

OpenBeds® Crisis Management System

Crisis Operator User Guide

Revised 8/1/2024

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:

- I. 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.

Note: Items highlighted in yellow should be customized based on your state and applicable business rules.

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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:

- From your web browser, navigate to the OpenBeds URL: <a href="https://<syour state's abbreviation">https://<syour state's abbreviation> .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.

← → C 😅 demo.openbeds.net	
	OpenBeds
	A BAMBOO HEALTH AFFILIATE
	User Login
	Username
	Password
	Login
	Forgot password?
	Need Help?
	i tood hop.

For subsequent log ins:

- From your web browser, navigate to the OpenBeds URL: <u>https://<<your state's</u> <u>abbreviation>>. openbeds.net/</u>.
- 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

- Navigate to <u>https://<<your state's abbreviation>>. openbeds.net/</u> 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.



Note: 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**, **Analytics**, or **Monitoring** buttons. (In the screenshot below, these have been crossed out with a red line.)

OpenBeds Search Intake Form OpenBeds Follow-ups	take History	Di 🔺 Tammy Operator -
Intake Form	🔀 Export as PDF Cancel	Save Progress Transfer Complete Dispatch Mobile Crisis Unit Refer to Treatment Providers

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.

ch Follow-ups IntakeHistory Mo	onitoring Analytics S	ervice Availability	Referral Request Status			(þ)	Gina Gib
	Start Date		End Date				
•							
						Search	Encounter
Person	Date of brith		Phone	Primary		X Cle	ar Search
				presentation	5		
vosemite sam			(111) 111-1111		Create No	w Vew	~
Non-Binary/Non-Conforming							-
Non-Binary/Non-Conforming				Contact Summa	ry		_
Non-Binary/Non-Conforming Encounter Details Call end Caller De-E reason:	scalated	Operator Name:	Gina Gibson	Contact Summa Naturo is an alia experiencina ba	ry is used by a :	13 y/o chatte	r who is
Non-Binary/Non-Conforming Encounter Details Call end Caller De-E reason: Meeting	scalated	Operator Name: Contact	Gina Gibson Text to Chat	Contact Summa Nature is an alia experiencing bu	ry is used by a : illying in sch	13 y/o chatte ool.	r who is
	ch Follow-ups IntakeHistory M	ch Folioe-ups Intelle History Monitoring Analytics S	ch Follow-ups Intake History Monitoring Analytics Service Availability I	ch Follow-ups Indeke History Monitoring Analytics Service Availability Referral Request Status Start Date End Date Person Date of brith Phone Votemble Sam (11) 111-1111	ch Follow-ups Indeke History Monitoring Analytics Som/ce Analiability Referral Request Status	ch Follow-ups Indexe History Monitoring Analytics Service Analability Referral Request Status	ch Foliove-ups Intaleo History Monitoring Analytics Service Analytics Reveral Request Status

Encounter Search (1) allows you to search for encounters across your organization or all organizations depending on the business rules of your state. You can execute a **basic search** (2) by First Name, Last Name, or Phone Number. 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.

Advanced Search (3) expands the search criteria to include Date of Birth, Gender, Contact Center, and Member ID.

Encounter Matches (4) are returned when the system finds a possible match to the search criteria. The display includes Encounter date, Person (of concern), Date of birth, Phone (Person's phone #), Primary Presentation, Caller Details, Encounter Details, Operator (including contact center) and Contact Summary.

Starting a New Intake If a match is found, you can create a new intake by clicking the **"Create New"** button (5) for the appropriate person. If no match is found or if no search is initiated, you can start a new intake by clicking the **Intake Form** page (6).

Intake Form

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, each section of the Intake Form is outlined below in workflow order with additional sections that may or may not be applicable following those most likely to be completed. Only applicable data fields are called out. Note that the data fields you populate are determined by the information gathered during the encounter. Be sure to periodically **Save Progress** using the button at the top.

Form Version

Choose the applicable version of the Intake Form.



The form defaults to **Adult** which is the same version as **Undetermined**. The **Youth** version adds **Parent/Caregiver** and **School** sections (see screenshots below) but otherwise mirrors the **Adult** version. You can switch between versions if needed without losing the information entered for that intake.

t Name	Last Name	
one Number		
School		
School Enrolled	Grade	
School Enrolled Yes No	Grade Select an option	

Call Information

(Note: 'Call' represents any contact whether a call, text, or chat)

Complete this section for any new Intake for which a match was not found during the '**Encounter Search**'. 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.

Type of Request 1	
Chat	× ~
Call Back Phone Number 2	Extension
(111) 111-1111	
Call Start Time 3	Call End Time 4
11:44 AM • 10/18/2023	
First Name 5	Last Name 6
Nature	
Relationship to Person in Crisis 7	
Self X V	

Type of Request (I)#+ – Select method the help seeker used to contact 988 (e.g. call, chat, text).

