
OpenBeds® Crisis Management System

Lifeline Center Crisis Operator User Guide

NJ Specific - Version 1.0

3/3/25

Introduction

This guide details the responsibilities and distinct privileges for OpenBeds users with the role of Crisis operator.

Crisis operator is the role assigned to crisis center specialists who are responsible for creating and dispositioning an intake as well as conducting follow-up for consenting help seekers. A help seeker is defined as someone contacting the center for themselves or on behalf of someone else. Using this role, crisis specialists will be able to:

1. Create an intake and document the encounter.
2. Capture support provided based on help seeker's need and disposition the encounter.
3. Flag an encounter for follow-up and complete the follow-up as assigned.
4. View and edit (up to 48 hours from Intake Form creation) intake history.
5. Track status of intake not resolved during the contact.

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Account Creation

Crisis operators are created by organizational users with the Crisis Administrator role. Your supervisor can assist with user account creation. Your Administrative Team can reach out to Bamboo Health’s help desk if additional Crisis Administrator accounts are needed.

Logging In

To log into your account for the first time:

1. From your web browser, navigate to the OpenBeds URL: <https://nj.openbeds.net/> and select “Forgot Password”.
2. Enter your work email in the ‘Username’ box and click ‘Request Password’.
3. Enter the verification code sent to your email in the ‘Verification Code’ box.
4. Create a new password and click ‘Reset Password’.
5. Log in using your credentials.

The screenshot shows a web browser window with the address bar containing 'nj.openbeds.net'. The page content includes the OpenBeds logo, 'A BAMBOO HEALTH SOLUTION', and 'New Jersey Department of Human Services'. Below this is the 'User Login' section, which contains a 'Username' input field, a 'Password' input field, a blue 'Login' button, a 'Forgot password?' link, and a 'Need Help?' link. Red boxes are drawn around the 'Username' field, the 'Forgot password?' link, and the browser address bar.

For subsequent log-ins:

1. From your web browser, navigate to the OpenBeds URL: <https://nj.openbeds.net/>

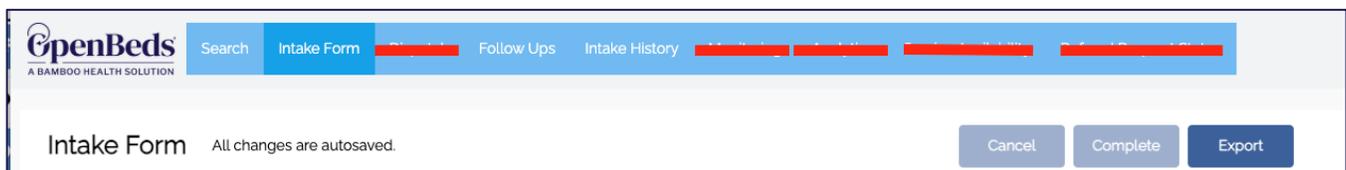
2. Enter your work email in the 'Username' box and your password in the 'Password' box.
3. You can change your password at any time. Once logged in:
 - a. Click the drop-down icon beside your name at the top right of the page.
 - b. Select 'Change Password' and complete the instructions as prompted.

Getting Started

1. Navigate to <https://nj.openbeds.net/> and log into OpenBeds.
2. You will see a 'Select An Account' page listing one or more accounts associated with your work email address.
3. Select your 'Crisis operator' role.



You will see a list of options across the top of the page and a menu ribbon as shown below. You will ***not use*** the **Dispatch, Monitoring, Analytics, Service Availability or Referral Request** Status buttons. (In the screenshot below, *these have been crossed out with a red line.*)



Search Page

Once you select your account, you are directed to the Search Page with the option to complete an **Encounter Search** or a **Profile Search**. You will only use the Encounter Search.

Encounter Search

Encounter Search (1) allows you to search for encounters across your organization depending on the business rules of your state.

The screenshot displays the OpenBeds Crisis Operator interface. At the top, the navigation bar includes 'Search', 'Intake Form', 'Dispatch', 'Follow Ups', 'Intake History', 'Monitoring', 'Analytics', 'Service Availability', and 'Referral Request Status'. The 'Search' section is active, showing a search input field with 'blue' entered. Below the search bar, there are fields for 'Encounter Matches (2)', 'Encounter Search for', and a table of search results. The table has columns for 'Call Start Date/Time', 'Person', 'Date of Birth', 'Phone', and 'Primary Presenting Concern'. A result for 'Yvette Blue' is shown with a 'View' button. Below the table, there are sections for 'Caller Details', 'Encounter Details', 'Operator Name', 'Contact Center', and 'Contact Summary'.

You can execute a basic **Encounter Search** (2) by entering a First Name, Last Name, Phone Number (inclusive of the Incoming Contact Number), or Unique Telephony ID. Additionally, you have the option to indicate a Start Date and an End Date to narrow the potential matches to the encounters during this period. Click Search Encounter (3) to begin the search.

Advanced Search (4) expands the search criteria to include Date of Birth, Gender, Phone Number, and Member ID.

Encounter Matches (5) are returned when the system finds a possible match to the search criteria. The number of potential matches is shown in parenthesis. The search criteria you entered is also visible (6). Returned results will display the encounter date/time, the name, address, phone number, date of birth, and primary presenting concern for the person of concern. Caller details, encounter details, Operator name and contact center, and the Contact Summary are also displayed.

You can screen the potential matches by clicking **View** (7) to open the existing Intake Form associated with the selected encounter. Click the back arrow to return to your search session.

If a match is found, you can create a new intake by clicking **Create New** (8) for the appropriate person. Information documented in the Person in Crisis and Permanent Location sections on the previous Intake Form will pre-populate these sections on the

new Intake Form. If no match is found or if no search is initiated, you can start a new intake by clicking the **Intake Form** tab (9) on the navigational menu at the top of the page. **Note:** From the **Advanced Search**, you can click **Start New Intake** to pre-fill the new Intake Form with the advanced search criteria you entered.

Profile Search

Profile Search (1) allows you to search all individuals based on patient matching and displays the list of individuals matching your search.

The screenshot shows the 'Profile Search' section of the OpenBeds interface. It includes a search form with the following fields: First Name (Test), Last Name (Son), Date of Birth, Gender Identity (Select an option), City, State, and Zip Code. A 'Search Profile' button is labeled (2). Below the search form are three buttons: 'Create Intake For Selected User' (3), 'Start New Intake' (4), and 'View Record' (5). A table of 'Profile Matches' is displayed below, with the first row highlighted in red.

| First | Last | Date of Birth | Gender | Phone Number | Address | City | State | Zip Code |
|-------|-------------|---------------|--------|---------------|---------------|-----------|--------------|----------|
| Test | son | 1/3/2001 | Male | 0110 011-1212 | 2098 GA-20 | McDonough | Georgia | 30253 |
| Test | McTesterson | 4/4/1983 | Female | 6607 444-4444 | 123 State St. | Camp Hill | Pennsylvania | 17011 |

Enter the first and/or last name for the person of concern, then click **Search Profile** (2) to begin the search.

To start a new intake for a matched individual, highlight the applicable row and click **Create Intake for Selected User** (3). Information documented in the Person in Crisis and Permanent Location sections on the previous Intake Form will pre-populate on the new Intake Form. If no match is found, you can start a new intake by clicking **Start New Intake** (4) to pre-fill the new Intake Form with the profile search criteria you entered.

To view a potential match, highlight the row of the potential match and click **View Record** (5) to display the individual's previously-documented encounters. The lookback period defaults to **Last 30 days**. If no results are found or you want to see a

longer history, select the new lookback period from the dropdown menu. You will see a chronological longitudinal timeline of the individual's encounters starting with the most recent. Click the **Back** arrow to return to your search session. **Note:** You can click **Create New Intake** to pre-fill information from the Person of Concern and Permanent Location sections from the previous form onto the new Intake Form.

