

## Mobile Crisis Referral Form: Schools

Referring School Name: _____		Number: _____	
Present Issues/Reason for Referral: _____			
Date: _____		Time of Call: _____	
Name of Crisis Dispatch Person: _____			
Level of School Concern (circle): (Low)>>1 2 3 4 <b>5 6 7 8 9 10</b> <<Imminent			(Contact Mobile Crisis Team if level of school concern is <b>5 or higher</b> )
<input type="checkbox"/> Please contact school staff so that we can consult on the coordination of care for our student.			
Student Information			
Student Name: _____		ID#: _____	
Date of Birth: _____		Age: _____	
Gender: <input type="checkbox"/> Male		<input type="checkbox"/> Female	
Parent/Guardian Name: _____			
Parent/Guardian Phone Number: _____		Parent Guardian Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student Mailing Address: _____			
Street _____		City _____	Zip _____
School Assessment			
Name: _____			
General Disposition of the Student			
<input type="checkbox"/> Anxiety attacks	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Irritability, increase of	Medical Conditions
<input type="checkbox"/> Avoidance	<input type="checkbox"/> Flat affect	<input type="checkbox"/> Racing thoughts	<input type="checkbox"/> Asthma
<input type="checkbox"/> Appetite, change in	<input type="checkbox"/> Forgetfulness, loss of concentration	<input type="checkbox"/> Risky behavior, increase of	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Crying spells	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Sleep, change in need for	<input type="checkbox"/> Seizures
<input type="checkbox"/> Depressed mood	<input type="checkbox"/> Impulsivity	<input type="checkbox"/> Sleep Pattern, disturbance of	<input type="checkbox"/> Medical, other (indicate):
<input type="checkbox"/> Excessive energy	<input type="checkbox"/> Inability to enjoy activities	<input type="checkbox"/> Suspiciousness	<input type="checkbox"/> Medication (indicate):
<input type="checkbox"/> Excessive guilt	<input type="checkbox"/> Interest, loss of	<input type="checkbox"/> Worry excessive	<input type="checkbox"/> Other (indicate):
Has the student been hospitalized previously? <input type="checkbox"/> No <input type="checkbox"/> Yes _____		Suicidal/Homicidal Ideation? <input type="checkbox"/> No <input type="checkbox"/> Yes _____	
Has the crisis line been called previously? <input type="checkbox"/> No <input type="checkbox"/> Yes _____		Plan? <input type="checkbox"/> No <input type="checkbox"/> Yes _____	
Past or present Department of Child Safety involvement? <input type="checkbox"/> No <input type="checkbox"/> Yes _____		Intent? <input type="checkbox"/> No <input type="checkbox"/> Yes _____	
Notes: _____			
Responding Mobile Crisis Team: _____		Time Arrived: _____	
School wrap around staff/CFT contact name: _____		Number: _____	
Mobile Crisis Team (MCT) checklist: (To be completed by MCT prior to leaving school.)			
Name(s) of MCT members: _____			
<input type="checkbox"/> MCT debriefed with school staff. Provided safety plan & follow up recommendations.			
<input type="checkbox"/> MCT received Parent Acknowledgement of Contact & Authorization & Consent to Release Information form signed by parent/guardian.			
<input type="checkbox"/> MCT left student in care of school.			
<input type="checkbox"/> MCT transported student to _____			
Reminders:			
MCT needs the permission of parent/guardian before transporting a student.			
MCT will provide this form & Parent Acknowledgement of Contact & Consent to Release Information form to the Crisis Provider			
The Crisis Provider (EMPACT or TERROS) will follow up with school within one business day.			

**\*\*A minimum of 2 Copies of the form should be made. One copy should be provided to the Crisis Mobile Team and one copy to the school. Please ensure additional copies are made as needed.**

## Parent Acknowledgement of Contact and Authorization and Consent to Release Information

I acknowledge the following by my signature below:

- I have made the following contact with a member of the staff of the \_\_\_\_\_ (school/district) concerning my student's referral to the Crisis Response Network (CRN) and the Crisis Mobile Team (EMPACT or TERROS).
- I have been advised to seek the services of a mental health agency or therapist immediately. I understand that the school staff member listed below will follow up with me, my student, and the agency to which my student has been referred to ensure services have been initiated.

Name of school staff responsible for follow up \_\_\_\_\_ Title: \_\_\_\_\_

Name of student \_\_\_\_\_

Date of birth of student \_\_\_\_\_

Date of contact \_\_\_\_\_

Parent Signature: \_\_\_\_\_

### Authorization and Consent to Release Information.

The District requests this authorization and consent in order to better support you and your student through the services we provide (e.g., collaboration, communication, consultation, continuity of care, re-disclosure of information, referral).

I authorize the Crisis Mobile Team (EMPACT or TERROS) to release and exchange information related to this referral with the following school or staff members.