Call Back Phone Number (2) – Enter the originating phone number from the caller ID or received from the help seeker.

Call Start Time (3) – 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.

Call End Time (4) – This data auto-populates with the date/time when you close the form.

First Name (5) – Enter the first name provided by the help seeker.

Last Name (6) – Enter the last name if provided by the help seeker.

Relationship to Person In Crisis (7)+ – 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 'Profile' section.

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

Profile

Complete this section for any new intake where the 'Relationship to Person in Crisis' is 'Self' or update and/or add additional information for any match found in the 'Encounter Search'. <u>Reminder:</u> 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.

First Name ¹	Middle Name ²	Last Name ³
Date of Birth ⁴ Age	5	
Birth Sex 6	Gender Identity 7	Sexual Orientation 8
Select an option	Select an option	Type or select an option 🔹 🗸
Residential Arrangement 9	Phone Number ¹⁰	Primary Language ¹¹
Select an option		Type or select an option 🗸 🗸
Military Status 12	Client ID 13	Member ID 14
Select an option		

First Name (1) – Enter First Name of the person of concern.

Middle Name (2) – Enter Middle Name or initial of the person of concern if provided.

Last Name (3) – Enter Last Name if provided.

Date of Birth (4) – Enter the date of birth if provided.

Age (5) – Populates automatically if date of birth is entered.

Birth Sex (6) – Choose from the drop-down values listed, if provided.

Gender Identity (7)+ – Select appropriate option corresponding with information provided by the help seeker.

Sexual Orientation (8) – Select appropriate option corresponding with information provided by the help seeker.

Residential Arrangement (9) – Select living arrangement based on information provided by the help seeker.

Phone Number (10) – Enter the phone number of the person of concern.

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

Military Status (12)#+ – Select appropriate option corresponding with information provided by the help seeker.

Client ID (13) – Enter this information if your organization assigns a client ID to help seekers.

Member ID (14) – Enter this information if your organization assigns a member ID to help seekers.

Why didn't the person contact the Veteran's Crisis Line (15)# - Select

appropriate option corresponding with information provided by the help seeker. Answers to this question inform the Vibrant Veteran's Amendment report.

(+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.

Liteune Frompt G	auestions		
Have you had any thou	ghts of suicide in the last	Have you taken any act	ion to harm yourself today
few days, including too	lay?	No	× ~
Ves	XIV		

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	Complete Screener 오
Lifeline Assessment	Complete Assessment 오
Stanley-Brown Safety Plan	Complete Safety Plan 📀

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



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, 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 intent 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

Suicidality

Complete the **Suicide Experience+** and **Emergency Rescue Needed for Suicide?+** data fields as applicable. Multiple options can be selected for Suicide experience if applicable.

(+Vibrant Imminent Risk Reporting data field.)



Note that selecting 'Yes' to **Emergency Rescue Needed for Suicide?** will automatically toggle the **Active Rescue/Emergency Intervention Services** section on for completion. Refer to the Active Rescue/Emergency Intervention Services section if emergency intervention is needed.

Homicidal Ideation

Complete the Homicide Ideation+ and Emergency Rescue Needed for Homicide?+ data fields as applicable. Indicating any homicidal ideation requires an answer from the drop-down list for 'Whom.'

(+Vibrant Imminent Risk Reporting data field.)

Homicidal Ideation	
Current thoughts of homicide (within last 24 hours)	\times \sim
Whom*	
Type or select multiple option(s)	~
Child	
Gang	
Hate crime	
Random	
Relationship	
School	
Workplace	
Emergency Rescue Needed for Homicide?	
Yes No Clear	

Note that selecting 'Yes' to **Emergency Rescue Needed for Homicide?** will automatically toggle the **Active Rescue/Emergency Intervention Services** section on for completion. Refer to the Active Rescue/Emergency Intervention Services section if emergency intervention is needed.

Person History

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

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Person History	story 1 ect multiple option(s) √otes 2 erpreter? 3 No ✓ Undetermined 4 ncern's Mental Health History 5 billty 6
Impairments ¹	
Type or select multiple option(s)	/
Impairment Notes 2	
Needs an Interpreter? 3 Yes No OUndetermined Medication 4	
Person of Concern's Mental Health History 5	
Safety & Stability 6	
Type or select multiple option(s)	_
History of Hospitalizations, Placements, Institutional Stays 7	_
Trauma History 8	
Other History 9	

Impairments (I) – Options in the drop-down are **Development/Intelligence**, Sensory/Communication, Physical, Vision, Hearing, and Alcohol/Dependency

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

Needs an Interpreter (3) – Options are Yes, No, and Undetermined (default.)

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

Person of Concern's Mental Health History (5) – Document mental health history.

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

History of Hospitalizations, Placements, Institutional Stays (7) – Document 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.

Primary Presenting Concern

Choose the most appropriate option from the **Primary Presenting Concern+** that reflects the help seeker's primary reason for calling today. This information informs the Vibrant Imminent Risk report. 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). This is different from **Primary Presentation**. Refer to the Primary Presentation section for additional information.