The screenshot displays the 'Behavioral Health Emergency Services Program - Crisis Operator' interface. It features a 'Person Profile' section at the top with a 'Back' button. Below this is the 'Encounter History' section, which includes a 'Create New Intake' button and a search filter dropdown set to 'All Time'. The encounter history is a vertical timeline of events:

| Event Type | Date & Time | Phone Number | Responder Name | Program | Location | Status | Action |
|------------|---------------------|----------------|----------------------|--|--|-----------|------------------|
| Intake | 7/30/2024, 11:33 AM | (111) 111-1212 | | | | Completed | View Intake Form |
| Dispatch | 7/30/2024, 11:42 AM | (111) 111-1212 | Devon Rachel | Behavioral Health Emergency Services Program | 5015 Shelbyville Rd, Louisville KY, 40207 | Completed | |
| Intake | 7/3/2024, 12:42 PM | (111) 111-1212 | | | | Completed | View Intake Form |
| Intake | 5/7/2024, 2:32 PM | (111) 111-1212 | test support, Parent | Dispatch level - 4 | | Completed | View Intake Form |
| Dispatch | 5/7/2024, 2:32 PM | (111) 111-1212 | Gina Demo | Behavioral Health Emergency Services Program | Meeting Location: Client's Home 2098 GA-20, McDonough GA, 30253 | Completed | |

Intake Form

The Intake Form is designed to support your natural workflow and has three main parts:

Forms Section (1) – Use this navigational menu to quickly move to the desired sections of the form. The selected section is shadowed in blue, and this shadow moves through each section as it is accessed.

Scrolling Form (2) – The entire form is visible in this panel, and you can scroll up and down to identify the portions of the form you need using the outer most bar in the right-hand margin. Your data entries are automatically saved.

Static Menu (3) – Use this panel to quickly identify and take desired action, including assessing, documenting, and dispositioning the contact.

Complete the Intake Form based on your organization’s workflow and your conversation with the help seeker in whatever order you deem appropriate. For ease of use and reference, the Intake Form categories are outlined below in the order of the left-hand navigation section. The data fields you are able to view is determined by your state. Which of these data fields you populate is determined by the information gathered during the encounter. **Note:** Your progress will auto-save as you complete data fields. This auto-save process is visible in real time as shown in the screenshot above.

Additionally, errors and missed required data fields are denoted with a red number following the applicable section on the menu and highlighted with red boxes in the form itself with the applicable requirement for ease in locating and correcting.

Contact Basics

(Note: ‘Contact’ refers to a call, text, or chat)

Complete this section for any new Intake for which a match was not found during your search or for which no search was initiated. Based on your organization’s business rules, you may choose to complete the applicable data fields for all contacts, or you may only complete these if you are speaking to someone other than the person of concern.

Contact Type (1)+# – Select method the help seeker used to contact your center (e.g. call, chat, text).

Contact Start Time (2) – This data auto-populates with the current date/time when you open the Intake Form. If adjusting this time, note that while the picker lists time in 15-minute increments, you can edit the time to the exact start time of the contact.

Contact End Time (3) – This data auto-populates with the date/time when you complete the form by selecting one or more Final Dispositions.

Incoming Contact Number (4) – Enter the incoming number from your telephony system caller ID.

Unique Telephony ID (5) – Enter the ID number your telephony system assigned to this contact.

Callback Phone Number same as Incoming Contact Number (6) – Check this box if the Incoming and Callback phone numbers are the same.

Callback Phone Number (7) – Enter the phone number received from the help seeker if different from the Incoming Contact Number. If both phone numbers are the same, check the box (6) to so indicate and to auto-populate this information.

Extension (8) – Enter the extension for the Callback Phone Number if applicable. Note: Extensions must be at least 3 numerical digits.

Contact First Name (9) – Enter the first name provided by the help seeker.

Contact Last Name (10) – Enter the last name if provided by the help seeker.

Relationship to Person In Crisis (11)+ – Select applicable option or type in an option not listed. If 'Self' is selected, the corresponding information (name, age, phone number) will auto-populate in the 'Person In Crisis' section.

(+Vibrant Imminent Risk Reporting data field. #Vibrant Veteran's Amendment Reporting data field.)

Person In Crisis

Complete this section for any new intake or update and/or add additional information for any match found in the search for the person of concern. **Reminder:** If 'Relationship to Person in Crisis' is 'Self' and/or if a search match is found, the applicable information for the person of concern (name, age, phone number) will auto-populate in this section.

The screenshot shows the 'Intake Form' interface with the 'PERSON IN CRISIS' section active. The form includes a sidebar with 'FORM SECTIONS' and a main content area with various input fields. Red numbers 1 through 20 are placed next to specific fields to indicate their importance or function. The fields and their corresponding numbers are: 1 (Age group radio buttons: Adult, Youth, Undetermined), 2 (Anonymous checkbox), 3 (First Name text field), 4 (Middle Name text field), 5 (Last Name text field), 6 (Date of Birth text field), 7 (Age text field), 8 (Birth Sex dropdown), 9 (Gender Identity dropdown), 10 (Sexual Orientation dropdown), 11 (Primary Language dropdown), 12 (Needs an interpreter checkbox), 13 (Race dropdown), 14 (Ethnicity dropdown), 15 (Residential Arrangement dropdown), 16 (Phone Number text field), 17 (Client ID text field), 18 (Member ID text field), 19 (Military Status dropdown), and 20 (Why didn't the person connect to the Veteran's Crisis Line? dropdown).

Note: All information captured in this section applies to the person of concern.

Form Version (1) – Choose the applicable version of the Intake Form based on the age group of the Person in Crisis. The auto-default is Adult. You can switch between versions if needed without losing the information entered for that intake.

Anonymous (2) – Per New Jersey business rules, the “Anonymous” box will **not** be checked. Instead:

- If a first name is not provided, enter “Anonymous” in the field
- If a last name is not provided, enter “X” in the field.

First Name (3) – Enter the first name if provided.

Middle Name (4) – Enter middle name or initial if provided.

Last Name (5) – Enter last name if provided.

Date of Birth (6) – Enter the date of birth if provided.

Age (7) – Populates automatically if date of birth is entered.

Birth Sex (8) – Choose from the drop-down values listed, if provided.

Gender Identity (9)+ – Select appropriate option corresponding with information provided, if applicable.

Sexual Orientation (10) – Select appropriate option corresponding with information provided, if applicable.

Primary Language (11) – Select appropriate option from the drop down if applicable.

Needs an Interpreter (12) – Check the box if applicable based on Primary Language.

Race (13) – Select appropriate option from the drop down if applicable.

Ethnicity (14) - Select appropriate option from the drop down if applicable.

Residential Arrangement (15) – Select living arrangement based on information provided, if applicable.

Phone Number (16) – Enter the phone number of the person of concern.

Client ID (17) – Enter this information if your organization assigns a client ID to persons of concern. *[NOT presently in use by NJ]*

Member ID (18) – Enter the Genesys Member ID. *[NOT presently in use by NJ]*

Military Status (19)#+ – Select appropriate option corresponding with information provided.

Why didn't the person contact the Veteran's Crisis Line (20)# – Select appropriate option corresponding with information provided.

Note (For Youth Version Only): Parent/Caregiver – Enter the First Name, Last Name and Phone Number for the parent or caregiver.

(+Vibrant Imminent Risk Reporting data field. #Vibrant Veteran's Amendment Reporting data field.)

