be disabled unless High or Moderate was selected on the Columbia Risk Rating (tab 4).



Person in crisis owns or has access to a weapon or firearm?  
(Ask others present/involved in addition to the person)

Yes       No

6. In the “Does the person in crisis have thoughts of violence towards a specific person or group?” field, make the appropriate selection. NOTE: this question is

answered Yes, questions 1, 2 and 3 will activate and allow entry. If answered No, questions 1, 2 and 3 will remain disabled.

Does the person in crisis have thoughts of violence towards a specific person or group?

Yes  No

7. In the “1. Who are you thinking about hurting?” field, enter text. NOTE: this field will be disabled unless Yes is answered in the question from item 6 above.

1. Who are you thinking about hurting?

8. In the “2. How often do you have these thoughts?” field, enter text. NOTE: this field will be disabled unless Yes is answered in the question from item 6 above.

2. How often do you have these thoughts?

9. In the “3. Is the person in crisis threatening to harm someone else?” field, make the appropriate selection. NOTE: this field will be disabled unless Yes is answered in the question from item 6 above. If Yes is answered on this question, the below questions a, b and c will activate for entry. If No is answered, a, b and c will remain disabled.

3. Is the person in crisis threatening to harm someone else?

Yes  No

10. In the “a. Ask the identity of intended person(s)?” field, enter text. NOTE: this field will be disabled unless Yes is answered on question 3 above.

a. Ask the identity of intended person(s)?

11. In the “When someone is as upset as you are, they can have thoughts of hurting the person who has hurt them. Have you had thoughts like this?” field, make the appropriate selection. NOTE: a Yes answer will activate the following question in item 12 and a No answer will leave it disabled.

When someone is as upset as you are, they can have thoughts of hurting the person who has hurt them.

Have you had thoughts like this?

Yes  No

12. In the “Have you acted on these thoughts or came close to acting on them?” field, make the appropriate selection. NOTE: this question will remain disabled unless the previous question in item 11 was answered Yes.

Have you acted on these thoughts or came close to acting on them?

Yes  No

13. In the “Have you ever done something to put yourself or others at risk without thinking twice about it?” field, make the appropriate selection. NOTE: If Yes is selected, the below text box will activate. If No is selected, it will remain disabled.

Have you ever done something to put yourself or others at risk without thinking twice about it?

Yes  No

14. In the “Can you tell me what happened?” field, enter text. NOTE: field will remain disabled unless Yes is answered on the above question from item 13.

Can you tell me what happened?

15. In the “Is the Person in crisis currently impaired due to substance use (direct questioning and observation)?” field, make the appropriate selection.

Is the person in crisis currently impaired due to substance use (direct questioning and observation)?

Yes  No

16. In the “Tell me a little about your drug use” field, enter text.

Tell me a little about your drug use

17. In the “How do you take them? How often?” field, enter text.

How do you take them? How often?

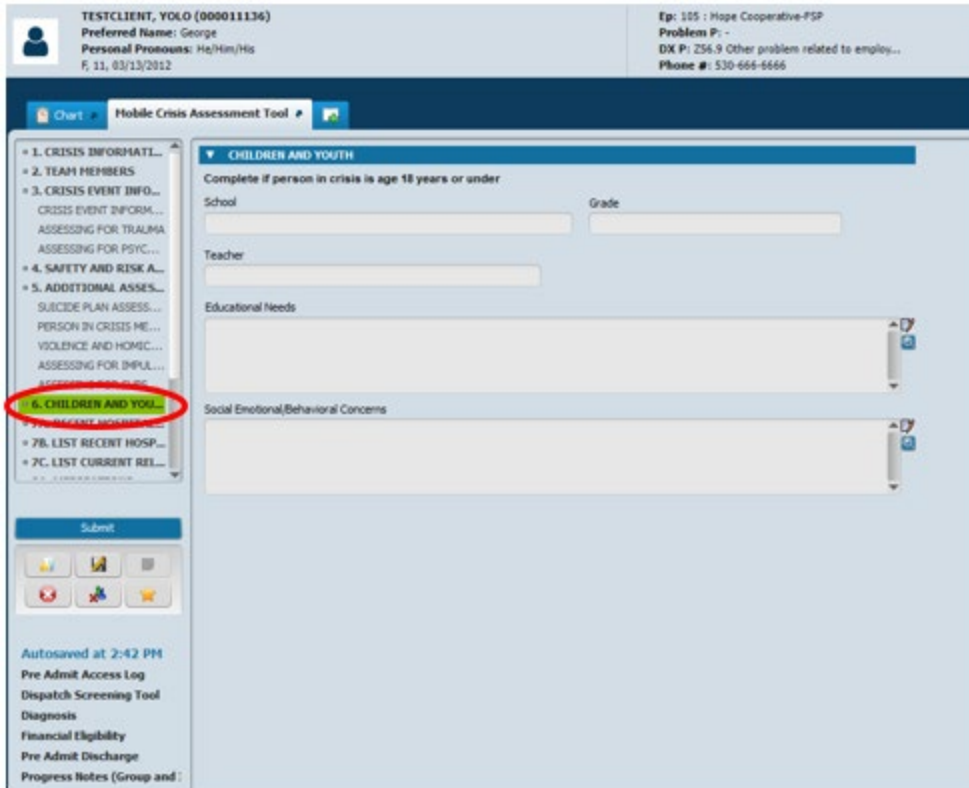
18. In the “What’s positive about these drugs for you? And what’s negative?” field, enter text.

What’s positive about these drugs for you? And what’s negative?

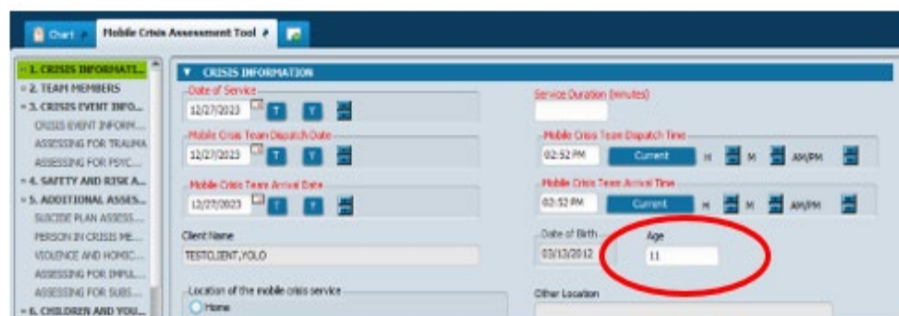
19. In the “Tell me what you’ve noticed about your drug use. How has it changed over time?” field, enter text.