(+Vibrant Imminent Risk Reporting data field.)

Primary Presenting Concern 🕄	
Type or select an option	\sim

Contributing Factors

Select all factors pertinent to the current encounter. Again, only add a typed option if you would normally select 'Other' (if there is not a close enough match in the existing list). Be sure to select EVERYTHING that applies to this contact.

Contributing Factors

Type or select multiple option(s)

 \sim

Stanley-Brown Safety Plan

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 <u>http://www.mysafetyplan.org/</u> and sent directly to the person of concern. If completed online, be sure to download a copy and attach it to the Intake Form.

At	tachments & Photos	Add Attachment or Pho		
0	MySafetyPlan attachment example.pdf	View	Remove	

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.



Follow-Up

The **Follow-Up** section captures information related to any additional contacts needed by the crisis center for the person in crisis. If the Mobile Crisis Unit is dispatched, they will be responsible for any follow-up unless business rules dictate otherwise.

Follow Up	
Person follow-up eligibility 1	
Accepted and consent given	$x \mid \checkmark$
Preferred contact method* 2 Select one preferred contact method. Both fields can be filled out to have a backup contact method.	
O Phone (preferred)	
Email (preferred)	
Follow-up contact and date* 3 Name to ask for:	
Can we leave a voicemail?* 4 Ves No	
Can we leave a live message?* 5	
With whom?	
Follow up due date:" 7 0	
Follow up notes* 9	
Mark this Follow-up as completed. 10	
Did the person reach out to the referrals provided? 11	
Ves No	

Person follow-up eligibility (1) The help seeker has the option to accept and consent to follow up or to decline follow up.

Preferred contact method (2) If follow up is accepted, document the 'Preferred contact method' (email or phone).

Follow-up contact and date/Name to ask for (3) Enter the name to ask for.

Can we leave a voicemail? (4) Indicate whether a message can be left on voicemail

Can we leave a live message? (5) Indicate whether a message can be left with a person.

With whom? (6) If a message can be left with a person, indicate who a message can be left with.

Follow up due date (7) Enter a date and time for follow up or (8) Select from the follow up due date options of 24, 48, or 72 hours.

Follow-up notes (9) Document notes for the follow up.

Mark this follow-up as completed (10) If the follow-up is completed via the Intake Form, check the box to indicate this.

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.

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. Refer to the Follow-up section for additional information.**



Contact Resolutions

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



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

Disposition the Intake

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

- I. Resolve during the encounter.
- 2. Initiate an active rescue/ emergency services intervention.
- 3. Dispatch mobile crisis.
- 4. Refer for services (if OpenBeds referral management is enabled)
- 5. Transfer to another organization to complete the encounter (if this workflow is enabled)

Resolve during the encounter

If after gathering all information you find that there is not a need to complete an active rescue/emergency intervention, dispatch mobile crisis, refer to a treatment provider, or transfer, navigate to the top of the Intake Form and click the "**Complete.**" button.



Select the one **Final Disposition of Consumer** that best describes the outcome of the contact. Click **Complete** to end the encounter. It is important to select ALL appropriate responses in the Contact Resolutions field (above) since it can be difficult to select just one in this area. Be sure to **Save Progress** before navigating away from the page. **Note**: A user with a Supervisor permission can edit the Final Disposition within 7 calendar days of intake creation.

Final Disposition of Consumer X
 Active Rescue Created Safety Plan with Caller/Third Party Caller Emergency Room/Medical Consultation Follow-up Call Inappropriate Call/Hang-up Information/Resource Only Outpatient Appointment Referred for Crisis Stabilization Referred to Another Helpline/Support Line Resolved During Call Test Welfare Check Other
Cancel Complete

End Contact

The '**Call End Time**" in the Call Information section auto populates when a disposition is selected.

Additional Sections

The following additional section may not be applicable to each encounter.

Race

You can capture race, if applicable, by selecting an option from the dropdown menu.

~

Ethnicity

If capturing Ethnicity choose the applicable option from the dropdown menu.

Ethnicity				
Select an option	~			
Hispanic or Latino				
Not Hispanic or Latino				

Health Provider Information

Enter the **Mental Health Agency, Therapist, and Phone Number** provided by the help seeker. You can also document if the person of concern is insured, the name of the insurance provider, and the number if needed.

Health Provider Information		
Mental Health Agency		
Therapist	Phone Number	
Insured		
Yes No Unknown		
Health Insurance		
Health Insurance Number		

Attachment & Photos

Documents and/or photos that are pertinent to the encounter can be attached here. Vibrant's online safety plan from <u>www.mysafetyplan.org</u> is an example of a document that might be attached.

Active Rescue/Emergency Intervention Services

If the person of concern poses an imminent threat to self or others, initiate **Active Rescue/Emergency Intervention Services**. Document the Meeting Location. Click the telephone icon to search the NENA integrated **Emergency Services** directory to determine the closest and most appropriate emergency responder based on the meeting location and contact accordingly. Refer to the Incident Safety section below for additional requirements.



