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<b>Series:</b>	<b>Operating Procedures COA: CRI 1, 2, 3, 4, 5, 6, 9, 10</b>
<b>Procedure Name:</b>	<b>Mobile Response Team</b>
<b>Procedure Number:</b>	<b>OP BC 1049</b>
<b>Revision #/Date:</b>	<b>N/A, 05/07/2021, 03/09/2026</b>
<b>Effective Date:</b>	<b>06/26/2017</b>
<b>Applicable to:</b>	<b>Family Partnerships of Central Florida (FPOCF) Staff</b>

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**SUBJECT:** Mobile Response Team (MRT)

**PURPOSE:** This operating procedure outlines the process for the management of Mobile Response Team requests. FPOCF uses a preventive approach to ensure employee safety, FPOCF provides de-escalation training for all staff members. This procedure clarifies the protocols and steps taken by staff to ensure prompt quality access for families to the services offered through MRT. The proper application of this procedure will ensure that FPOCF meets its commitment to ensure continuity of care for families using the strength based wraparound principles of care.

## **PROCEDURE**

### **Access to Services**

The Mobile Response Team (MRT) supports children and adults who experience serious emotional disturbances and severe and persistent mental illness with immediate crisis intervention and mental health services in Brevard County. Support may be provided remotely by phone, telehealth or in person. The primary goal of MRT is to lessen trauma through the de-escalation of a crisis, ensure safety and stabilization of the family, maintain youth and adults in their natural home environment, and provide support to families and connect them with appropriate resources, to divert from emergency departments or juvenile/criminal justice, and prevent unnecessary psychiatric hospitalizations.

MRT support is available to families 24 hours a day 365 days a year at no charge. Services are accessed by calling the MRT at 321-213-0315. FPOCF minimizes barriers to the initiation of needed services by using a variety of cultural, geographically, and age-appropriate outreach strategies to inform the community about MRT services and how to access them. Outreach strategies include:

- Mobile Response Team information available on our webpage
- Mobile Response Team is listed on the Child Abuse Prevention Task Force Community Resources Card distributed throughout the year at community events.
- The Mobile Response Team flyer is shared on our social media page
- Mobile Response Team is listed in the Brevard County Resource Directory created by Brevard Public Schools Student Services/Students-At-Risk Department
- Mobile Response Team information is shared annually with Brevard Public School Guidance Counselors and Social Workers
- Mobile Response Team partners with Brevard Public Schools through an established Memorandum of Understanding for service delivery.
- The Mobile Response Team aims to support and build relationships with law enforcement, through sharing information annually with the Brevard County Association of Chiefs of Police and co-respond with police officers to address mental health crisis situations.
- Mobile Response Team information is shared with foster and adoptive parents throughout the year.
- Mobile Response Team information is shared with all families receiving care coordination.
- Mobile Response Team information is shared with Juvenile Justice Probation Officers, Child Protective Investigators, and Dependency Case Managers throughout the year
- Mobile Response Team information is shared with the Delinquency and Dependency Judges as they rotate onto the bench.
- Mobile Response Team engages in monthly community networking to build relationships with community resource organizations, behavioral health organizations, and local agencies.
- Mobile Response Team information is shared with Family Allies at their building meetings.

### **Screening and Assessment:**

All requests for MRT will be assessed and reviewed by the Mobile Response Team Therapist. There are three Mobile Response Teams: one that serves the North area of the county, one that serves the South area of the county, and one that co-responds with the Melbourne Police Department and serves the City of Melbourne. Each team consists of a Program Manager, a Mobile Response Team Care Coordinator(s), 4 to 5 Mobile Response Team Therapists, and a Mobile Response Team Peer Specialist. The Mobile Response Team can be utilized by the Protective Investigator and Care Managers to prevent removals, and to preserve placement with relatives, non-relatives and foster parents, as well as group home facilities and the community in general. MRT does not provide ongoing counseling services or support. It is intended to provide a brief therapeutic emergency service in most situations, and care coordination for a period up to 45 days.