Tell me what you've noticed about your drug use. How has it changed over time?

➤ Children and Youth tab



NOTE: the fields in this tab will remain disabled unless the “Age” field in the Crisis Information tab has 18 or younger entered.



1. In the “School” field, enter text.

School

2. In the “Grade” field, enter text.

Grade

3. In the “Educational Needs” field, enter text.

Educational Needs

4. In the “Social Emotional/Behavioral Concerns” field, enter text.

Social Emotional/Behavioral Concerns

➤ Recent Hospitalizations tab

TESTCLIENT, YOLO (000011136)  
Preferred Name: George  
Personal Pronouns: He/Him/His  
F, 11, 03/13/2012

Ep: 108 : Access Log  
Problem P: -  
DX P: 203.89 No diagnosis or condition  
Phone #: 530-666-6666

Chart > Mobile Crisis Assessment Tool #

1. CRISIS INFORMATL...  
2. TEAM MEMBERS  
3. CRISIS EVENT INFO...  
CRISIS EVENT INFORM...  
ASSESSING FOR TRAUMA  
ASSESSING FOR PSYC...  
4. SAFETY AND RISK A...  
5. ADDITIONAL ASSES...  
SUICIDE PLAN ASSESS...  
PERSON IN CRISIS ME...  
VIOLENCE AND HOMIC...  
ASSESSING FOR IMPUL...  
ASSESSING FOR SUBS...  
6. CURRENT AND HIST...  
**7A. RECENT HOSPITAL...**  
7B. LIST CURRENT HOSP...  
7C. LIST CURRENT REL...

Submit

Autosaved at 3:10 PM  
Pre Admit Access Log  
Dispatch Screening Tool  
Diagnosis  
Financial Eligibility  
Pre Admit Discharge  
Progress Notes (Group and )

RECENT HOSPITALIZATIONS/CURRENT RELATIONSHIPS WITH MENTAL HEALTH PROVIDERS

Have you been hospitalized in the past 30 days for mental health care?

Yes  No


1. In the “Have you been hospitalized in the past 30 days for mental health care?” field, make the appropriate selection.

Have you been hospitalized in the past 30 days for mental health care?

Yes  No

NOTE: If Yes is selected, a pop up will instruct to enter recent hospitalizations on tab 7B and relationships with mental health providers on tab 7C.

**Information** X

 Please enter recent hospitalizations in section 7B and current relationships with mental health providers in section 7C

➤ List Recent Hospitalizations tab

**TESTCLIENT, YOLO (000011136)**  
**Preferred Name:** George  
**Personal Pronouns:** He/Him/His  
 F, 11, 03/13/2012

**Ep:** 108 : Access Log  
**Problem P:** -  
**DX P:** Z03.89 No diagnosis or condition  
**Phone #:** 530-666-6666

Chart Mobile Crisis Assessment Tool

- 5. ADDITIONAL ASSES...
- SUICIDE PLAN ASSESS...
- PERSON IN CRISIS ME...
- VIOLENCE AND HOMIC...
- ASSESSING FOR IMPUL...
- ASSESSING FOR SUBS...
- 6. CHILDREN AND YOU...
- 7A. RECENT HOSPITALI...
- 7B. LIST RECENT HOSP...**
- 7C. LIST CURRENT REL...
- 8A. MEDICATIONS
- 8B. LIST MEDICATIONS
- 9. MEDICAL HISTORY
- 10. PROTECTIVE FACT...
- 11. DETERMINATION ...
- 12. DISPOSITION / RE...
- 13. REPRINT REPORT

**LIST RECENT HOSPITALIZATIONS**

-HOSPITALIZATIONS

Date of Discharge	Medications Issued

Date of Discharge

Medications Issued

This table only captures Date of Discharge and Medications Issued.

Hospital name(s) are not required information.

Submit

Autosaved at 3:20 PM  
 Pre Admit Access Log  
 Dispatch Screening Tool  
 Diagnosis  
 Financial Eligibility  
 Pre Admit Discharge  
 Progress Notes (Group and ...)



NOTE: If No was answered in the Recent Hospitalization tab, skip and proceed to List Current Relationships with Mental Health Providers tab.

1. Click the Add New Item button.

The screenshot shows the 'HOSPITALIZATIONS' form. At the top, there are two columns: 'Date of Discharge' and 'Medications Issued'. Below these columns is a large empty text area. To the right of the text area are three buttons: 'Add New Item', 'Edit Selected Item', and 'Delete Selected Item'. The 'Add New Item' button is circled in red. Below the text area are two input fields: 'Date of Discharge' with a date picker and 'Medications Issued' with a text input field.

2. In the Date of Discharge field, enter date.

The screenshot shows the 'HOSPITALIZATIONS' form. The 'Date of Discharge' field is now populated with a date, and the entire row is highlighted in green. The 'Add New Item', 'Edit Selected Item', and 'Delete Selected Item' buttons are still present. The 'Date of Discharge' field is circled in red.

3. In the Medications Issued field, enter text. Field is limited to 59 characters

The screenshot shows the 'HOSPITALIZATIONS' form. The 'Medications Issued' field is now populated with text, and the entire row is highlighted in green. The 'Add New Item', 'Edit Selected Item', and 'Delete Selected Item' buttons are still present. The 'Medications Issued' field is circled in red.