Document the **Active Rescue/Emergency Intervention Services** by toggling this section on and completing the applicable fields.

Active Rescue Type 1		Reason for Active Rescue 2		
Select an option	~	Select an option		
Responder Type 3				
Select an option				
Responder Name 4		Contact Number 5	Badge/ID Number 6	
Consent for Dispatch 7				
Select an option	~			

Active Rescue Type (1+) – Select Homicide, Suicide, or Welfare.

Reason for Active Rescue (2+) – Select one applicable reason from the dropdown.

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

Responder Name (4) – Enter the emergency responder's or unit's name.

Contact Number (5) – Enter the emergency responder's or unit's contact number.

Badge/ID Number (6) – Enter the emergency responder's or unit's badge or ID number.

Consent for Dispatch (7+) – Select whether the person in crisis consented to the emergency intervention **Yes (voluntary)** or whether the Individual has not given consent **No (involuntary)**.

Contact (8+) – Select the applicable radio button to indicate if emergency personnel were able to contact/locate the person in crisis.

(+ Vibrant Imminent Risk Reporting data field.)

Incident Details

Use the **Incident Details** section to document information relative to the dispatch of emergency intervention services or the mobile crisis unit.

	□
Incident Details	
Request Type 1	
Emergent Urgent 🕑 Undetermined	
Primary Presentation 2	
Type or select an option	~
Dispatch Level 3	
Select an option	· · ·
Law Enforcement Recommended 4	
🗌 Yes 📄 No Oundetermined	
Reason for Referral 5	

Request Type (1) – Choose from Emergent, Urgent, or Undetermined

Primary Presentation (2) – Select the main concern driving the help seeker's need for a higher level of intervention from the dropdown.

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 Referral (5) – Document in the narrative box information specific to the reason for referral.

Incident Safety

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

Incident Safety 1	
Animals 🗙	$\times \mid \vee$
Safety Concerns 2	
Pet boa constrictor	
Safety Plan 3	
Boa is securely caged in a separate part of the house than the responder would be accessing	
Covid Screening	
O Yes No	

Incident Safety (I) – Use the dropdown to select multiple items if applicable from **Weapons, Animals,** and/or **Aggressive Behavior.**

Safety Concerns (2) – Document concerns for any items selected in Incident Safety.

Safety Plan (3) – Document details of a safety plan that has been completed or plans to maintain safety related to the **Safety Concerns** documented in the previous field.

Covid Screening (4) – Select **Yes, No,** or **Undetermined** if a Covid screening was completed (if applicable)

Other Illness (Person or Other Family Member (5) – Document any communicable illnesses and/or inform on need for Personal Protective Equipment (PPE).

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.

Protective Servic	es Report		
Type of Abuse?			
Child			× ~
Was a report made by services (adult/child) b	the center to protective ased on call content?*	Did the Lifeline Center a direct report to protecti	assist the caller in making ve services?*
Yes	x ~	No	x v

Other Dispositions

If Emergency Intervention is not warranted, you can then choose **Dispatch Mobile Crisis Unit, Refer to Treatment Provider, Transfer,** or **Complete** from the top right as appropriate.



Dispatch Mobile Crisis Unit

Meeting Location

You must enter a **Meeting Location** in order to dispatch mobile crisis. This address is populated by AWS Location Services and displays suggestions as you type. To quickly narrow results, start typing in the location. In the example below, the meeting location is the CVS on HWY 81 in McDonough, GA.

Location	
Meeting Location Address	
cvs modorj	×
CVS, 19244 McDonald St, Lytle, TX, 78052, USA	
CVS. 1870 Highway 81 E. Mcdonough, GA. 30252, USA	
• CVS, 2098 Highway 20 W, Mcdonough, GA. 30253. USA	
• CVS. 2720 Highway 42 N. Mcdonough. GA. 30253. USA	
CVS Pharmacy. 19244 McDonald St. Lytle. TX. 78052. US	A

Permanent Location

If the meeting location provided is different than the permanent location, document this and indicate the permanent location address if it is provided.

Meeting Location & Permanent Location Are the Same		
🗌 Yes 🥪 No 📄 Undetermined		
Permanent Location		
Address		
Enter a location		
City	State	Zip Code
	Select an option 🗸 🗸	

Additional Notes

Enter any applicable note by selecting the type of note from the drop-down menu options of **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.

ect the type of note		
Sefore Arrival 🗙		×
At in in the phone providing and inco		
viA is in the pharmacy waiting area and is w	earing a white shirt, purple pants, and a Baltimore Ravens baseball cap.	
viA is in the pharmacy waiting area and is w	vearing a white shirt, purple pants, and a Baltimore Ravens baseball cap.	
via is in the pharmacy waiting area and is w	earing a white shirt, purple pants, and a Baltimore Ravens baseball cap.	
via is in the pharmacy waiting area and is w kimum 250 characters (134 remaining)	earing a white shirt, purple pants, and a Baltimore Ravens baseball cap.	