Lifeline Prompt Questions

Ask the individual in crisis the two prompt questions, if applicable. If the response to either question is 'Yes', complete the Lifeline Assessment.

Why didn't the person connect to the Veteran's Crisis Line?
 Concerned about confidentiality x | v

LIFELINE PROMPT QUESTIONS

Have you had any thoughts of suicide in the last few days, including today?
 Yes x | v

Have you taken any action to harm yourself today?
 No x | v

[Complete Lifeline Assessment](#)

Assessment options are available to choose from based on your organization's requirements. There are options for the Columbia Screener, the Lifeline Assessment, and the Stanley-Brown Safety Plan.

ASSESSMENTS

Columbia Screener →

Lifeline Assessment →

Stanley-Brown Safety Plan →

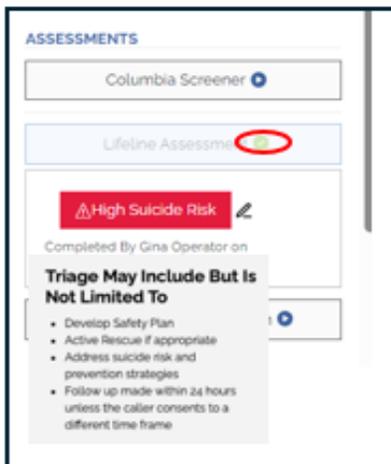
Additionally, a substance use level of care decision support tool based the on ASAM is available from the drop-down menu underneath your username as shown below:

Gina Operator ▾

- My Profile
- Change Password
- CARA Plan of Care
- System Alerts
- Treatment (LoC) Decision Support**
- Educational Material
- Help
- Sign Out

Lifeline Assessment

The Lifeline Assessment combines aspects of the C-SSRS Screener with the Lifeline Safety Assessment. 'Yes' responses to the Lifeline Prompt Questions require additional details be provided in the corresponding notes field under the question. Once complete, you will see a green check mark and the assessment, and a level of risk is visible in the Assessments section of the Intake Form. Hovering over the risk level reveals example triage steps. Refer to your organization's policies and procedures for evaluating, mitigating risk, and next steps. You are not required to complete the screening questions to save this assessment. However, no risk score will be generated unless all of the applicable screening questions are answered.



Columbia Suicide Severity Rating Scale (C-SSRS) Screener

If your organization answers lines of business other than 988, you can use the C-SSRS Screener to assess suicide risk instead of the Lifeline Assessment.

Columbia Suicide Severity Rating Scale (C-SSRS) Cancel Save

Please ask the person in crisis the following questions to assess their risk.

1. In the past month, have you wished you were dead or wished you could go to sleep and not wake up? No Yes
2. In the past month, have you actually had any thoughts about killing yourself? No Yes
3. Have you thought about how you might do this? No Yes
4. Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them? No Yes
5. Have you started to work out or worked out the details of how you would kill yourself? Do you intend to carry out this plan? No Yes
6. Have you done anything, started to do anything or prepared to do anything to end your life?
Ex. Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc. No Yes

Incident Details

Complete this section to capture the reason for the contact, suicide or homicide risks, and to safety plan if warranted. See subsections below for additional details.

Primary Presenting Concern (1)+ - Choose the most appropriate option from the drop-down menu that reflects the help seeker’s primary reason for calling today. Only type a different ‘Primary Presenting Concern’ if you would otherwise select ‘Other’ (if there is not a close enough match in the existing list).

Contributing Factors (2) - Select all factors pertinent to the current encounter. Only add a typed option if there is not a close enough match in the existing list and you would normally select ‘Other’. Be sure to select everything that applies to this contact.

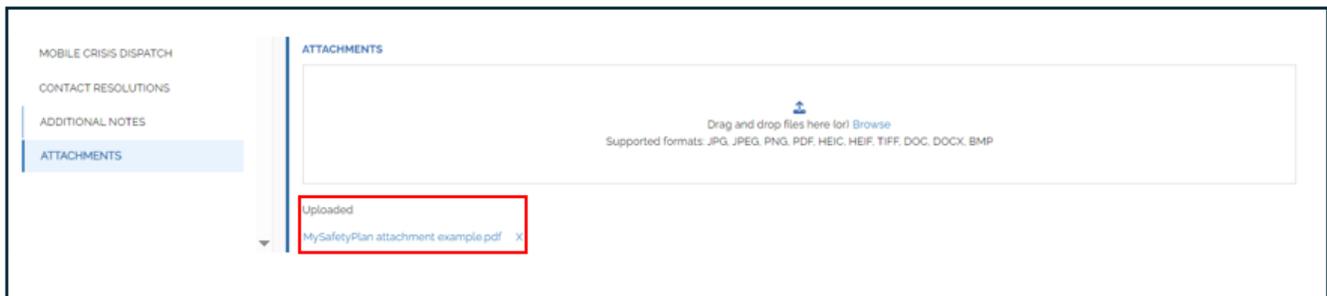
Suicide Experience (3)+ - Select all applicable options from the drop-down menu to capture the person of concern’s suicide risk and experience.

Emergency Rescue Needed for Suicide? (4)+ - Check the appropriate radio button. If emergency rescue is needed, follow your organization’s procedures and navigate to the Emergency Services Intervention section to document this information. See the Emergency Services Intervention section for additional information. If no emergency intervention is needed, you will see a new required data field **Reason for NO Emergency Dispatch for Suicide (5)+**. Select the appropriate justification from the drop-down menu.

Homicidal Ideation (6)+ - Select all applicable options from the drop-down menu to capture the person of concern's risk for homicide. Note: Indicating any homicidal ideation requires an answer from the drop-down list for 'Whom.'

Emergency Rescue Needed for Homicide? (7)+ - Check the appropriate radio button. If emergency rescue is needed, follow your organization's procedures and navigate to the Emergency Services Intervention section to document this information. See the Emergency Services Intervention section for additional information. If no emergency intervention is needed, you will see a new required data field **Reason for NO Emergency Dispatch for Homicide+**. Select the appropriate justification from the drop-down menu.

Safety Plan (8) - Enter any safety measures discussed with the help seeker and/or click the link to complete the **Stanley-Brown Safety Plan (9)**. You may choose to complete the Stanley-Brown Safety Plan through OpenBeds. Using the Stanley-Brown Safety Plan via OpenBeds will allow you to complete the plan collaboratively, save as PDF, and share the plan with the help seeker via email. Alternatively, the safety plan can be completed at <http://www.mysafetyplan.org/> and sent directly to the person of concern. If completed online, be sure to download a copy and attach it to the Intake Form.



(+Vibrant Imminent Risk Reporting data field. #Vibrant Veteran's Amendment Reporting data field.)

Person History

Complete any of the data fields corresponding to information gathered during the encounter. If not applicable, leave it blank.

FORM SECTIONS

- CONTACT BASICS
- PERSON IN CRISIS
- LIFELINE PROMPT QUESTIONS
- INCIDENT DETAILS
- PERSON HISTORY**
- HEALTH PROVIDER INFORMATION
- PROTECTIVE SERVICES REPORT
- FOLLOW UP
- DISPATCH DETAILS
- DISPATCH SAFETY
- LOCATION
- EMERGENCY SERVICES INTERVENTION
- MOBILE CRISIS DISPATCH
- CONTACT RESOLUTIONS
- ADDITIONAL NOTES
- ATTACHMENTS

PERSON HISTORY

Impairments **1**
Type or select multiple option(s)

Impairment Notes **2**
None

Accommodations **3**
Type or select multiple option(s)

Medication **4**
Lithium

Mental Health History **5**
Bipolar I dx

Safety & Stability **6**
Type or select multiple option(s)

History of Hospitalizations, Placements, Institutional Stays **7**
3 weeks post suicide attempt

Trauma History **8**

Other History **9**

Impairments (1) – Select all applicable options from the drop-down: Development/Intelligence, Sensory/Communication, Physical, Vision, Hearing, and Alcohol/Dependency.