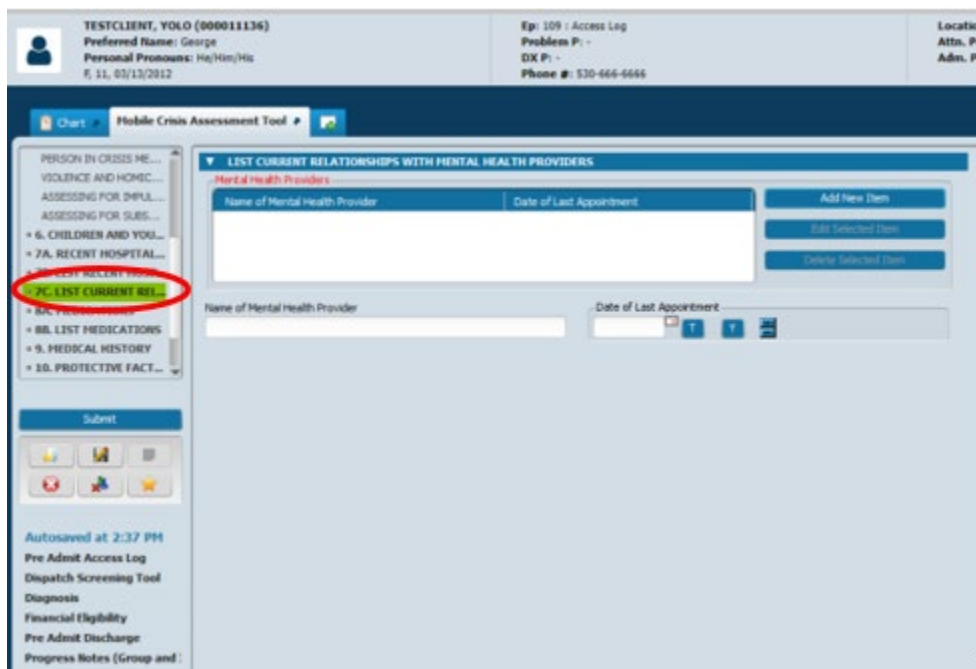
4. To add additional hospitalizations, click the Add New Item button and repeat steps 2 and 3 above.

The screenshot shows the 'HOSPITALIZATIONS' form. The 'Date of Discharge' field is now populated with '12/28/2023' and the 'Medications Issued' field is populated with 'Med name 1, Med name 2, Med name 3'. The entire row is highlighted in green. The 'Add New Item', 'Edit Selected Item', and 'Delete Selected Item' buttons are still present. The 'Add New Item' button is circled in red.

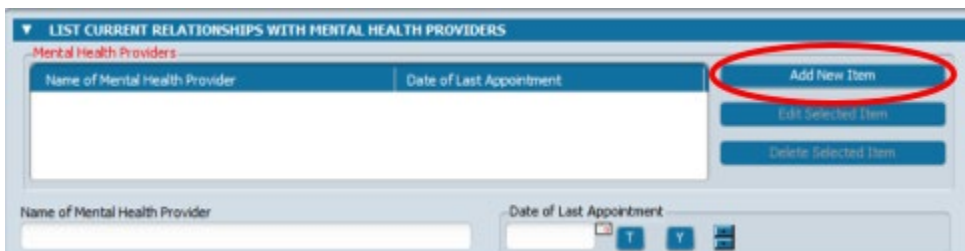
- Line items can be edited and/or deleted by clicking on the line (making it green), then clicking either the Edit Selected Item button or Delete Selected Item button.



➤ List Current Relationships with Mental Health Providers tab



- Click the Add New Item button



2. In the Name of Mental Health Provider field, enter text.

LIST CURRENT RELATIONSHIPS WITH MENTAL HEALTH PROVIDERS

Mental Health Providers

Name of Mental Health Provider	Date of Last Appointment

Name of Mental Health Provider: Provider Name

Date of Last Appointment: [Calendar Icon] [T] [Y] [M]

Buttons: Add New Item, Edit Selected Item, Delete Selected Item

3. In the Date of Last Appointment field, enter date.

LIST CURRENT RELATIONSHIPS WITH MENTAL HEALTH PROVIDERS

Mental Health Providers

Name of Mental Health Provider	Date of Last Appointment

Name of Mental Health Provider: Provider Name

Date of Last Appointment: 01/01/2024 [Calendar Icon] [T] [Y] [M]

Buttons: Add New Item, Edit Selected Item, Delete Selected Item

4. To add additional providers, click the Add New Item button then repeat steps 2 and 3 above.

LIST CURRENT RELATIONSHIPS WITH MENTAL HEALTH PROVIDERS

Mental Health Providers

Name of Mental Health Provider	Date of Last Appointment
Provider Name	01/01/2024

Name of Mental Health Provider: Provider Name

Date of Last Appointment: 01/01/2024 [Calendar Icon] [T] [Y] [M]

Buttons: Add New Item, Edit Selected Item, Delete Selected Item

5. Line items can be edited and/or deleted by clicking on the line (making it green), then clicking the Edit Selected Item button or the Delete Selected Item button.

LIST CURRENT RELATIONSHIPS WITH MENTAL HEALTH PROVIDERS

Mental Health Providers

Name of Mental Health Provider	Date of Last Appointment
Provider Name	01/01/2024
#2 Provider Name	11/20/2023
#3 Provider Name	11/30/2023

Name of Mental Health Provider: #3 Provider Name

Date of Last Appointment: 11/30/2023 [Calendar Icon] [T] [Y] [M]

Buttons: Add New Item, Edit Selected Item, Delete Selected Item

➤ Medications tab

TESTCLIENT, YOLO (000011136)  
 Preferred Name: George  
 Personal Pronouns: He/Him/His  
 F, 11, 03/13/2012

Ep: 109 : Access Log  
 Problem P: -  
 DX P: -  
 Phone #: 530-666-6666

Chart Mobile Crisis Assessment Tool

PERSON IN CRISIS ME...  
 VIOLENCE AND HOMIC...  
 ASSESSING FOR IMPUL...  
 ASSESSING FOR SUBS...  
 6. CHILDREN AND YOU...  
 7A. RECENT HOSPITAL...  
 7B. LIST RECENT HOSP...  
 7C. LIST CURRENT REL...  
 8A. MEDICATIONS  
 8B. LIST MEDICATIONS  
 9. MEDICAL HISTORY  
 10. PROTECTIVE FACT...  
 11. DETERMINATION ...  
 12. DISPOSITION / RE...  
 13. REPRINT REPORT

Submit

Autosaved at 11:02 AM  
 Pre Admit Access Log  
 Dispatch Screening Tool  
 Diagnosis  
 Financial Eligibility  
 Pre Admit Discharge  
 Progress Notes (Group and :

**MEDICATIONS**

Are you currently prescribed any supplements or medications (prescribed for you or someone else) for mental health?