Dispatch Request

Upon choosing 'Dispatch Mobile Crisis Unit' you will be taken to the dispatch page with a list and map view of:



An information ribbon (1) with the help seeker's name (if separate from the individual in crisis), name of the individual in crisis for whom this dispatch is for, the call date and start time, where the individual in crisis is currently located, and the phone number for the individual in crisis if available.

Filters to narrow available responders by a keyword search (2), zip code (3), distance to crisis location (4), type of response (5), the responder's specialty/specialties (6), and the responder's credentials (7).

You can also elect to show responders who are currently unavailable (8) for instance if it's close to shift change and you are determining the best dispatch option based on your organization's business rules.

The default for responders is a 10-mile radius from the crisis location. As additional filters are applied, the list of responders (9) as well as the map view (10) changes accordingly.

To dispatch a responder, click the 'Request' button (11). You can cancel this requested responder by clicking the 'Cancel Request' button that is now visible.



Monitor a Dispatch Request

Navigate to the **Intake History** page to track the status of the dispatch request through completion.

Intake History Search for Profile	Q Today - Today -	Show: All Regions	w. All Responders 📔 🗸	Show: All Statuses					Download	d All
Person	Crisis Number	Crisis Address	Region	Created By/On -	Last Updated	Dispatch Info	Status	Actions		
Ima Test		1870 Highway 81 E Mcdonough GA. 30252		Gina Operator 11:41 AM - 8/1/2024	12:10 PM • 8/1/2024	(1)	Requesting		× Cancel	

Refer to Treatment Provider(s)

Clicking this option opens the **Service Availability** page and connects you to the OpenBeds Capacity Management and Referral System where you can submit requests to both inpatient and outpatient service providers on your state's network.

БрепВе	Search In	take Form Dispatch	Fol	llow-ups	s Int	ake Hist	ory N	fonitoring Analyt	ics Serv	vice Availability	Referral Request Status		Tammy Operator
曽 You a	You are currently looking for: Patient Name: Colonial TreatmentProvider Age: N/A Gender Identity: N/A												
Search Cri	teria 1 Additional	Search Criteria 6 S	earch	by Dista	ance	7							
Primary Se	ervice 3 2	Substance 3			Jaymen	its Acce	epted	4	Ent	ter Organizatio	n 5 Search	Clear	
Service Check to r	e Availability make a referral to up	to 3 facilities 🔽											
				Inpatie Ber	ent/Res ds Avai	sidentia lable	al	Outpatier	nt			Contact	
Submit Organization A Primary Service Adult Adolescent Next Walk- Comments Contact and Last Updated												Lact Lindated =	
Request							Total	Available	Walk-		Comments	Service	Last Opdated +
Submit Request Organization Primary Service $Adult$ $Adolescent$ Next Walk- Comments and Service Info Last Updated \bullet Next Next Available Available Access Comments and Service Info Last Updated \bullet 1000000000000000000000000000000000000													
Request →	211 (Direct Referrals)	Community- Based Services	M	F	M	F	Total	Available Appointment	waik- in Access	211 social so with treatme patient zip c	ervice requests not related int referrals. Please includ ode on all direct referrals	Service Info	10:08 02-15- 2024

You can select up to three providers at one time to refer to by checking the applicable box (outlined in red on the screenshot above) and selecting the green arrow on the left of the selected facilities name then clicking submit.

Search Criteria (1) – The search criteria opens 4 options (2 - 5 on screenshot) to streamline your search and allows you to search by multiple categories.

Primary Service (2) – Primary services can be selected from the dropdown or begin typing to narrow the options quicker. Multiple values can be selected. Clicking on the blue information icon gives you a description of the various services.

Substance (3) – Substances can be selected from the dropdown or begin typing for a quicker select option. Multiple values can be selected.

Payments Accepted (4) – Payment types can be selected-from the dropdown or typed in for a quicker, targeted search. Multiple values can be selected.

Enter Organization (5) – The name of the target organization for the referral can be typed in to search this way.

Additional Search Criteria (6) – The Additional Search Criteria tab has options for searching by Additional Services, Special Populations, Languages Served, Medical and Psychiatric Conditions, and Providers on Site. Each of these has a drop-down list to choose from or you can type values in the box.

Search Criteria	Additional Search Criteria	Search by Distance			
Additional Service	es		Special Populations	Languages Served	
Medical and Psvo	chiatric Conditions		Providers on Site		
				Search Clear	

Search by Distance (7) – The Search by Distance tab has options to search by distance by miles and to search the distance from the service address or the person's zip code. You can also enter a city/town or county to search by area served.