The MRT supports families in serious distress with immediate crisis intervention and mental health services in Brevard County, over the phone or in person, to reduce Baker Acts, arrests, and/or placement disruptions. These services include evaluation and assessment, development of safety or crisis plans, providing or facilitating stabilization services, supportive crisis counseling, education, development of coping

skills, linkage to appropriate resources and connecting those individuals who need more intensive mental health and substance abuse services. MRT staff facilitate “warm handoffs” to community services, and other supports.

- Mobile Response Team served, provided by the CARES team Therapist or designee responds to all hotline calls promptly to triage calls in order to determine the level of severity and prioritize calls to ensure that families are linked timely with appropriate services and interventions. When the call is deemed appropriate for MRT services the Mobile Response Team Therapist or designee evaluates the circumstances to determine the most appropriate response level. Telephone Triage: The Mobile Response Team Therapist provides de-escalation techniques to prevent or resolve the crisis over the phone and to determine if a referral will be made to a community resource to prevent and mitigate continued crisis reactions.
- On-Site Crisis Response: If care is needed beyond remote support and intervention, a licensed and/or master level therapist is deployed within 1 hour to the location of the youth and family in the community, to provide effective intervention and crisis stabilization. MRT services may occur in family homes, schools, hospitals, or other community and residential settings. Therapeutic intervention provided is primarily intended to assess the immediate safety needs of the family, stabilize the youth in crisis, and provide assistance and support to the caregivers.
- Telehealth Response: The Mobile Response Team Therapist provides de-escalation techniques directly through use of telecommunication technologies to include but are not limited to telephone, mobile devices, interactive videoconferencing, email, chat, and text.
- Linkage to Services: If the call does not meet the criteria for MRT support, The Mobile Response Team Therapist will direct the caller to the appropriate community resource or 211 or make direct referrals to facilitate access to supports and timely services to increase utilization of community based care and medically necessary behavioral health interventions, in an effort to access services along the behavioral health continuum of care.

If the call does not meet the criteria for MRT support, the Mobile Response Team Therapist will direct the caller to the appropriate community resource or 211. If the caller is experiencing suicidal ideations, is determined as high risk, and does not wish to receive an onsite response, the Mobile Response Team Therapist will call 911 and request that law enforcement complete a well-being check.

The Mobile Response Team Therapist will document the following information during the intake and screening:

- Caller Name
- Staff member name screening call
- Date and time of the call
- Client Name and date of birth
- Other children in the home

- Parent/Caregivers name
- Address and phone number
- Address of response location (if onsite crisis response required)
- Insurance Plan
- DCF or DJJ Status
- Risk to Responder
- Dangerous Animals
- History of Domestic Violence
- Firearms in the home
- If caller isn't the parent/caregiver, the time the parent/caregiver was contacted and if parental consent was obtained.
- Time of Intervention
- Therapist assigned for Crisis Response
- Crisis Level Identified
- Follow up activity/time spent:

Summary of crisis

### **Informed Consent**

Client/caregiver must provide verbal, voluntary consent that self/child will participate in a mental health evaluation and/or treatment by staff during hotline call request for services. Upon arrival to response, a formal Consent for Evaluation and/or Treatment Form is signed by client/caregiver and FPOCF. With school responses, verbal telephonic consent may be obtained, and forms may be sent home with child and follow up communication will be established with caregiver following response.

When the caller refuses to provide consent for an onsite response and the Mobile Response Team Therapist has assessed that there is imminent risk or suicidal ideation, then the Mobile Response Team Coordinator will call 911 requesting law enforcement complete a well-being check. The Mobile Response Team is unable to provide treatment or evaluation without consent and approval of the client and/or caregiver for youth under the age of 18. However, per Florida Statute 394.4784, a minor age 13 or older experiencing an emotional crisis may request and consent to mental health services by a licensed mental health professional, as defined by Florida Statutes.