Yes  No

1. In the “Are you currently prescribed any supplements or medications (prescribed for you or someone else) for mental health?” field, make the appropriate selection.

**MEDICATIONS**

Are you currently prescribed any supplements or medications (prescribed for you or someone else) for mental health?

Yes  No

NOTE: If Yes is a selected, a pop up will advise to enter medications on tab 8B.

Information

Please enter medications in section 8B

OK

➤ List Medications Tab

TESTCLIENT, YOLO (000011136)  
 Preferred Name: George  
 Personal Pronouns: He/Him/His  
 F, 11, 03/13/2012

Epi: 109 : Access Log  
 Problem P: -  
 DX P: -  
 Phone #: 530-666-6666

Location: 25 MAIN ST, WO  
 Attn. Pract.: -  
 Adm. Pract.: HHSA WEST

Chart - Mobile Crisis Assessment Tool

PERSON IN CRISIS ME...  
 VIOLENCE AND HOMIC...  
 ASSESSING FOR IMPUL...  
 ASSESSING FOR SUBS...  
 + 6. CHILDREN AND YOU...  
 + 7A. RECENT HOSPITAL...  
 + 7B. LIST RECENT HOSP...  
 + 7C. LIST CURRENT REL...  
 + 8. MEDICATIONS  
 + 9. PROTECTIVE FACT...  
 + 10. PROTECTIVE FACT...  
 + 11. DETERMINATION ...  
 + 12. DISPOSITION / RE...  
 + 13. REPRINT REPORT

Submit

Autosaved at 11:02 AM  
 Pre Admit Access Log  
 Dispatch Screening Tool  
 Diagnosis  
 Financial Eligibility  
 Pre Admit Discharge  
 Progress Notes (Group and:

**LIST MEDICATIONS**

Medications

Medicat...	Dos...	When was the last time you took the medication?	Are you taking the medication as prescribed?

Add New Item Edit Selected Item Delete Selected Item

Medication  
 Dosage

When was the last time you took the medication?

Are you taking the medication as prescribed?  
 Yes  No

1. In the "Medications" table, click the Add New Item button.

**LIST MEDICATIONS**

Medications

Medicat...	Dos...	When was the last time you took the medication?	Are you taking the medication as prescribed?

Add New Item Edit Selected Item Delete Selected Item

Medication  
 Dosage

When was the last time you took the medication?

Are you taking the medication as prescribed?  
 Yes  No

2. In the "Medication" field, enter text.

**LIST MEDICATIONS**

Medications

Medicat...	Dos...	When was the last time you took the medication?	Are you taking the medication as prescribed?

Add New Item Edit Selected Item Delete Selected Item

Medication  
 Dosage

When was the last time you took the medication?

Are you taking the medication as prescribed?  
 Yes  No

3. In the “Dosage” field, enter text.

The screenshot shows the 'LIST MEDICATIONS' form. At the top, there is a table with columns: 'Medicat...', 'Dos...', 'When was the last time you took the medication?', and 'Are you taking the medication as prescribed?'. Below the table are three buttons: 'Add New Item', 'Edit Selected Item', and 'Delete Selected Item'. Underneath these buttons are four input fields: 'Medication', 'Dosage', 'When was the last time you took the medication?', and 'Are you taking the medication as prescribed?'. The 'Dosage' field is circled in red.

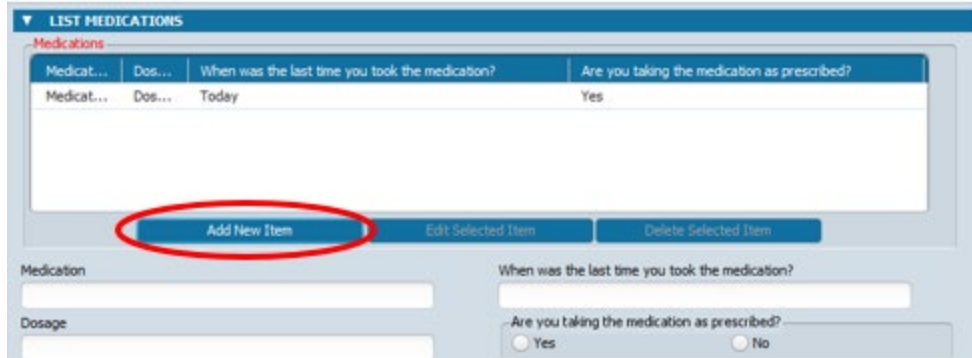
4. In the “When was the last time you took the medication, enter text.

The screenshot shows the 'LIST MEDICATIONS' form. The 'When was the last time you took the medication?' field is circled in red.

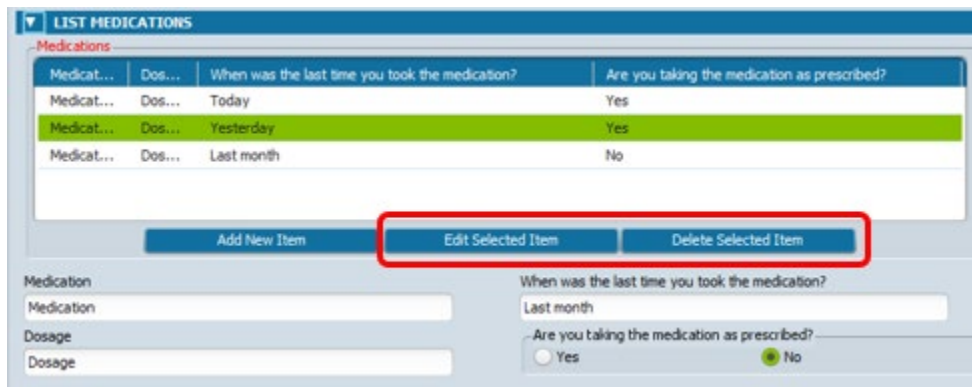
5. In the “Are you taking the medication as prescribed?” field, make the appropriate selection.

The screenshot shows the 'LIST MEDICATIONS' form. The 'Are you taking the medication as prescribed?' field, which contains radio buttons for 'Yes' and 'No', is circled in red.