Search Criteria Additional Search Cri	teria Search by Distance			
Distance		Distance From		
Any distance		Service Address	O Patient Zip Code	
Area Served				
Enter a town or county		Search Clear		

The **Submit Request** column has icons to indicate how the organization will receive referrals.

\rightarrow	• A green arrow indicates that referrals can be submitted electronically.
L.	• A phone icon indicates that it is after the hours electronic referrals are accepted, so referrals are only accepted via telephone at this time.
PHONE ONLY	• 'Phone Only' indicates that this organization only receives referrals via telephone.

Submit a Referral Request

Culomit				Inpati Be	ent/Resi ds Availa	dential Ible	4	Outpatient			Contact	
Request	Organization	Primary Service - 3	Ac	dult	Adole	escent	Total	Next Available	Walk-in	Comments 7	Service Info	Last Updated ▼ 9
			М	F	М	F		Appointment	Access 6		8	
	Deer Haven Treatment Center	Outpatient Counseling	8	8	8	8	8		•	Multiple appointments available this week; walk-ins accepted M-F; gam - 5pm	()	14:43 02-15-2024
L	DERec	Outpatient Counseling	8	8	0	0	8	12-07-2022	•	Telehealth Intake only. Referrals must include a contact number.	3	14:54 05-09-2023
\rightarrow	Dutton Treatment Center	Outpatient Counseling	8	8	8	8	8		٠		3	09:33 03-11-2024
PHONE ONLY	Emily receiving Org	Outpatient Counseling	8	8	8	Ē,	8		•		6	16:42 10-25-2023

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Submit Request (I) – This column has icons to indicate how the organization will receive referrals. If you are referring to more than one organization, clicking the green arrow will highlight the organization to be referred to and will not send it until you submit.

Organization (2) – This is the name of the organization that will receive your referral request.

Primary Service (3) – This column lists the primary service the organization provides. If you searched for a specific Primary Service, only providers with service types that match your selection will display.

Inpatient/Residential Beds Available (4) – This information reflects the number of available beds based on the provider's most recent update.

Outpatient Next Available Appointment (5) – This column provides the date of the provider's next available appointment based on their most recent update.

Outpatient Walk-In Access (6) – A green dot indicates that walk ins are accepted. A red dot indicates that walk ins are not accepted.

Comments (7) – Comments provided by the organization regarding their services are here. This information is verified/revised each time the organization updates their service availability details.

Contact and Service Info (8) – Clicking on the blue information icon brings up contact information and other details about the organization.

Last Update (9) – This column indicates the last time the organization updated their service information.

Clicking the green arrow for a singular request or the **Submit Referral** at the bottom of the page for multiple request submissions takes you to the 'Referral Request' form. Items with a red asterisk * are required. Demographic information entered on the Intake Form will auto-populate this form. Complete all applicable sections and click 'Submit' at the bottom of the page. Details on data captured on this form are below.

Raugesen sieder Bereisene			
tact Information		Submit Request	
atment Organization:	Counseling Works!	First Name:	Last Name:
wice:	Outpatient Counseling	First Name	Last Name
denes	good Line Station Board Suite con	Date Of Birth:	Phone Number:
	Lousiville KY 40223	MM-DD-YYYY	Phone Number
one Number:	(502) 509-6017	Gender Identity * 1	Age:
ali	gglbson@bambooheaith.com	Select Gender	0
	1993	Primary Language	Address line 1
	1939	Select Language	Address line 1
preferred method to conta	ict as per your profile is	Address line z	Cty:
Mail		Address line z	City
		Galar	Zin Code
iging this will update your (profile upon submit	Calast State	Zip Code.
		2 If above patient identifiers are included in Patient infore equired. Attachment: 3 Browso You may attach several docv Peece note Attachments will get aut Urgency of need" *4	mation, please check to indicate that patient consent has been obtained. Attach Consent form. if ments deleted after 1 week.
		2 If above patient identifiers are included in Patient informed. Attachment: 3 Rowse You may attach several docu Presse note Attachments will pet ad Urgency of need: *4	mation, please check to indicate that patient consent has been obtained. Attach Consent form. if ments : deleted after 1 week.
		2 If above patient identifiers are included in Patient informed. Attachment: 3 Reverse You may attach several docu Peece note Attachments will pet ad Urgency of need: *4 Substances Treated: *5	mation, please check to indicate that patient consent has been obtained. Attach Consent form. if ments = deleted after 1 week.
		2 If above patient identifiers are included in Patient informed. Attachment: 3 Provide Vour may attach several documents will get aut Urgency of need: *4 Substances Treated * 5 Medical and Psychiatric Conditions 6	mation, please check to indicate that patient consent has been obtained Attach Consent form. if ments advected after 1 week. Special Populations 7
		2 If above patient identifiers are included in Patient informed. Attachment: 3 Passe note Attachments will get aut Urgency of need: *4 Urgency of need: *5 Medical and Psychiatric Conditions Payment 8 Payment 8 Payment 8 Payment 8 Payment 8 Payment 9 Pay	mation, please check to indicate that patient consent has been obtained Attach Consent form. if ments advected after 1 week.
		2 If above patient identifiers are included in Patient information provided. Attachment: 3 Foress You may attach several documents will get ad Urgency of need: *4 Substances Treated : * 5 Medical and Psychiatric Conditions 6 Payment 8 Request, Maximum 200 characters! *9 Enter additional information here regarding the client's	mation, please check to indicate that patient consent has been obtained Attach Consent form. if ments

Gender Identity (1)* - Select applicable option from the dropdown list if not autopopulated from the Intake Form.