### **Service Philosophy**

FPOCF uses a prevention and early intervention approach for MRT support. This includes the philosophy that many behavior problems can be prevented using effective behavior management techniques. Prevention strategies focus on stopping the behavior before it gets started. These preventative techniques are used to maintain a safe environment and prevent the need for restrictive behavior management interventions. FPOCF is not permitted to apply any restrictive behavioral management techniques. According to the Florida Administrative Code, only Community Residential Treatment Facilities are permitted to use "restraint" as a means of

restricting the movement of a person's limbs, head or body by the use of mechanical or physical devices for the purpose of preventing injury to self or others. Florida Statute Chapter 39 in (proceedings related to children) supports the least restrictive environment appropriate to the children being served. As such, FPOCF is a community based organization with the primary purpose of the prevention of child abuse and neglect and complies with all applicable laws and regulations.

FPOCF preventative approach is based upon trauma informed care (TIC) principles of practice and recognizes that a client's behavior may be reaction to an uncomfortable or stressful situation. CARES TIC includes preventative techniques that focus on staff training, management support, awareness of agency operating procedures, and family strengths. Preventative techniques focus upon assessment of the problem to provide skills for distress tolerance, emotional regulation, interpersonal effectiveness, and mindfulness. Staff have received training and coaching in the implementation of the following proactive techniques:

- Identification of trauma and triggers or behavioral antecedents (what happened just before the problem behavior started) to avoid problem behavior reoccurring.
- Emotion regulation (i.e. did the response help to soothe the client).
- To the greatest extent possible, modify the environment to reduce potential stressors.
- Strategies to remain calm, flexible, responsive and patient.
- Positive approaches to anger management.
- To refrain from physical contact in the presence of aggressive behavior episodes (*FPOCF employees are not permitted to apply any restrictive behavior management techniques*).
- De-escalation techniques by offering the person space away from the volatile situation. This can be accomplished by withdrawing the person and leading them to a safe exit that will serve to distract the person to a more pleasurable activity or topic.
- Safe strategies to solicit support from others in close proximity.
- To refrain from taking the aggression personally.
- How to access on call and other community and agency resources as needed, and to
- Work as a team with other agency staff and management staff.

### **On-Site Crisis Response**

When an On-Site Crisis Response has been determined to be appropriate, the response is completed by a master level therapist. The Mobile Response Team Therapist serves as the primary responding therapist. The Mobile Response Team Therapist considers the following information prior to assignment.

- Geographic location for on-site response and current location of therapist
- Preferred response language
- Caregiver or child's familiarity with therapist
- Current and prior child welfare involvement
- Current service interventions

The caller and parent/caregiver will be notified of the name of the therapist responding and the anticipated arrival time.

Upon on-site arrival the responding therapist will review and obtain the Consent for Evaluation and/or Treatment Evaluation, Client Rights and Privacy Practices, the HIPPA Acknowledgement Form, Suicide Risk Assessment (for responses due to suicidal ideations) and Safety Plan. The assigned therapist conducts an assessment in a non-threatening manner, respecting the family while adhering to all confidentiality standards. During this process, sensitivity is shown to the family in a flexible and responsive manner. The on-site crisis assessment will consider:

- Household composition
- Other agencies involved
- Initial intake information
- Behavioral description of client including but not limited to
  - Orientation of person, place, time and location.
  - Physical appearance
  - Mood and affect
  - Cognition
  - Perception
  - Thoughts
  - Behavior
  - Insight and Judgment
- Strengths
- Suicidal ideation and risk
- Summary
- Recommendations

The therapist provides appropriate crisis intervention and de-escalation based upon the on-site assessment. The therapist will work with the client to develop an action plan, develop a crisis safety plan as needed, and ensure needed immediate service referrals are communicated to the Mobile Response Team Coordinator/Therapist while on site. All parents/caregivers receive the Child Abuse Prevention Task for Community Resources Card which includes provider contact information for the following community resources:

- Adoption
- Baby and Maternity
- Car Seats
- Child Care
- Counseling/Mental Health
- Grief Counseling
- Drug and Alcohol Counseling
- Dental
- Education/Training
- Domestic Violence
- Food/Financial
- Hotlines

- Housing and Shelter
- Legal and Advocacy
- Medical
- Parenting and Family Support
- Safety
- Transportation

If the on-site assessment indicates suicidal ideations with an active plan, the licensed therapist or law enforcement will evaluate for Baker Act Criteria. If the on-site assessment indicates suicidal ideations without an active plan, the therapist will develop a crisis plan with the family.