Name of school or staff members(s): \_\_\_\_\_ Phone: \_\_\_\_\_

By signing below, I understand that in order to facilitate the delivery of services to my student, the final disposition summary from the mobile crisis team may be released and re-disclosed:

This authorization and consent will expire 180 days after date signed below. I understand that I can withdraw this authorization and consent at any time by written request. I give my authorization and consent freely, voluntarily, and without coercion. I release the District and members of its staff from any legal responsibility or liabilities that may arise as a result of this authorization and consent. I understand that a photocopy of this authorization and consent is considered acceptable in lieu of the original.

Student Signature

Date Signed

Parent/Guardian Signature

Date Signed

\*\*A minimum of 2 Copies of the signed form should be made. One copy should be provided to the Crisis Mobile Team and one copy to the school. Please ensure additional copies are made as needed.

# Desktop Guide for Crisis Intervention at Schools

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1. In the event that a child experiences a behavioral health crisis, the school can access the RBHA crisis service system regardless of whether or not the child is currently enrolled with a RBHA Provider agency. The RBHA provides crisis services to enrolled members and non-enrolled individuals and families in Maricopa County and adjoining zip codes.
  - The School personnel can call the Mercy Maricopa Integrated Care Crisis Line toll free at 1-800-631-1314 or (602) 222-9444 to secure these services.
  - The school can request the Crisis Line to complete a 3 way call with the guardian if needed.
2. Crisis Response Network (CRN) call center personnel will respond to the call and dispatch a Mobile Crisis Team to the school to assist with resolving the crisis situation. The school personnel should be prepared with the following information:
  - Basic identifying information for the child
  - Telephone number that is the best direct call back
  - Child's guardian and contact information
  - How the child gets home from school
  - If the primary language of the student and/or parent is other than English, referring school personnel will notify the Crisis Line of the student's/parent's preferred language.
  - If DCS was contacted related to the current situation
  - Where in the school the mobile team should meet the student (i.e. who will the student wait with)
  - The address and name of the school.
3. After a call to CRN is made and mobile team is dispatched, the referring school personnel will:
  - Complete the Mobile Crisis Team Referral form prior to the arrival of the Mobile Crisis Team. The form is typically completed by a school administrator, social worker, psychologist, counselor, or school nurse.
  - Contact the student's legal guardian after initiating the crisis call and strongly recommend the guardian goes to the school and assist with the crisis intervention. Every effort must be made to have the guardian go to the school during the crisis team intervention. If the guardian refuses to go to the school and/or involvement with the crisis intervention the guardian must be made aware that DCS may be contacted.
4. Authorization for release of information will be requested from the student's legal guardian by the school staff to exchange information between the behavioral health organization and the school.

## Desktop Guide for Crisis Intervention at Schools

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- Separate authorizations may be required for the crisis response agency to provide follow-up information to the school after the crisis episode has concluded.
5. When the Mobile Crisis Team arrives, school personnel will provide the following information to the Mobile Crisis Team:
- The student's status,
  - The Mobile Crisis Referral Form,
6. The Mobile Crisis Team will assess the situation:
- They will meet with the child and with the parent/legal guardian.
  - They will identify the most appropriate and available interventions.
7. Upon assessing the crisis situation, the Mobile Crisis Team will work with the child and parent/legal guardian and the school to develop an action plan to resolve the crisis.
- A copy of the action plan will be provided to the school personnel identified as the school staff wraparound contact designee.
  - The Mobile Crisis Team will complete the Mobile Team Checklist portion of the Mobile Crisis Referral form and hand it back to school personnel for copies to be made. The Mobile Crisis Team and the School should have a copy of the form. Additional copies should be made if needed such as if the youth the youth is going to the hospital. This is so the hospital can be given a copy of the form.
8. If the situation requires the child to be transported:
- The child's legal guardian must provide verbal consent before the Mobile Crisis Team can provide emergency transportation to another location, such as a hospital. The legal guardian must agree to meet the team at the intended destination.
  - If DCS is the child's guardian, the Mobile Crisis Team will make contact with the DCS guardian and arrange for the guardian's consent to transport and treat the child.
9. If a child is transported by the Mobile Crisis Team to a hospital:
- The Mobile Crisis Team will promptly provide the hospital provider with the school's Mobile Crisis Referral form.
  - If authorization for release of information was not previously obtained from the legal guardian for follow-up exchange of information between the Crisis Team and the school, the Crisis Team will request the legal guardian to sign the release at the hospital.
10. The Mobile Crisis Team will retain a copy of the Mobile Crisis Referral Form for their records.
11. Within one business day following the crisis event and with guardian consent, the Mobile Crisis Team Provider (TERROS or EMPACT) will follow up with the referring school's designated contact for coordination of care.