Consent (2) - Check the box to indicate the person of concern consented to the referral. This box must be checked if referring to a Part 2 facility.

Attachment (3) – You can attach documents that are pertinent to the referral. They are deleted after 7 calendar days.

Urgency of Need $(4)^*$ – Select one option from the dropdown list.

Substances Treated $(5)^*$ – Select one or multiple items from drop down or begin typing in the box for quick select options.

Medical and Psychiatric Conditions (6) – Select one or multiple items from drop down or begin typing in the box for quick select options.

Special Populations (7) – Select one or multiple items from drop down or begin typing in the box for quick select options.

Payment (8) – Select one or multiple items from drop down or begin typing in the box for quick select options.

Request $(9)^*$ – Document any additional pertinent information to facilitate the referral in the narrative box. This space is limited to 200 characters. Then select the applicable radio button to indicate whether the referral is voluntary or involuntary.

(*Required field)

Monitor a Referral Request

After completing the referral, you are taken to the **Referral Request Status** page where you can see all referrals (active and archived) you and your organization (or all crisis centers) have completed. You can track the status of referrals here.

Refe	rral Requ	est Status										
ctive	Archived											
												Hide filters
Last I	Name or Requ	est ID	Referred	1 By		Status		Show/No	o Show			
	Choose one					Choose one	~	Choose	e one			~
Follo	w Up Referrals	tunne presented built	t need a faile								Reset	Apply
	w reterrats that	i were accepted, bu	L Need a loss	w op								
owing	s to g of g result:	s	, need a lost	w op								tows Per F 25
owing Archiw	s to 9 of 9 results o Soloctod Ro Time/Date	quest	tact info	Receiving Contact Infr		Request Details	Receiv	ing se Sta	ntus 🕶	ID •	Patient	tows Per F 25 Messag

The eye icon (1) means the referral request has been read by the receiving organization

The receiving organization's decision regarding the referral is shown here (2)once that determination is made.

Whether the person in crisis showed for the referral is captured here (3). If the person is a no show that information is highlighted in red.

Transfer

Transfer is used when a different organization finalizes the intake you created. To initiate a transfer, save the Intake Form, click the **Transfer** button in the upper right-hand corner of the page, and select the organization and the reason for the transfer from the drop-down menus. Both fields are required.



Note: This functionality must be enabled for your organization and for the intended organization for this feature to work. If not enabled, the Transfer button will be grayed out and you will not have the ability to transfer an intake and/or not have the ability to receive a transferred intake.

Once the Transfer button is selected, a brief success message will display.

Success!	\times
Your intake has been transferred to X-Crisis-Org2	

After a successful transfer, the intake will have a status of 'Transfer Pending' on the **Intake History** page until the designated organization accepts the transfer. Prior to acceptance, you can cancel or edit the intake.

Intake History								
Search for Profile	Q Today -	Today 🗸	Show: All Re	egions 🗸	Show: All Responders \sim	Show: All Statuses	~ P	Download All
Person •	Crisis Number	Crisis Address	Region •	Created By/On	Last Updated	Dispatch Info	Status	Actions
Transfer Test2		cost		Gina Operator 9:39 AM • 1/4/202	9:39 AM • 1/4/2024	(o)	Transfer Pending	× Cancel / Edit

Once the transfer is accepted, the intake status will be updated to reflect 'Completed Transfer Accepted'.

Intake History								
Search for Profile	Q Today - Tod	iay 🗸	Show: All Regions	✓ Show	x: All Responders	Show: All Statuses	P	Download All
Person -	Crisis Number	Crisis Address	Region -	Created By/On •	Last Updated	Dispatch Info	Status	Actions
Transfer Test2		cost		Gina Operator 9:39 AM • 1/4/2024	9:39 AM • 1/4/20	24 (o)	Completed Transfer - Accepted	🖋 Edit

To receive a transfer, navigate to the **Intake History** page and accept the pending transfer. Once accepted, the status on the Intake History dashboard changes to 'Open', providing you with the same functionality as if you initially created the Intake Form. **Note**: You can configure your account to receive email alert notifications for these transfers.

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.