Within one business day, the therapist will submit the Mobile Response Team Summary (Attachment) to the Mobile Response Team Therapist or supervisor. The summary will include a brief behavioral description, crisis intervention utilized, and any referral needs or recommendations.

Upon receipt of the Mobile Response Team Summary the Care Coordinator/Therapist or Program Manager will:

- Review the Summary
- Follow up with the parent/caregiver to determine if additional support is needed
- Follow up with referral source (caller if different than parent/caregiver) if needed.
- If the response involves a child in foster care the Mobile Response Team Summary will be forwarded a copy of the report to Intake.
- If the response involves a child/family with an open Child Abuse Investigation the Mobile Response Team Summary will be forwarded to the assigned Child Protective Investigator.
- If response involves a child/family with an open CARES case the Mobile Response Team Summary will be forward to the assigned staff member
- Make referrals based on recommendations as necessary.

## **Debriefing**

The responding therapist debriefs with the Mobile Response Team Therapist or Program Manager following each on-site crisis response.

FPOCF offers an Employee Assistant Program (EAP) to further minimize compassion fatigue, impact of traumatic situations, and rapid turnover. The EAP is a confidential, free professional service available to all staff and their family members. The EAP has counselors who are trained to handle crisis and respond to traumatic events. EAP services are designed to help staff members deal with problems before they begin to affect their health, happiness or success.

## **Crisis Stabilization and After Care**



The Mobile Response Team Therapist provides short-term crisis stabilization and supports through follow-up contacts with client/caregiver and known agencies involved with the client within one business day for both Telephone Triage Responses and On-Site Crisis Responses. The Mobile Response Team Therapist will also participate in the Child and Family Team Meetings, Clinical Review Team Staffing's, and Multi-Disciplinary Team Staffing's as appropriate.

The Mobile Response Team Therapist completes follow-up and referral care through the Family Partnerships of Central Florida Provider Network and community partners is available to the youth and their family. To ensure the safety, security, and well-being of every child, the FPOCF Provider Network has built a continuum of care for Brevard's children and families to address the prevention, intervention and treatment of child abuse and neglect. The Mobile Response Team Therapist ensures follow-up linkage services are provided to facilitate a smooth transition for the youth and family to connections with longer-term mental health/behavioral health services, if needed up to a period of 45 days.

The Mobile Response Team Therapist will also provide access to a board-certified or board-eligible psychiatrist or psychiatric nurse practitioner to stabilize the crisis until the individual is connected to a behavioral health service provider for ongoing treatment, if necessary. This service is accessible through a direct referral from the Mobile Response Team Care Coordinator/Therapist. A face-to-face or telehealth appointment with the individual can be established within 48 hours of a request if the individual has no existing behavioral health service provider.

## **Documentation**

All calls are logged in Fidelity HER, and the following information is recorded within 48 hours of receipt of the MRT Crisis Response Summary:

- Date Received
- Family Name
- Family Address
- Family Phone
- DCF Status
- DJJ Involvement
- Presenting Problem
- Other Agencies Involved
- Caller
- Crisis Response Level
- Therapist Responding
- Placement Preserved
- Number of Children in the Home
- Follow up check in call completion date
- Time Spent



The Mobile Response Team On-Call Crisis Triage Form is completed for all calls received at the time of the call. (Attachment I)

The Mobile Response Team Response Summary is completed for all on-site Crisis Responses within 48 hours. (Attachment III)

The Mobile Response Team Therapist meets weekly with the Program Manager to review the number of cases received through review of Fidelity EHR, discuss referral sources, and type of response and follow up completed.

Monthly, the Program Manager submits a monthly summary of activities to the Director of Clinical Services, and Managing Entity.

