



Mobile Crisis Assessment Tool (MCAT)

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|---|--------------------------------------|-------------------------------------|-----------------------|
| Date of Service: / / | Mobile Crisis Team Dispatch Time: | Mobile Crisis Team Arrival Time: | Service Duration: |
| Medi-Cal Member Name: | | | Date of Birth: / / |
| Mobile Crisis Team Members' Names (on-site and/or virtually): | | | |
| Service Location/Address (where the intervention took place): | | | |
| Individual/Reporting Party Phone Number: | | | |
| Please mark all Yes/No questions with "X" throughout this document. | | | |
| Does the person in crisis need medical attention? | | | Yes |
| | | | No |
| CRISIS EVENT DESCRIPTION | | | |
| | | | |
| CAUSES LEADING UP TO CRISIS EVENT (e.g., psychiatric, cultural considerations, social, familial, legal factors, substance use. Collect collateral information when available from other persons present on site.) | | | |
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| ASSESSING FOR TRAUMA | | | |
| <i>Have you experienced trauma or abuse? How is your experience(s) with trauma affecting how you are feeling today?</i> | | | |
| | | | |
| ASSESSING FOR PSYCHOSIS OR MANIA | | | |
| <i>Are there things you are seeing or hearing that others might not be seeing or hearing? Are you feeling like you do not need to sleep?</i> | | | |
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| SAFETY AND RISK ASSESSMENT | | | | |
|--|----|---|-----|----|
| Columbia Suicide Severity Rating Scale-Screener Ask questions that are bolded and <u>underlined</u> . | | ■ Low Risk ■ Moderate Risk ■ High Risk | | |
| >> Ask questions 1 and 2. | | Past Month | | |
| | | <table border="1"> <tr> <td style="width: 50px;">Yes</td> <td style="width: 50px;">No</td> </tr> </table> | Yes | No |
| Yes | No | | | |
| 1. <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u> | | | | |
| 2. <u>Have you actually had any thoughts of killing yourself?</u> | | | | |
| >> If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6. | | Past Month | | |
| | | <table border="1"> <tr> <td style="width: 50px;">Yes</td> <td style="width: 50px;">No</td> </tr> </table> | Yes | No |
| Yes | No | | | |
| 3. <u>Have you been thinking about how you might do this?</u> (e.g., "I thought about taking an overdose, but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.") | | | | |
| 4. <u>Have you had these thoughts and had some intention of acting on them?</u> (As opposed to "I have the thoughts, but I definitely will not do anything about them.") | | | | |
| 5. <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u> | | | | |
| 6. <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> (Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.) | | | | |
| <u>If YES, ask: Was this within the past three months?</u> | | | | |
| <p>For questions 1 – 6 above, if the person in crisis reports:</p> <ul style="list-style-type: none"> • YES to questions 4, 5, and 6, the individual is at high risk. • YES to question 3 and NO to question 5, the individual is at moderate risk. <p>An assessment can only determine the level of relative risk of death by suicide. Please follow the steps below.</p> <ol style="list-style-type: none"> 1. If the person in crisis is at moderate or high risk of suicide, <u>continue to the Suicide Plan Assessment section</u> below to assess level of intention and access to means. 2. If the person in crisis <u>does not endorse Suicidal Ideation (SI) or SI with a plan, continue to the Violence and Homicidality Risk Assessment section.</u> | | | | |

SUICIDE PLAN ASSESSMENT

Specific Plan and Intention to Act Upon Plan

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|---|---|---|---|---|-----|----|
| Have you thought about when you would end your life? | | | | | Yes | No |
| On a scale of 1 to 5, where 5 indicates you intend to act on your plan to kill yourself today, and 1 indicates you have no intention to act on your plan today, where do you rate yourself? (mark with X) | 1 | 2 | 3 | 4 | 5 | |
| | | | | | | |

PERSON IN CRISIS MEANS ASSESSMENT

| | | | | | | |
|--|--|--|--|--|-----|----|
| Have you thought about how you would kill yourself? | | | | | Yes | No |
| Do you have access to (ask if they have access to the means they mentioned in the question above) | | | | | Yes | No |
| _____? | | | | | | |
| Person in Crisis Owns or Has Access to a Weapon or Firearm? (Ask others present/involved in addition to the person) | | | | | Yes | No |

VIOLENCE AND HOMICIDALITY RISK ASSESSMENT

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|---|--|--|--|--|-----|----|
| Does the person in crisis have thoughts of violence towards a specific person or group? | | | | | Yes | No |
| *If person responds YES: | | | | | | |
| 1. Who are you thinking about hurting? | | | | | | |
| 2. How often do you have these thoughts? | | | | | | |
| 3. Is the person in crisis threatening to harm someone else? | | | | | Yes | No |
| a. If YES to question 3, ask the identity of intended person(s): | | | | | | |
| b. If YES to question 3, ask the person in crisis if they have a method or intention to act on these threats. | | | | | Yes | No |
| c. If YES to question 3b, ask if the person in crisis has access to lethal means (e.g., firearm/weapon). | | | | | Yes | No |

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

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

RECENT HOSPITALIZATIONS/CURRENT RELATIONSHIPS WITH MENTAL HEALTH PROVIDERS

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

Yes

No

If YES, gather date of discharge and if any medications have been issued, started, or changed.

Date of Discharge

Medications Issued

/ /

/ /

/ /

Name of Mental Health Provider

Date of Last Appointment

/ /

/ /

/ /

MEDICATIONS

Are you currently prescribed any supplements or medications (prescribed for you or someone else) for mental health? If so, which ones?

Yes

No

Medication(s)

Dosage(s)

| | | | |
|--|------------|-----------|--|
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| | | | |
| <i>Are you taking your medications as prescribed?</i> | Yes | No | |
| <i>When was the last time you took medication? What was the dose and did you take the medication as prescribed?</i> | | | |
| MEDICAL HISTORY | | | |
| <i>What illness(es) or disease(s) have you experienced that may be impacting your situation today?</i> | | | |
| PROTECTIVE FACTORS, STRENGTHS, AND RESOURCES (e.g., strong sense of cultural identity, feeling connected to others, support from family and friends) | | | |
| <i>Do you have a support system in place, such as friends or family?</i> | Yes | No | |
| <i>What are some people, activities, spiritual beliefs, pets, etc., that keep you going when you are having a hard time?</i> | | | |
| <i>What typically works to help you cope with stress or anxiety?</i> | | | |
| <i>What are your reasons for living?</i> | | | |
| DETERMINATION OF SAFETY | | | |
| After the initial crisis assessment, is the individual no longer at imminent risk? | Yes | No | |
| Did the individual in crisis experience relief or find alternative solutions to the crisis? | Yes | No | |
| Is the individual able to remain safe in the community? | Yes | No | |

| | | |
|---|------------|-----------|
| Is the individual in crisis able to meaningfully engage in a safety plan? | Yes | No |
|---|------------|-----------|

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

CONSULTATION

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CHILD OR ADULT SAFETY CONCERNS

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NOTES

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