Impairment Notes (2) – Document details of any impairments selected.

Accommodations (3) - Select all applicable options from the drop-down: Braille, Language Interpreter, Large Print, Reader, Service Animal, TTY, VRS, and Wheelchair Access.

Medication (4) – Document any medication the person of concern is taking.

Mental Health History (5) – Document any mental health history.

Safety & Stability (6) – Select all applicable options from the drop-down.

History of Hospitalizations, Placements, Institutional Stays (7) – Document any reported hospital stays, placements, and/or institutional stays.

Trauma History (8) – Document any reported trauma history.

Other History (9) – Document any pertinent historical information that has not been documented elsewhere.

Health Provider Information

Enter the applicable information provided by the help seeker. You can also document if the person of concern is able to participate via telehealth.

The screenshot shows the 'HEALTH PROVIDER INFORMATION' section of a form. On the left is a navigation menu with items: LIFELINE PROMPT QUESTIONS, INCIDENT DETAILS, PERSON HISTORY, HEALTH PROVIDER INFORMATION (highlighted), PROTECTIVE SERVICES REPORT, FOLLOW UP, DISPATCH DETAILS, DISPATCH SAFETY, and LOCATION. The main form area contains the following fields:

- Behavioral Health Agency: [Text input field]
- Therapist: [Text input field]
- Phone Number: [Text input field]
- Insured: Radio buttons for Yes, No, and Unknown.
- Health Insurance: [Text input field]
- Health Insurance Number: [Text input field]
- Person accepts Telehealth: [Checkbox]

Protective Services Report

As a mandated reporter, if child or elder abuse is indicated or suspected, you must report it. Document completion of the Protective Services Report section as shown. If a **Type of Abuse?** is selected, answers to the two report questions are required.

The screenshot shows the 'PROTECTIVE SERVICES REPORT' section of a form. On the left is a navigation menu with items: PERSON IN CRISIS, LIFELINE PROMPT QUESTIONS, INCIDENT DETAILS, PERSON HISTORY, HEALTH PROVIDER INFORMATION, PROTECTIVE SERVICES REPORT (highlighted), and FOLLOW UP. The main form area contains the following fields:

- Type of Abuse?: [Dropdown menu with 'Elder' selected]
- Was a report made by the center to protective services (adult/child) based on call content?*: [Dropdown menu with 'Yes' selected]
- Did the Lifeline Center assist the caller in making a direct report to protective services?*: [Dropdown menu with 'N/A' selected]

Follow-Up

The Follow-Up section captures information related to any additional contacts needed by the crisis center for the person in crisis. If a Mobile Crisis Outreach Response Team (MCORT) is dispatched, they will be responsible for any follow-up.

Consent to Follow Up (1) – Select whether the help seeker accepted and consented to the follow-up or declined the offered follow-up.

Type of Return Contact (2) – Select whether the reason for making contact is to follow up or for safety-support.

Preferred contact method (3) - If follow-up is accepted, document whether the help-seeker wants to be contacted by phone or email.

Follow-Up contact and date/Name to ask for (4) - Enter the name to ask for.

Can we leave a voicemail? (5) - Indicate whether a message can be left on voicemail.

Can we leave a live message? (6) - Indicate whether a message can be left with a person.

With whom? (7) - If a message can be left with a person, indicate the name of the person with whom a message can be left.

Follow-Up due date (8) – Use the date picker calendar to select a date and time for follow-up or choose from the follow-up due date quick pick options of **24 hrs**, **48 hrs**, or **72 hrs (9)**.

Follow-Up notes (10) - Document notes for the follow-up and save.

Did the person reach out to the referrals provided? (11) - If the follow-up is completed via the Intake Form, select the applicable radio button.

Mark this Follow Up as completed (12) - If the follow-up is completed via the Intake Form, check the box to indicate this.

Because follow-up is typically done separately from the initial contact, most follow-up information is documented on the Follow-Ups page instead of in the Intake Form. See the [Manage Follow-Ups](#) section for additional information.



Dispatch Details

Prior to sharing the intake with Carelon for dispatch, use the **Dispatch Details** section to document relevant information. See the [Dispatch Safety](#) section for additional requirements.

 A screenshot of the 'DISPATCH DETAILS' form. The form is divided into several sections. On the left is a sidebar with navigation options: PERSON HISTORY, HEALTH PROVIDER INFORMATION, PROTECTIVE SERVICES REPORT, FOLLOW UP, DISPATCH DETAILS (highlighted), DISPATCH SAFETY, LOCATION, EMERGENCY SERVICES INTERVENTION, MOBILE CRISIS DISPATCH, and CONTACT RESOLUTIONS. The main form area contains:

- 1** Primary Presentation: A dropdown menu with 'Mental Health' selected.
- 2** Request Type: Radio buttons for 'Emergent', 'Urgent' (selected), and 'Undetermined'.
- 3** Dispatch Level: A dropdown menu with '4' selected.
- 4** Law Enforcement Recommended: Radio buttons for 'Yes', 'No' (selected), and 'Undetermined'.
- 5** Reason for Dispatch: A text input field containing 'SI - prior attempt x 2 yrs ago'.

Primary Presentation (1) – From the dropdown, select the main concern driving the help seeker’s need for a higher level of intervention.

Request Type (2) – Choose from **Emergent**, **Urgent**, or **Undetermined**

Dispatch Level (3) – Enter the dispatch level based on your organization’s definitions of each level (if applicable).

Law Enforcement Recommended (4) – Select from Yes, No, or Undetermined.

Reason for Dispatch (5) – Document in the narrative box information specific to the reason you are requesting the dispatch.

Dispatch Safety

Dispatch safety informs the mobile and emergency services responders about the known conditions that may impact their safety and if personal protective equipment (PPE) is needed. See completed example below.

Environmental Risk Factors (1) – Use the dropdown to select multiple items, if applicable: Weapons, Animals, Substance Use, Aggressive Behavior, None, *or* type in another value.

Safety Concerns (2) – Document concerns for any items selected in Environmental Risk Factors and include plan to mitigate.

Is Personal Protective Equipment (PPE) Required? (3) – Select either the Yes or No radio button as applicable.

Reason for PPE (4) – Document any communicable illnesses to inform the need for Personal Protective Equipment (PPE).

Note: If MCORT will be needed the [Carelton Community Dispatch Safety Checklist at Addendum B](#) must be completed and attached to the Intake Form.

Meeting Location

Navigate to the **Location** section. You must enter a **Meeting Location** in order to dispatch mobile crisis and/or inform an Emergency Services Intervention. This address is populated by Google and displays suggestions as you type. To quickly

narrow results, start typing in the location and select the applicable address. In the example below, the meeting location is the CVS on Chestnut Street in Newark, NJ.

Once selected, the address information and location type auto-populate. If the meeting location provided is different than the permanent location, document this and indicate the permanent location address if it is provided.

Emergency Services Intervention

This is an area of the Intake Form where information for an **Emergency Services Intervention** can be documented, if applicable.

Emergency Services Intervention Type (1)+ – Select Homicide, Suicide, or Welfare.

Reason for Emergency Services Intervention (2)+ – Select one applicable reason from the dropdown.

Responder Type (3) – Select EMS, Fire, or Police.

Responding Agency (4) – Enter the name of the agency the responder works for.