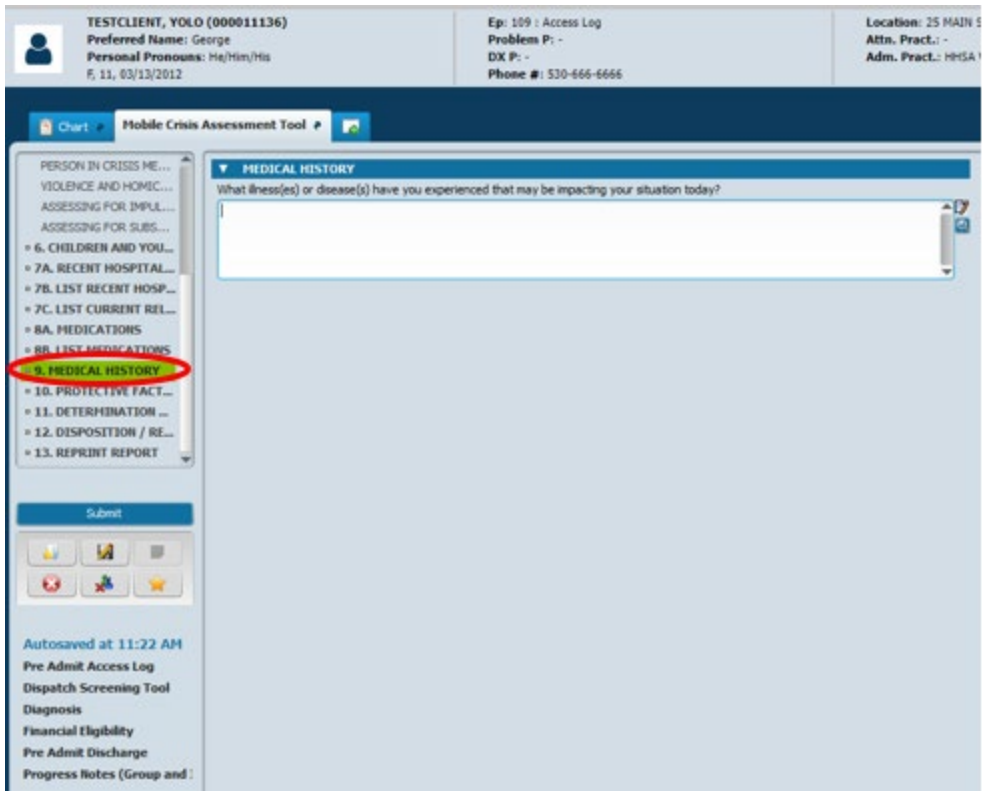
6. To enter additional medications, click the Add New Item button.



7. Line items can be edited and/or deleted by clicking on the line (making it green), the clicking the Edit Selected Item button or the Delete Selected Item button.



➤ Medical History tab



1. In the “What illness(es) or disease(s) have you experienced that may be impacting your situation today?” field, enter text.

- Protective Factors, Strengths, and Resources tab



TESTCLIENT, YOLO (000011136)  
 Preferred Name: George  
 Personal Pronouns: He/Him/His  
 5, 11, 03/13/2012

Ep: 109 : Access Log  
 Problem P: -  
 DX P: -  
 Phone #: 530-666-6666

Location: 25 MAIN  
 Attn. Pract.: -  
 Adm. Pract.: HHSA

Chart Mobile Crisis Assessment Tool

PERSON IN CRISIS ME...  
 VIOLENCE AND HOMIC...  
 ASSESSING FOR IMPUL...  
 ASSESSING FOR SUBS...  
 = 6. CHILDREN AND YOU...  
 = 7A. RECENT HOSPITAL...  
 = 7B. LIST RECENT HOSP...  
 = 7C. LIST CURRENT REL...  
 = 8A. MEDICATIONS  
 = 8B. LIST MEDICATIONS  
 = 9. MEDICAL HISTORY  
 = 10. PROTECTIVE FACT...  
 = 11. DE PERSONALITY ...  
 = 12. DISPOSITION / RE...  
 = 13. REPRINT REPORT

Submit

Autosaved at 11:22 AM  
 Pre Admit Access Log  
 Dispatch Screening Tool  
 Diagnosis  
 Financial Eligibility  
 Pre Admit Discharge  
 Progress Notes (Group and :

**PROTECTIVE FACTORS, STRENGTHS, AND RESOURCES**  
 (e.g., strong sense of cultural identity, feeling connected to others, support from family and friends)

Do you have a support system in place, such as friends or family?  
 Yes  No

What are some people, activities, spiritual beliefs, pets, etc., that keep you going when you are having a hard time?

What typically works to help you cope with stress or anxiety?

What are your reasons for living?

1. In the “Do you have a support system in place, such as friends or family?” field, make the appropriate selection.

**PROTECTIVE FACTORS, STRENGTHS, AND RESOURCES**  
 (e.g., strong sense of cultural identity, feeling connected to others, support from family and friends)

Do you have a support system in place, such as friends or family?  
 Yes  No

2. In the “What are some people, activities, spiritual beliefs, pets, etc., that keep you going when you are having a hard time?” field, enter text.

What are some people, activities, spiritual beliefs, pets, etc., that keep you going when you are having a hard time?

3. In the “What typically works to help you cope with stress or anxiety?” field, enter text.

What typically works to help you cope with stress or anxiety?

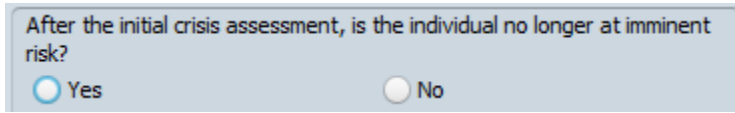
4. In the “What are your reasons for living?” field, enter text.

What are your reasons for living?