### **Personnel Requirements**

MRT staff are selected for their ability to successfully manage stressful situations and for qualities such as maturity, judgement, clinical acumen, and alertness to warning signs of potential crisis.

Intake: At all times MRT initial intake will be completed by the Mobile Response Team Therapist. At all times therapists will have access for consultation to Family Partnerships of Central Florida staff member with an advanced degree in mental health/human services.

Therapist requirements: Master Degree in Social Work, Psychology, or related field from an accredited institution of higher learning, broad experience and clinical skills working with the child welfare population. Three years' experience working with children and adolescents is preferred. Two years' experience working with children and adolescents or working under the direct supervision of a licensed clinician is the required experience.

BY DIRECTION OF THE PRESIDENT  
AND CHIEF EXECUTIVE OFFICER:

A handwritten signature in blue ink that reads "Philip J. ScarPELLI". The signature is written in a cursive style with a prominent "P" and "S".

PHILIP J. SCARPELLI  
President and Chief Executive Officer  
Family Partnerships of Central

APPROVAL DATE: 03/10/2026

Attachment I



**MOBILE RESPONSE TEAM  
Triage Intake Form 16**

**Case Number:** (FIRST INITIAL, LAST INITIAL, DOB MMDDYYYY):

**DATE:**

**Call Received by:**

**Time of Call:**

**Person Calling:** \_\_\_\_\_

<b>Referral Source:</b>	Self/Family	Foster Parent/Intake	CARES Client	School
	Law Enforcement	Other Community	Emergency Department	211/988
	Psych Hospital	Probation/Court/DJJ	Physician	DCF
	Other			

**Client Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Gender:** Male Female Transgender

**Race:** White American Indian Alaskan Native Asian  
Black Native Hawaiian Multi-Racial Unable to Report  
Other \_\_\_\_\_

**Ethnicity:** Puerto Rican Mexican Cuban Haitian Mexican American  
Spanish/Latino None of the above Unable to Report  
Other \_\_\_\_\_

**Parent/Caregiver Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Number of Children in the Home:** \_\_\_\_\_ **Home Address:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Response Address (if different than above):** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Insurance Plans:** Aetna Magellan Straight Medicaid Humana CMS  
Simply Staywell Sunshine Medicare Healthy Kids  
No Insurance Unable to Report Private Insurance: \_\_\_\_\_  
Other: \_\_\_\_\_

**DCF Status:** Child-Protection Services-Out of Home No DCF Involvement Diversion/Prevention  
Child Protection Services-In Home Unable to Report

**DJJ Status:** Yes No Unable to Report **Veteran Status:** Yes No

**Funding Source:** Managing Entity (ME) Child Welfare (CW)

**Any Risk to Responder:** \_\_\_\_\_ **Any Dangerous Animals:** \_\_\_\_\_

**History of Domestic Violence?** Yes No **Possession of Firearm in the house:** Yes No Unable to Report

**Presenting Problem:** Harm/Risk of Harm to Self Family Conflict Sexual Abuse  
Harm/ Risk of Harm to Others Anxiety DCF Placement Stabilization  
Disruptive Behavior Emotional Distress Depression  
Substance Abuse Other: \_\_\_\_\_

**Summary of Presenting Problem:** \_\_\_\_\_

**Follow Up Activity/Time Spent** \_\_\_\_\_

**Crisis Response Type:** Telephone Response      Info Only      Telehealth      Onsite Response  
**Parental Consent:** Obtained      Unable to Reach      Adult      Refused

**Responder:** \_\_\_\_\_ **Requested Delayed Response:**      Yes      No

**Any Need for Care Coordination:** Yes      No      **Any Need for Voter Registration Assistance:** Yes      No

**COVID-19 or Flu Concerns?**      Yes      No

**Reason Team Could Not Respond**

**LE involvement Yes or No**      **LE Agency**      NA      Cocoa      Melbourne      Palm Bay      Titusville      BCSO