Incident Number (5) – Enter the number assigned to this intervention.

Responder Name (6) – Enter the emergency responder’s or unit’s name.

Contact Number (7) – Enter the emergency responder’s or unit’s contact number.

Badge/ID Number (8) – Enter the emergency responder’s or unit’s badge or ID number.

Consent for Emergency Services Intervention (9)+ – Select whether the person in crisis consented to the emergency intervention **Yes (voluntary)** or whether the Individual has not given consent **No (involuntary)**.

Contact was successful (10)+ – Select this radio button to indicate if emergency personnel were able to contact/locate the person in crisis.

Emergency Rescue could not locate individual (11)+ – Select this radio button to indicate emergency personnel were unable to contact/locate the person in crisis.

Undetermined (12)+ – Select this radio button if you are unable to determine whether emergency personnel were or were not able to contact/locate the person in crisis.

(+ Vibrant Imminent Risk Reporting data field.)

Contact Resolutions

Prior to completing the encounter, select all assistance provided to the help seeker from the Contact Resolutions+# dropdown values.



The screenshot shows a user interface for 'CONTACT RESOLUTIONS'. On the left, there are tabs for 'CONTACT RESOLUTIONS', 'ADDITIONAL NOTES', and 'ATTACHMENTS'. The main area displays a dropdown menu with two selected items: 'Risk Assessment Complete' and 'Mobile Crisis Team Deployed'. Each item has a small 'x' icon to its right, and there is a larger 'x' icon at the end of the dropdown list.

(+Vibrant Imminent Risk Reporting data field. #Vibrant Veteran’s Amendment Reporting data field.)

Additional Notes

Enter any applicable note by selecting the type of note from the drop-down menu options: **Before Arrival**, **Follow-Up**, **General**, or **Phone Call**. You can enter notes up to 250 characters. In the example below, the dispatch pre-arrival note alerts the mobile crisis unit to the location and description of the individual in crisis in the community. *Be sure to click **Save note** before exiting.*

Attachments

Documents that are pertinent to the encounter can be attached here. Vibrant’s online safety plan from www.mysafetyplan.org is an example of a document that might be attached.

Contact Summary

Contact Summary is where all your notes are captured. There is a 65,000-character limit. Include the most vital information in the first paragraph for ready reference and ease of viewing from the Search page if an Encounter Search match is found. *Save note once completed.* **Note:** Click the double arrows in the upper right-hand corner to open a pop-out window that shows the entire contact summary in one view. Click “Close” to exit the window.

Disposition the Intake

After gathering all pertinent information, you can disposition the intake in the following ways:

1. **Complete button:** Resolve during the encounter
2. **Share button (MCORT request):** Share an Intake Form with Carelon to dispatch the MCORT
 - a. Additional documentation for additional decision-making guidance on dispositioning the intake
 - i. Addendum A: NJ 988 MCORT Dispatch Workflow
 - ii. Addendum B: Carelon Community Dispatch Safety Checklist
 - iii. Addendum C: NJ MCORT Safety Ratings and Dispatch Levels

Complete button: Resolve during the encounter

If after gathering all information you find that there is not a need to complete an emergency services intervention or share the intake with Carelon for a mobile crisis outreach response team (MCORT), navigate to the top of the **Intake Form** and click the **Complete** button. Select one or more final dispositions that best describe the outcome of the contact. Click **Complete** to end the encounter and save your selections before navigating away from the page. The ‘Contact End Time’ in the **Contact Basics** section auto-populates when a disposition is selected.

**Note: A user with a Supervisor permission can edit the Final Disposition within 7 calendar days of intake creation.*

The screenshot shows the OpenBeds Intake Form interface. A modal window titled "Final Disposition of Consumer" is open, displaying a list of radio button options for disposition. The options include:

- 211/Social Services
- 911/Emergency Response
- Crisis Assessment Response and Enhanced Services (CARES)
- Crisis Receiving Stabilization Center
- Crisis Resolved
- Division of Developmental Disabilities (ODD)
- Early Intervention Support Services (EISS)
- Emergency Room/Medical Consultation
- Follow-up Call Authorized
- Harm Reduction Center
- Inappropriate Call/Hang-up
- Information/Resource Only
- MCORT Referral
- MH Treatment (no 911, EISS, or PES)
- Not present Upon Arrival
- Outpatient Appointment
- PerformCare (Children's System of Care)
- Psychiatric Emergency Services (PES)
- ReachNJ / SUD Treatment
- Recommend Contacting Current MH Provider
- Recommend Contacting Current SUD Provider
- Welfare Check by Law Enforcement
- Other

At the bottom of the modal, there is a note: "One or more final dispositions must be selected." Below the modal, the "Complete" button on the form is highlighted in red.

Share button (MCORT Request): Share an Intake Form with Carelon to dispatch the MCORT

If a mobile crisis response outreach team (MCORT) is warranted, you can then choose **Share** from the 'Actions' options to disposition the encounter.

***Note:** Carelon will initiate the dispatch of the MCORT for all intakes shared for this purpose. Use the **Share** functionality to continue working on an intake while sharing it with Carelon so they can dispatch a mobile crisis team. **Share** allows you to continue to modify the Intake Form after it is shared and to see all associated dispatch statuses in the 'Intake History' page as they are updated. Carelon receives a notification when you share the Intake Form and can view the form so they can facilitate the dispatch. They are also able to see all associated statuses on the 'Intake History' page, and your name and call center as the originator of the share as well as the associated date/time stamps.

To initiate a Share, begin completing the Intake Form. The **Callback Phone Number** (Contact Basics section), **First Name** of the person of concern (Person in Crisis section), **Environmental Risk Factors** (Dispatch Safety), **Meeting Location** (Location section), and attaching the **NJ MCORT Community Dispatch Safety**

Checklist (Attachments section) are required to be completed prior to initiating the Share function.

** For detailed information about the Intake Form fields noted above (e.g. Dispatch Safety, Location, etc), please reference Intake Form section, pages 10-11 and 21-23.*

If you attempt to **Share** the Intake Form without completing all of these requirements you will receive an error message across the top of the page (1). Click **Show required fields** (2) to display the applicable missing sections denoted with a red square containing the number of required items missing in that section (3). Click on each applicable section to see the required data fields (4). Once all required data is entered, click the **Share** button (5). **Note:** Click the X (6) to close the error message box.

The screenshot displays the 'Intake Form' interface in the OpenBeds Crisis Operator system. At the top, a navigation bar includes 'Search', 'Intake Form', 'Dispatch', 'Follow Ups', 'Intake History', 'Monitoring', 'Analytics', 'Service Availability', and 'Referral Request Status'. The user 'John Weidekamp' is logged in. The main form area is titled 'Intake Form' and shows 'Changes saved successfully | 4:44:06 PM'. A red error message box at the top states: 'Action can not be completed. Please check all required fields before selecting the Share button.' A 'Show required fields' link is visible. The left sidebar lists 'FORM SECTIONS' with red squares indicating missing items: CONTACT BASICS (3), PERSON IN CRISIS (1), DISPATCH SAFETY (1), and LOCATION (1). The main form fields include 'CONTACT BASICS' with 'Contact Type' (dropdown), 'Contact Start Time' (4:43 PM - 1/21/2025), 'Incoming Contact Number', 'Callback Phone Number' (with a red asterisk and '4' indicating a missing field), 'Contact First Name', 'Contact Last Name', and 'Relationship to Person in Crisis'. The right sidebar shows 'ACTIONS' with a 'Share' button (5) and 'ASSESSMENTS' with 'Columbia Screener', 'Lifeline Assessment', and 'Stanley-Brown Safety Plan'. A 'CONTACT SUMMARY' section is also present.