➤ Determination of Safety tab

The screenshot displays the 'Mobile Crisis Assessment Tool' interface. At the top, there is a header with patient information: 'TESTCLIENT, YOLO (000011136)', 'Preferred Name: George', 'Personal Pronouns: He/Him/His', 'E: 109 : Access Log', 'Problem P: -', 'DX P: -', 'Phone #: 530-466-6666', 'Location: 25 MAZIN', 'Attn. Pract.: -', and 'Adm. Pract.: HHSA'. Below the header, the 'DETERMINATION OF SAFETY' tab is selected and highlighted. The left sidebar contains a list of assessment categories, with '11. DETERMINATION OF SAFETY' circled in red. The main content area for this tab includes several questions with radio button options: 'After the initial crisis assessment, is the individual no longer at imminent risk?', 'Did the individual in crisis experience relief or find alternative solutions to the crisis?', 'Is the individual able to remain safe in the community?', 'Is the individual in crisis able to meaningfully engage in a safety plan?', and 'Does the CoResponder Access Form need to be completed?'. Below these questions are text input fields for 'CONSULTATION', 'CHILD OR ADULT SAFETY CONCERNS', and 'NOTES'. A 'Submit' button is located at the bottom left of the main content area.

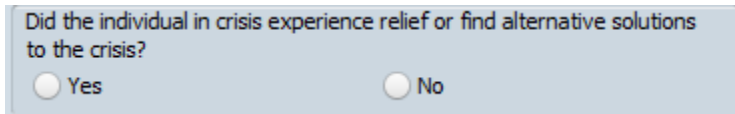
1. In the “After the initial crisis assessment, is the individual no longer at imminent risk?” field, make the appropriate selection.



After the initial crisis assessment, is the individual no longer at imminent risk?

Yes  No

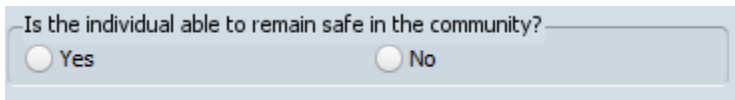
2. In the “Did the individual in crisis experience relief or find alternative solutions to the crisis?” field, make the appropriate selection.



Did the individual in crisis experience relief or find alternative solutions to the crisis?

Yes  No

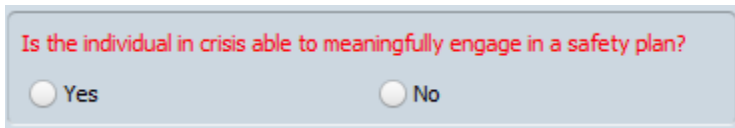
3. In the “Is the individual able to remain safe in the community?” field, make the appropriate selection.



Is the individual able to remain safe in the community?

Yes  No

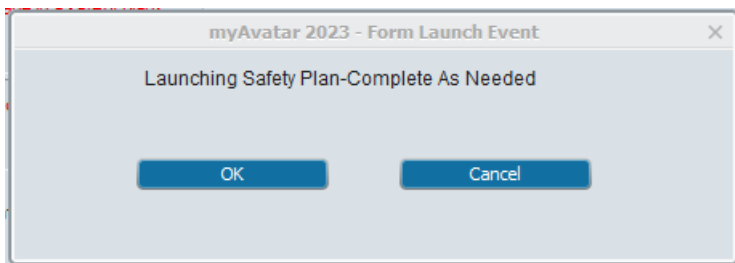
4. In the “Is the individual in crisis able to meaningfully engage in a safety plan?” field, make the appropriate selection. NOTE: this is a mandatory field.



Is the individual in crisis able to meaningfully engage in a safety plan?

Yes  No

NOTE: If Yes is selected, a pop up advises that Safety Plan MCB is launching.

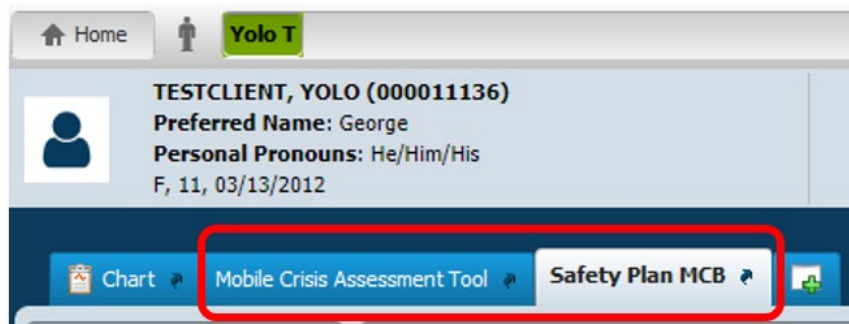


myAvatar 2023 - Form Launch Event

Launching Safety Plan-Complete As Needed

OK Cancel

The Mobile Crisis Assessment Tool form and the Safety Plan MCB form can be toggled by the tabs in the upper left.

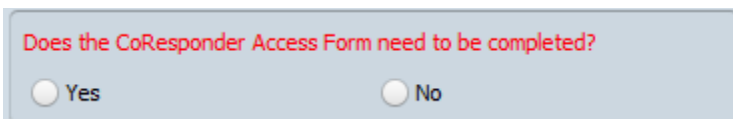


Home Yolo T

TESTCLIENT, YOLO (000011136)  
Preferred Name: George  
Personal Pronouns: He/Him/His  
F, 11, 03/13/2012

Chart Mobile Crisis Assessment Tool Safety Plan MCB

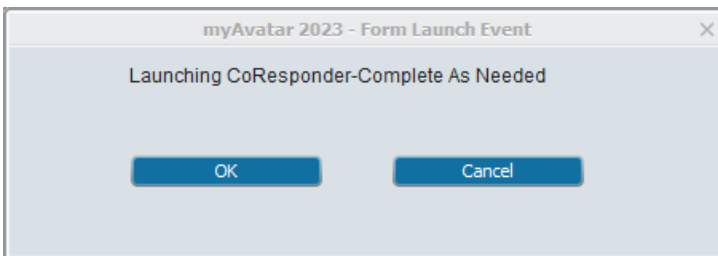
5. In the “Does the CoResponder Access Form need to be completed?” field, make the appropriate selection. NOTE: this is a mandatory field.



Does the CoResponder Access Form need to be completed?

Yes  No

NOTE: If Yes is selected, a pop up advises that the CoResponder Access form is being launched.