GpenBeds s	earch Intake Form Di	ispatch Follow-ups Intake History	Monitoring Analytics Service Ava	ilability Referral Request	Status		👔 🛕 Tammy Operator 🔹
Intake History					~		
Search for Profile	Q Today - Today	Show: All Regions	 ✓ Show: All Responders ✓ 	Show: All Statuses			Download All
Person	Crisis Number	Crisis Address	Region Created By/On	Last Updated	Dispatch Info	Status	Actions
Garden State Garden State (caller)		1900 Chestnut St Philadelphia PA, 19103	John Weidekamp 10:03 AM • 4/3/2024	10:33 AM • 4/3/2024	(0)	Completed Resolved During Call	/ Edit
New Jersey New Jersey (caller)		1675 S Christopher Columbus Blvd Philadelphia PA, 19148	John Weldekamp 10:34 AM • 4/3/2024	11:10 AM • 4/3/2024	(1)	Completed Other	
Shelly Kindle Shelly Kindle (caller)	(609) 354-8368	1 W State St Trenton NJ, 08608	John Weidekamp 1117 AM • 4/3/2024	11:50 AM • 4/3/2024	(0)	Completed Created Safety Plan with Caller/Third Party Caller	/ Edit
Garden State Garden State (caller)	(555) 555-5555	1675 S Christopher Columbus Blvd Philadelphia PA, 19148	John Weidekamp 1:59 PM • 4/3/2024	2:10 PM • 4/3/2024	(o)	Open	× Cancel 🖉 Edit

Manage Follow-Ups

The **Follow-ups** page captures all intakes that have been indicated as in need of followup 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.

Search Intake Form	Dispatch Follow-ups ntake History Monitoring	Analytics Service Availability Refe	erral Request Status			7	8	Gina Ope
ollow-ups						Export	view Completed Foll	low-ups >
1 Date of Follow-up: Start Date - End Date	Assignee: Select multiple option(s) v	Created By: Select multiple option(s)	v					
Open Follow-ups 4								
Dpen Follow-ups 4	Follow-up Due Date/Time 🚯 🔦	Contact Method 🚯	Contact Center 🚯	Follow-up Notes 🚺	_	Actions 6		
Open Follow-ups 4	Follow-up Due Date/Time 🕢 🔺 100 AM - 3/18/2024 © Comisia Ut Bara top	Contact Method Phone - (251) 363-0364 Voicemail: Yes	Contact Center 🜒 Behavioral Health Emergency Services Program Created By Melssa Ledbetter	Follow-up Notes 🜒	5 Manage	Actions 6	× ~	•
Open Follow-ups 4	Follow-up Due Date/Time • •	Contact Method Phone - (251 303-0304 Voicemail Ves Phone (393 111-111 Voicemail No	Contact Center	Follow-up Notes ① maile sure not dirinking call after 6pm	5 Manage Manage	Actions 6 Melissa Ledbetter Gina Operator	9 × × × ×	•

Date of Follow-Up (I) - 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 followup, 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 or be assigned someone's follow-up by a user with a Supervisor permission within your organization.

Export (7) – Export allows you to set date range and status filters and export the results in Excel.

View Completed Follow-ups (8) – 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.'

You can assign yourself to a follow-up that is currently assigned to someone else in your organization (9) by selecting your name from the drop-down list.

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

F	llow-ups					Export	View Completed Folio	w-ups >
	Date of Follow-up Start Date - End Date	✓ Assignee Jaw Westekamp ★ ★ ↓ ✓	Created By Select multiple optionisi (✓ Assign to Gina Operator 🗙 🔍				
	Open Follow-ups							
2	Name to ask for? 0 -	Follow-up Due Date/Time 🕲 🍝	Contact Method	Contact Center 🕑	Follow-up Notes	Actions		*
	Garden View Garden State's Intake	2 39 PM - 4/7/2024 © Overse on monopol	Phone - (555) 555-5555 Voicemail: No	Behavioral Health Emergency Services Program Created By John Workekamp	fallow up notes	Manage John Weldekamp	R *	
3	🖵 Dan View Dan Miller's Intake	257 PM - 4/7/2024	Phone - (333) 333-3333 Voicemail: No	Behavioral Health Emergency Services Program Created By: John Weidekamp	left message with Dan	Manage John Weldekamp	x (
	🗹 dan View Garden State's Intake	11:35 AM - 4/27/2024 (3) Constant of stops rept	Phone - isssi sss-ssss Voicemail. No	Behavioral Health Emergency Services Program Created By: John Weidekamp	call on 4/27 in AM	John Weidekamp	x v	
	Tess View Test McTesterson's Intake	200 PM+ 5/35/2024	Phone - (444) 444-6464 Voicemail: Yes	Behavioral Health Emergency Services Program Created By John Weidekamp	Consented to follow up call in 48 Check on community based consuling and how coping with loss of Trigger idogr	Manage John Weidekamp	# ~	

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.



Version History

Version	Author	Date	Changes
1.0	Tammy Prickett	4/1/24	First Release
2.0	Gina Gibson	8/1/24	Added additional
			usage options and
			incorporated
			product
			enhancements
			through 8/7/24
			scheduled release