Select the organization you want to share the intake form with from the drop-down list and click **Share**.

You will receive a confirmation message that you successfully shared the Intake Form with the selected organization.

You can continue to make edits to the shared intake form. Any modifications will be visible to both your Call Center and Carelon. Navigate away from the shared intake form once you are done. **Note:** The **Complete** button will be disabled when you share the form, but you will still be able to **Cancel**.

Manage Follow-Ups

The **Follow-Ups** page captures all intakes that have been indicated as in need of follow-up and for which follow-up was accepted and consented to. Click on the link under the **Name to ask for?** column to see the full Intake Form.

Date of Follow-Up (1) - Select from the drop-down list or enter a custom date or range.

Assignee (2) - Select from the drop-down list or type the name of the staff member who is assigned to follow up. Multiple names can be selected or entered. Note: Deactivated users will not appear in this drop-down menu.

Created by (3) – Select from the drop-down list or type the name of the staff member who created the follow-ups you want to see. Multiple items can be selected or entered.

Open Follow-Ups (4) – The open follow-ups section lists follow-ups that need to be completed within the search parameters you entered.

Manage (5) – Manage allows you to quickly see the contact information for the follow-up, annotate the result of your follow-up attempt, and to complete the follow-up based on your organization's business rules. Be sure to save your update before closing.

Actions (6) - Once set, follow-ups are assigned by default to the staff member that created them. Depending upon your organization's business rules, you can assume follow-up responsibility by selecting your name from the drop-down list (7) or be assigned someone's follow-up by a user with a Supervisor permission within your organization.

Export (8) – Export allows you to set date range and status filters and export the results in Excel.

View Completed Follow-ups (9) – This option displays all completed follow-ups within the date range you have selected. You can reopen a follow-up closed in error by clicking the 'Manage' button and unchecking 'Mark this Follow-up as completed.'

Users with Supervisor-level permission can reassign one or more follow-ups to one or more users within their organization. To reassign one or more follow-ups:

The screenshot displays the 'Follow Ups' section of the OpenBeds Crisis Operator interface. At the top, there is a navigation bar with tabs for Search, Intake Form, Dispatch, Follow Ups, Intake History, Monitoring, Analytics, Service Availability, and Referral Request Status. The 'Follow Ups' tab is active. Below the navigation bar, there is a search bar with filters for Date of Follow Up (Start Date - End Date), Assignee (John Weidkamp), Created By (Select multiple options), and Assign to (Tessa Test). The main content area is titled 'Open Follow Ups' and contains a table with the following columns: Name to ask for, Follow Up Due Date/Time, Contact Method, Contact Center, Follow Up Notes, and Actions. The table lists three follow-up entries, each with a 'Manage' button and a dropdown menu for assigning the follow-up to a user.

| Name to ask for | Follow Up Due Date/Time | Contact Method | Contact Center | Follow Up Notes | Actions |
|--|--|--|---|--|------------------------|
| Dan View Dan Miller's Intake | 2:57 PM - 4/7/2024 Overdue 285 days ago | Phone - (333) 333-3333 Voicemail: No | Behavioral Health Emergency Services Program Created By: John Weidkamp | left message with Dan | Manage John Weidkamp |
| dan View Garden State's Intake | 11:36 AM - 4/23/2024 Overdue 285 days ago | Phone - (555) 555-5555 Voicemail: No | Behavioral Health Emergency Services Program Created By: John Weidkamp | call on 4/27 in AM | Manage John Weidkamp |
| Garden View Garden State's Intake | 2:39 PM - 4/7/2024 Overdue 285 days ago | Phone - (555) 555-5555 Voicemail: No | Behavioral Health Emergency Services Program Created By: John Weidkamp | follow up notes | Manage John Weidkamp |
| Tess View Tess McTesterson's Intake | 2:03 PM - 5/30/2024 Overdue 246 days ago | Phone - (444) 444-4444 Voicemail: Yes | Behavioral Health Emergency Services Program Created By: John Weidkamp | Consented to follow up call in 48 Check on community based counseling and how coping with loss of Trigger idog! | Manage John Weidkamp |

Filter by **Assignee** (1).

Check the box beside the **Name to ask for?** column (2) to select all or, by checking the box beside the name of the individual who consented to the follow-up (3), to select only one. This displays an **Assign-to** filter (4).

Select the staff member the follow-ups will be reassigned to. This generates a pop-up alert to confirm the reassignment. Click **Complete** to finalize the reassignment.



Monitor a Dispatch Request

Navigate to the **Intake History** page to track the status of the dispatch request through completion. See the [Intake History section](#) for additional information.

| Person | Crisis Number | Crisis Address | Region | Created By/On | Last Updated | Dispatch Info | Status | Actions |
|----------|---------------|--|--------|-----------------------------|---------------------|---------------|------------|----------|
| Uma Test | | 1234 Highway Bx E Hoboken, NJ 07030 | | Cris Operator 02/11/2024 | 12:20 PM - 8/1/2024 | 00 | Incomplete | Complete |

Intake History

All in-process and completed intakes are viewable on the **Intake History** dashboard. You can edit intakes for up to 48 hours from creation. After this 48-hour period, you will still be able to view the intake but will need to create a new one for any future encounters regarding this person of concern.

Behavioral Health Emergency Services Program - Crisis Operator

OpenBeds A BAMBOO HEALTH SOLUTION

Search Intake Form Dispatch Follow Ups **Intake History** Monitoring Analytics Service Availability Referral Request Status

Intake History

Search for Profile 1 1/12/2025 - Today 2 Show: All Regions 3 Show: All Responders 4 Show: All Statuses 5 Download All

| Person | Crisis Number | Crisis Address | Region | Created By/On | Last Updated | Dispatch Info | Status | Actions |
|-------------------------------------|----------------|---|--------|--------------------------------------|---------------------|---------------|---|-------------|
| Ima Test Ima Test (caller) | | 1870 Hwy Bt McDonough Georgia, 30252 | | Gina Operator 4:33 PM - 1/14/2025 | 5:47 PM - 1/15/2025 | (t) | Completed Resolved in the Community of Scope | |
| Donald Duck Donald Duck (caller) | (222) 222-2222 | | | Gina Operator 4:50 PM - 1/15/2025 | 4:53 PM - 1/15/2025 | (t) | Cancelled - Intake | View 6 |
| | | | | Sean Operator 1:44 PM - 1/16/2025 | 1:44 PM - 1/16/2025 | (t) | Open | View |
| Daffy Duck Daffy Duck (caller) | (111) 111-1111 | | | Gina Operator 9:35 AM - 1/17/2025 | 9:37 AM - 1/17/2025 | (t) | Completed - Referral | Edit 7 |
| | | | | Sean Operator 9:56 AM - 1/17/2025 | 9:56 AM - 1/17/2025 | (t) | Open | Cancel Edit |

Search for Profile (1) – You can filter results by entering the name of the person of concern.

Date Range (2) – The date filter defaults to **Today**. You can change the date range by clicking on the date range box and selecting desired dates from the calendar displayed.

Regions (3) – The default is to **Show: All Regions**. You can narrow the results by selecting a specific catchment area if designated.

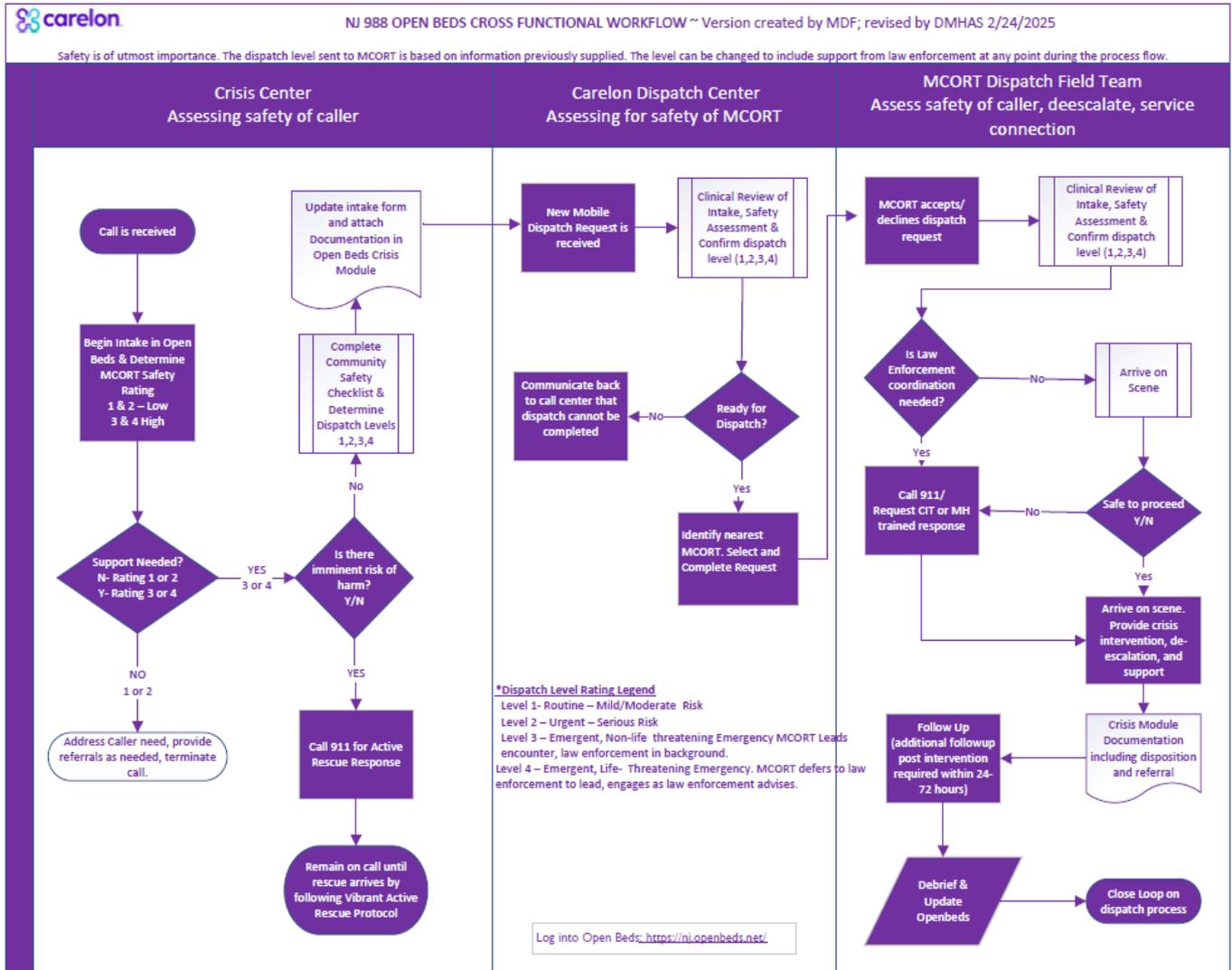
Responders (4) – You can filter encounters by the name of the mobile crisis responders dispatched. **Note:** Both current and former team members are filter options.

Status (5) – Each line on the dashboard shows the latest action taken on the intake for that encounter. If there were multiple actions taken (e.g., a responder declined a dispatch, an intake was cancelled, etc.) they will roll up under one record per encounter.

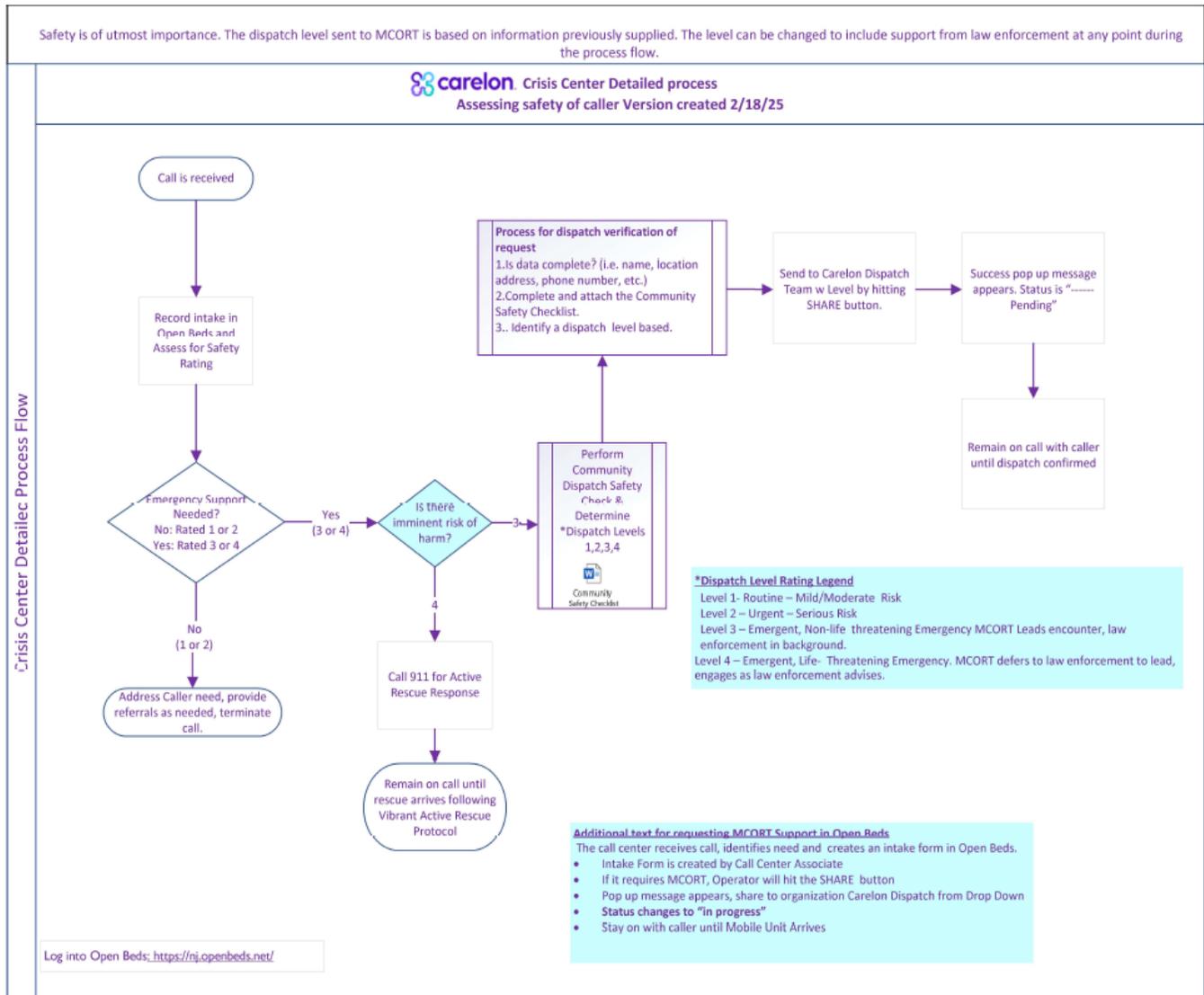
View (6) – Click this button to see the **Intake Form** without making change.