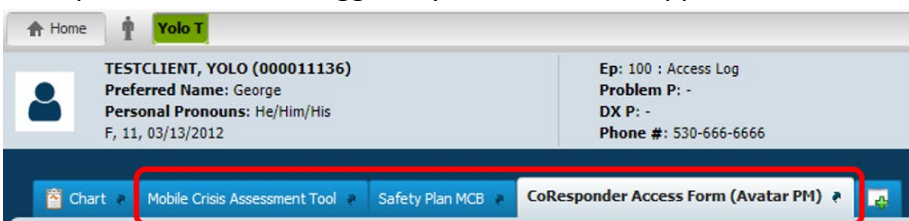


myAvatar 2023 - Form Launch Event

Launching CoResponder-Complete As Needed

OK Cancel

The open forms can be toggled by the tabs in the upper left.



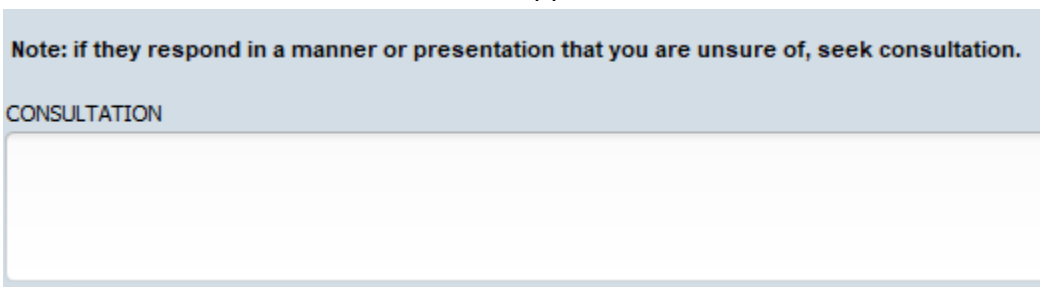
Home Yolo T

TESTCLIENT, YOLO (000011136)  
Preferred Name: George  
Personal Pronouns: He/Him/His  
F, 11, 03/13/2012

Ep: 100 : Access Log  
Problem P: -  
DX P: -  
Phone #: 530-666-6666

Chart Mobile Crisis Assessment Tool Safety Plan MCB CoResponder Access Form (Avatar PM)

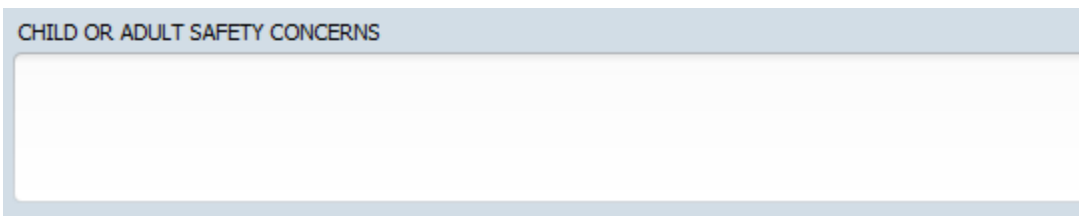
6. In the “Consultation” field, enter text if applicable.



**Note: if they respond in a manner or presentation that you are unsure of, seek consultation.**

CONSULTATION

7. In the “Child or Adult Safety Concerns” field, enter text.



CHILD OR ADULT SAFETY CONCERNS

8. In the “Notes” field, enter text if applicable.

NOTES

➤ Disposition / Referrals tab

The screenshot shows the 'Mobile Crisis Assessment Tool' interface for a client named 'TESTCLIENT, YOLO (000011136)'. The client's preferred name is 'George', and his pronouns are 'He/Him/His'. The tool includes a sidebar with various assessment categories, with '12. DISPOSITION / REFERRALS' highlighted in red. The main content area is titled 'DISPOSITION / REFERRALS' and contains several sections: 'Disposition of The Encounter' with radio buttons for 'Resolved In Community Setting', 'Admitted to ED', and 'Other'; a question 'Were referral(s) made to other services and supports?' with 'Yes' and 'No' radio buttons; a 'Type of Referral' section with checkboxes for 'Mental Health', 'SUD', 'Housing', and 'Other Community Resource'; an 'Other Referral' text field; a 'Reason for No Referral' section with radio buttons for 'Arrested', 'Do Not Meet Criteria', 'Hospitalized', 'Incompetent', 'No Further Action Required', 'Other', 'Placed On Hold', 'Refused', and 'Unresponsive'; and an 'Other Reason for No Referral' text field. A 'Submit' button is located at the bottom left of the main content area.

1. In the “Disposition of The Encounter” field, make the appropriate selection.

This close-up screenshot shows the 'DISPOSITION / REFERRALS' section. It features a dropdown arrow on the left and the title 'DISPOSITION / REFERRALS'. Below the title is the label 'Disposition of The Encounter' followed by three radio button options: 'Resolved In Community Setting', 'Admitted to ED', and 'Other'.

NOTE: If “Other” is selected, the “Other Disposition” field will become mandatory, enter text.

**DISPOSITION / REFERRALS**

Disposition of The Encounter

Resolved In Community Setting  
 Admitted to ED  
 Other

Other Disposition

- In the “Were referral(s) made to other service and supports?” field, make the appropriate selection.

Were referral(s) made to other services and supports?

Yes                       No

If “Yes” is selected, the “Type of Referral” field will become mandatory. NOTE: field allows more than one selection to be made.

Type of Referral

Mental Health  
 SUD  
 Housing  
 Other Community Resource

If “Other Community Resource” is selected, the “Other Referral” field will become mandatory, enter text.

Type of Referral

Mental Health  
 SUD  
 Housing  
 Other Community Resource

Other Referral

If “No” is selected in the “Were referral(s) made to other services and supports?” field, the “Reason for No Referral field will become mandatory, make appropriate selection (choose one only).

Were referral(s) made to other services and supports?