**Is the client homeless Yes or No**

***Records in Fidelity***

*Client Record* \_\_\_\_\_      *Triage* \_\_\_\_\_      *MRT Report* \_\_\_\_\_      *Intake Packet* \_\_\_\_\_  
*SRA* \_\_\_\_\_      *Safety Plan* \_\_\_\_\_      *Follow Up* \_\_\_\_\_      *Discharge* \_\_\_\_\_

Attachment II



**Consent for Evaluation  
and/or Treatment**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. **Consent to Evaluate/Treat:** I voluntarily consent that my child will participate in a mental health evaluation and/or treatment by staff from Brevard CARES. I understand that following the evaluation and/or treatment, complete and accurate information will be provided
2. **Benefits to Evaluation/Treatment:** Evaluation and treatment may be administered with psychological interviews, psychological assessment or testing and psychotherapy. It may be beneficial to my child, as well as the referring professional, to understand the nature and cause of any difficulties affecting my child's daily functioning, so that appropriate recommendations and treatments may be offered. Possible benefits to treatment include improved cognitive or academic performance, health status, quality of life, and awareness of strengths and limitations.
3. **Confidentiality, Harm, and Inquiry:** Information from my child's evaluation and/or treatment is contained in a confidential medical record at Brevard CARES, and I consent to disclosure for use by Brevard CARES staff for the purpose of continuity of my child's care. Per Florida mental health law, information provided will be kept confidential with the following exceptions: 1) if my child is deemed to present a danger to himself/herself or others; 2) if concerns about possible abuse or neglect arise; or 3) if a court order is issued to obtain records.
4. **Right to Withdraw Consent:** I have the right to withdraw my consent for evaluation and/or treatment of my child at any time by providing a written request to the treating clinician.
5. **Expiration of Consent:** This consent to treat will expire 12 months from the date of signature, unless otherwise specified.

**I have read and understand the above, have had an opportunity to ask questions about this information, and I consent to the evaluation and treatment of my child. I also attest that I am the legal guardian and have the right to consent for the**



**treatment of this child. I understand that I have the right to ask questions of my child's service provider about the above information at any time.**

\_\_\_\_\_  
**Signature of legal guardian for minor under age 18**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of witness**

\_\_\_\_\_  
**Date**



**MOBILE RESPONSE TEAM  
Response Summary**

**Date:** \_\_\_\_\_ **Responder:** Choose an item.

**Arrival Time:** \_\_\_\_\_

**Departure Time:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Location of Response:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Referral Source:** Choose an item.

**Insurance Plan:** Choose an item. **Policy Number:** \_\_\_\_\_

**DCF Status:** Choose an item.

**DJJ Involvement:** Yes

**Presenting Problem:** Choose an item.

**Summary of Presenting Problem:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Article I. FAMILY MEMBERS**

Name	Relationship	DOB	Age	Gender	Race	Ethnicity	Present During Response	Live in Home
				Choose an item.	Choose an item.	Choose an item.		



**Family Partnerships  
of Central Florida**

BREVARD | ORANGE | OSCEOLA | SEMINOLE

				Choose an item.	Choose an item.	Choose an item.		
				Choose an item.	Choose an item.	Choose an item.		
				Choose an item.	Choose an item.	Choose an item.		
				Choose an item.	Choose an item.	Choose an item.		