Edit (7) – Click this button to make changes to the **Intake Form**.

Addendum A: NJ Open Beds Cross Functional Workflow



Addendum B: Detailed Crisis Center Process Flow



Addendum C: Carelon Community Dispatch Safety Assessment



Community Dispatch Safety Checklist (created by M. Fenton 11/22/24)

The following checklist must be addressed 1.) during the 988 Lifeline assessment, 2.) at the request for MCORT dispatch, and 3.) when MCORT is enroute. Response to these questions will be used to support the overall mobile crisis experience. The following language is a guide, however, these points can be adapted to fit the specific circumstance of the individual in crisis, as long as the core intent of the points are covered.

988 Lifeline – gathered during engagement & assessment

Setting

1. Are community providers being dispatched to a non-secure setting (i.e. typical community settings [home, public place] outside of professional control)?
2. Are animals in the home (Must be secured prior to Mobile dispatch)?
3. Are there any other adults on site?
4. Are there children in the home (can they be safely separated from the intervention)?

Weapons

5. Are there any weapons in the home/on the property/concealed carry permit for the person (Must be secured prior to Mobile dispatch)?
6. Is an individual in crisis able to access those weapons?

Behavior

7. Is individual in crisis paranoid or behaving bizarrely, having command hallucinations?
8. Does individual have history of aggression / violence/sexual assault (within past 6-18 months)?
9. Has the individual had any aggression in the past 48 hours (if yes, police may need to be included)?

Substance Use

10. Does the individual appear intoxicated, or have they used a substance within the past 24/48 hours that could cause dangerous withdrawal (If yes, speak with staff supervisor before dispatching)?

988 Lifeline or MCORT Questions

11. Are there known medical issues that impact overall functioning (dementia, ambulation issues, hearing impaired, etc.)?

MCORT - Logistics/Access-gathered in phone call enroute

12. Have any other crisis outreach services ever been dispatched to the residence (if yes, when and for what reason)?
13. Are there any specific instructions to follow for the approach (description of home/building, where to park, door to use, name of person to ask for, etc.)?

Addendum D: NJ MCORT Safety Ratings and Dispatch Levels

New Jersey Crisis Safety Rating - STEP 1

Guidance for identifying the safety of 988 Lifeline callers and identifying proper outcomes.
Last updated: 2/20/2025



| Safety Rating | Description | Criteria | Possible Interventions |
|---------------|--|---|--|
| 1 | Routine : Mild/Moderate Risk | When the identified person in crisis: <ul style="list-style-type: none"> • Demonstrates some distress, but the precipitants of the distress and associated stressors can be easily identified and/or • Manifests an adequate to good pre-morbid level of functioning with continuing adequate social/family supports and resources and/or • Demonstrates mild impairment in judgment, functioning and/or impulse control and/or • Has symptoms that may be addressed safely within 10 business days rather than a more urgent timeline | <ul style="list-style-type: none"> • Referral to a scheduled Outpatient Appointment within 10 days of contact • Individualized planning, including development of a safety plan • Additional referrals as requested or indicated by identified person |
| 2 | Urgent : Serious Risk | The identified person in crisis indicates: <ul style="list-style-type: none"> • Distress and multiple risk factors are present, but there is no evidence for imminent risk of harm to self or others, and/or • Plan and ideation to harm self or others, but no apparent means or intent are present, and protective factors are sufficient to not warrant a higher risk rating and/ or • Intoxication or mild withdrawal symptoms and/or • An urgent clinical need to be seen rather than one of convenience (such as preferred day or time). | <ul style="list-style-type: none"> • Referral to EISS Appointment • If appointment is not practical, Mobile crisis dispatch – level based on safety questionnaire and other clinical criteria • Potential referral for detoxification services |
| 3 | Emergent : Non-life-threatening Emergency | <ul style="list-style-type: none"> • Risk of danger to self or others exists as indicated by ideation with plan and means, but no intent or • The identified person in crisis is labile or unstable and demonstrates significant impairment in judgment, impulse control and/or functioning, or • There exist moderate medical complications concurrent with or because of psychiatric or substance abuse illness and its treatment, or • The identified person in crisis indicates moderate to significant withdrawal symptoms. | <ul style="list-style-type: none"> • Mobile crisis dispatch – level based on safety questionnaire and other clinical criteria • Potential referral for detoxification services |
| 4 | Emergent : Life-Threatening Emergency | <ul style="list-style-type: none"> • Failure to obtain immediate care would place the life of the identified person in crisis, another's life, or property in jeopardy, or cause serious impairment of bodily functions, or • The identified person in crisis indicates that failure to obtain immediate care would place the life of the identified person in crisis, another's life, or property in jeopardy, or cause serious impairment of bodily functions. <p><i>988 Lifeline Center initiates rescue protocol and does not dispatch MCORT as sole responder if identified person in crisis is in imminent danger to self and/or others as evidenced by any of the following:</i></p> <ul style="list-style-type: none"> • Evidence for imminent risk of suicide (more than desire/ideations and capability alone) • Evidence for imminent risk of serious harm to others • Attempt in progress • Threat to staff • Possession of weapon | <ul style="list-style-type: none"> • Medical Emergency 911 • SI/Hi immediate threat 911 • Active Substance Withdrawal- 911 or referral to emergency department |

New Jersey 988 MCORT Dispatch Levels - STEP 2

Safety Recommendation for 988 MCORT Dispatch.
Last updated: 7/22/2024



| Level | Description | Criteria | MCORT |
|-------|---|--|---|
| 1 | Mobile Crisis Team Alone (secure setting) | Location where environment is under professional control and has professionals on scene who may support safety | MCORT may respond as a team without law enforcement, using typical safety measures. |
| 2 | Mobile Crisis Team Alone (non-secure setting) | Most typical community settings (home, public place). No significant safety concerns have been identified, but environment is outside professional control, and therefore an element of caution is advised in responding. | MCORT may respond as a team without law enforcement, using typical safety measures. |
| 3 | Mobile Crisis Team Leads with Law Enforcement <i>* Mobile crisis notifies law enforcement of dispatch and coordinates response.</i> | Safety-screening identifies any of the following examples: <ul style="list-style-type: none"> • History of or recent acts of aggression • Non-lethal self-injury • Vulnerable individuals present on scene • Individual is under the influence <p><i>*Refer to Community Dispatch Safety Checklist for additional criteria.</i></p> | It is recommended that MCORT responds with law enforcement. At this level, MCORT leads the encounter with law enforcement in the background or following behind but on scene, immediately available to intervene if needed. <i>MCORT coordinates with law enforcement directly. Carelon Dispatch does not notify law enforcement.</i> |
| 4 | Emergency Services/ Law Enforcement Leads <i>* Mobile crisis notifies law enforcement of dispatch and coordinates response.</i> | Situations that would likely benefit from MCORT involvement but are too dangerous to deploy without the environment first being secured by law enforcement. Safety-screening identifies any of the following examples: <ul style="list-style-type: none"> • Individual is aggressive or violent within past 48 hours • Weapon is present • Unsecured animals <p><i>*Refer to Community Dispatch Safety Checklist for additional criteria. It is also key in these situations to have a response within the shortest time possible.</i></p> | It is strongly recommended that MCORT responds with law enforcement. At this level, law enforcement leads the encounter, and MCORT defers to law enforcement's lead and direction related to scene safety, engaging when law enforcement advise that it is appropriate for them to do so. <i>MCORT team coordinates with law enforcement directly. Carelon Dispatch does not notify law enforcement.</i> |

MCORT teams are responsible for making the determination whether law enforcement is involved or not and engaging with them if indicated.