Yes                       No

Reason for No Referral

- Arrested
- Do Not Meet Criteria
- Hospitalized
- Incompetent
- No Further Action Required
- Other
- Placed On Hold
- Refused
- Unresponsive

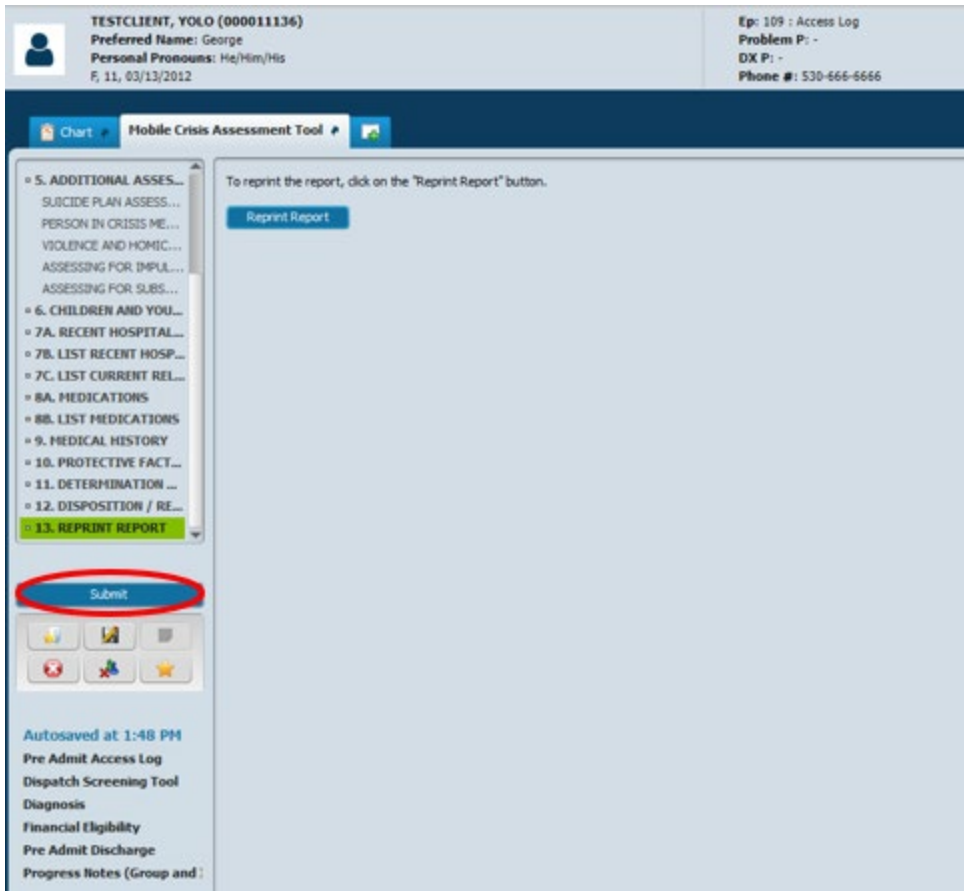
If "Other" is selected, the "Other Reason for No Referral" field becomes mandatory, enter text.

Reason for No Referral

- Arrested
- Do Not Meet Criteria
- Hospitalized
- Incompetent
- No Further Action Required
- Other
- Placed On Hold
- Refused
- Unresponsive

Other Reason for No Referral

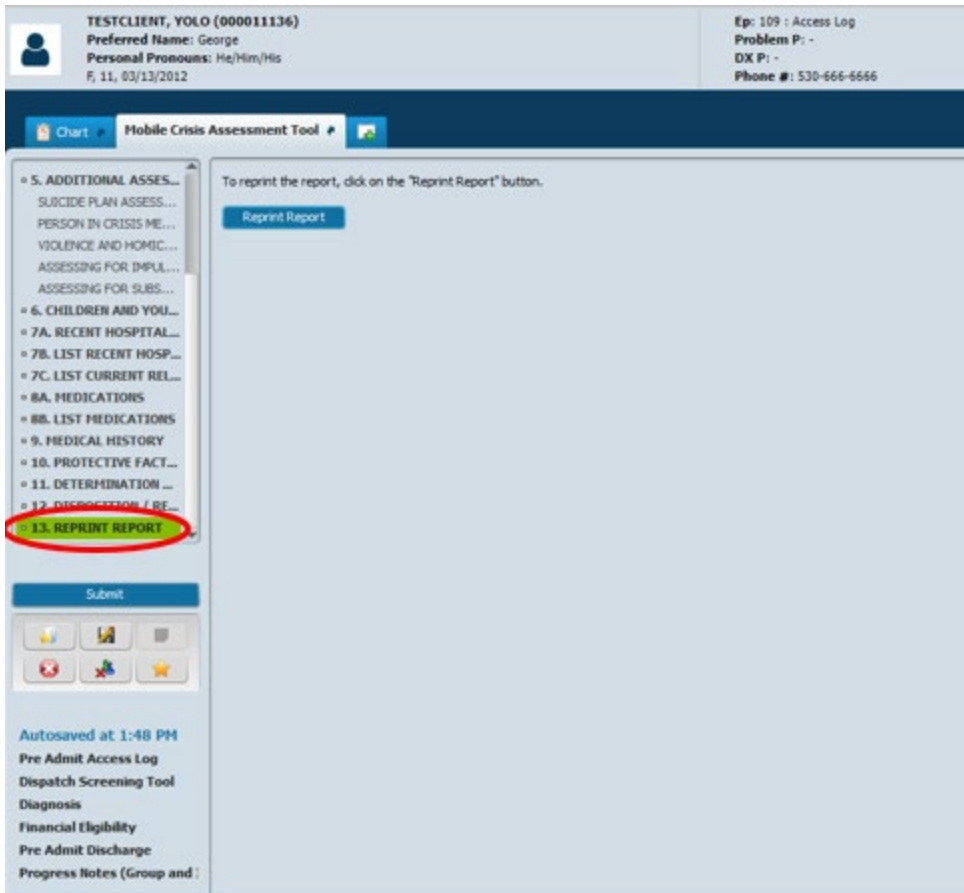
➤ Click Submit



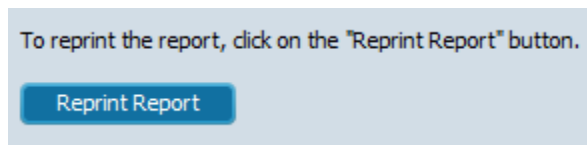
NOTE: clicking Submit will automatically print the report, see items 2 and 3 below on viewing and printing.

➤ Reprint Report tab





1. Reprint Report is intended for already completed assessments. If the assessment hasn't been **submitted** the reprint will not reflect changes. Click the "Reprint Report" button after the assessment has been completed and submitted.



2. The report will load and can be accessed by clicking report icon at bottom of screen.



3. To print the report, click the printer icon.