**OTHER AGENCIES INVOLVED (DCF, Police, Doctors, Therapists, Case Mgt, etc.)Phone # (if known)**

Name	Agency	Contact Information

**BRIEF BEHAVIORAL DESCRIPTION OF CLIENT(S) DURING INTERVENTION**

<b>Observation</b>					
Appearance	<input type="checkbox"/> Neat	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Inappropriate	<input type="checkbox"/> Bizarre	<input type="checkbox"/> Other
Speech	<input type="checkbox"/> Normal	<input type="checkbox"/> Tangential	<input type="checkbox"/> Pressured	<input type="checkbox"/> Impoverished	<input type="checkbox"/> Other
Eye Contact	<input type="checkbox"/> Normal	<input type="checkbox"/> Intense	<input type="checkbox"/> Avoidant	<input type="checkbox"/> Other	
Motor Activity	<input type="checkbox"/> Normal	<input type="checkbox"/> Restless	<input type="checkbox"/> Tics	<input type="checkbox"/> Slowed	<input type="checkbox"/> Other
Affect	<input type="checkbox"/> Full	<input type="checkbox"/> Constricted	<input type="checkbox"/> Flat	<input type="checkbox"/> Labile	<input type="checkbox"/> Other
Comments:					
<b>Mood</b>					
<input type="checkbox"/> Euthymic <input type="checkbox"/> Anxious <input type="checkbox"/> Angry <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric <input type="checkbox"/> Irritable <input type="checkbox"/> Other					
Comments:					
<b>Cognition</b>					
Orientation Impairment	<input type="checkbox"/> None	<input type="checkbox"/> Place	<input type="checkbox"/> Object	<input type="checkbox"/> Person	<input type="checkbox"/> Time
Memory Impairment	<input type="checkbox"/> None	<input type="checkbox"/> Short Term	<input type="checkbox"/> Long Term	<input type="checkbox"/> Other	
	<input type="checkbox"/> Normal	<input type="checkbox"/> Distracted	<input type="checkbox"/> Other		
Comments:					
<b>Perception</b>					

Hallucinations	<input type="checkbox"/> None	<input type="checkbox"/> Auditory	<input type="checkbox"/> Visual	<input type="checkbox"/> Other
Other	<input type="checkbox"/> Derealization <input type="checkbox"/> Depersonalization			
Comments:				
<b>Thoughts</b>				
Suicidality	<input type="checkbox"/> None	<input type="checkbox"/> Ideation	<input type="checkbox"/> Plan	<input type="checkbox"/> Intent <input type="checkbox"/> Self-Harm
Homicidality	<input type="checkbox"/> None <input type="checkbox"/> Aggressive <input type="checkbox"/> Plan <input type="checkbox"/> Intent			
Delusions	<input type="checkbox"/> None <input type="checkbox"/> Grandiose <input type="checkbox"/> Paranoid <input type="checkbox"/> Religious <input type="checkbox"/> Other			
Comments:				
<b>Behavior</b>				
<input type="checkbox"/> Cooperative <input type="checkbox"/> Guarded <input type="checkbox"/> Hyperactive <input type="checkbox"/> Agitated <input type="checkbox"/> Paranoid <input type="checkbox"/> Aggressive <input type="checkbox"/> Bizarre				
<input type="checkbox"/> Withdrawn <input type="checkbox"/> Other				
Comments:				
<b>Insight</b>				
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor				
Comments:				
<b>Judgment</b>				
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor				
Comments:				

<b>Diagnosis</b>	
<b>Medical:</b>	<b>Mental Health:</b>

<b>Medication:</b>	<b>Dosage:</b>

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**STRENGTHS**

(Social skills, manners, intellect, educational successes, sports, clubs, family members, musical, health, attractiveness, communication skills, self aware)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**CRISIS INTERVENTIONS UTILIZED/SUPPORT/SUMMARY**

Clinician reviewed and completed the Mobile Response Team intake packet with family and youth. Review was conducted of client’s rights and responsibilities, complaint and grievance procedures, management and protection of private health information, and limits to confidentiality. (Guardian name) reviewed and signed the Consent for Evaluation and Treatment, HIPPA Acknowledgement form, and Acknowledgment of Receipt Form. A Release of information was obtained for the following provider (Provider name). The family was also provided with a Blue Community Resource Card as a reference of additional services offered within the community.

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**Safety Plan Recommendations**

The MRT Safety/Crisis Plan was developed with youth and family. The following safety concerns were identified, (insert safety concerns). Youth and family will implement the following actions steps/and interventions to mitigate safety concerns, (insert action steps/interventions). A copy of the safety plan was provided to the family by clinician.

**NEEDS OR RECOMMENDATIONS**

(Please include physical, emotional, social and educational needs.)

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All recommendations are made based upon the information provided to the therapist at the time of the intervention.

\_\_\_\_\_  
Signature  
Credentials/Title:

\_\_\_\_\_  
DATE: