ALTERNATIVE CRISIS RESPONSE (ACR)

BULLETIN No. 2026-01

Revised: February 2, 2026

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.

CRISIS INTERVENTION TEAM DISPATCH POLICY

Scope
This process applies to the following programs:

- ACCESS Help Line Crisis Agents and Dispatchers
- Psychiatric Mobile Crisis Response Teams (PMRT)
- PMRT After Hours Personnel (AH or PMRT OT)
- Mobile Crisis Outreach Teams (MCOT)

Overview
PMRT and MCOT (crisis field intervention teams or "FIT") provide in-person crisis response for any mental health crisis, including evaluation for 5150/5585, and addresses the highest acuity calls for danger to self or others as well as those who are gravely disabled. The Field Dispatch Application provides a standardized, coordinated, and efficient dispatch process 24/7 to maximize capacity and ensure calls are responded to as quickly as possible.

The process for each role is detailed below for:

- ACCESS Agent
- ACCESS Dispatcher (Afterhours) or PMRT OD (Daytime)
- PMRT or MCOT Crisis Field Responder

Dispatch Responsibilities

1. Between 8am and 5pm, the PMRT OD/Supervisor will be responsible for assigning calls to their assigned PMRT teams.
2. Between 4pm and 5pm, the PMRT OD/Supervisor will be responsible for assigning calls to MCOT teams in their designated Service Areas.
3. ACCESS will be responsible for assigning calls to all crisis teams (PMRT and MCOT) between 5pm and 7am weekdays, and 24h/day on weekends and holidays.
4. Between 7am and 8am weekdays, the designated PMRT OD/Supervisor will be responsible for assigning calls to PMRT teams.

Dispatch Process

ACCESS Agent

1. Upon receiving a call, determine if crisis dispatch is needed using the Crisis Screener. Instructions are provided at Quick Reference Guide: Crisis Screening Nonresponse, FIT Dispatch.
2. Based on your responses to the Crisis Screener, an Outcome and Priority will auto-populate. Follow the onscreen prompts for each Outcome provided:
    a. **Refer to 911:** refer the caller to 911. Then, update the case with the call details, document the Final Disposition, and resolve the case.
    b. **Refer to 988:** refer the caller to call 988. Then, update the case with the call details, document the Final Disposition, and resolve the case.
    c. **Dispatch FIT:** save and close the record and create a Dispatch Request. Then, update the case with the call details, document the Final Disposition, and resolve the case.
    d. **Referral/Urgent Appointment:** update the Call Reason to "Clinic Referral" and skip the DHCS Medi-Cal screener. Once a referral is confirmed, an SRTS Service Request is created.

3. If you do not agree with the outcome of the Crisis Screener, document and include any additional comments/information in the "Actual Outcome/Comments" section.

4. Check if the client is enrolled into FSP or Wraparound by navigating to the Consumer record in the Program Status Tab. Upon clicking the "Crisis Screen: button, a pop-up message will also alert you if the client is enrolled in FSP or Wraparound. If Consumer is enrolled, contact the Program. If there is no response, click Nonresponse from the command bar and complete a Non-Response Form.

5. Once a Dispatch Request has been completed, let the caller know a team has been requested for them, and that when the team is ready to go out, they will call them from a blocked number and they must be available. Also, let them know that due to the crisis nature of our responses, if they do not answer the phone, the crisis team will wait 15 minutes for a call back before canceling the request. (Note: PMRT may make one or more additional attempts before canceling.)

6. If the client is not with the caller/responsible party, ask if they or someone else can be with the client within 30 minutes. If the client is alone, the dispatched crisis team will use clinical judgment and safety considerations to determine whether to go on scene.

7. If FSP or Wraparound responds after the Dispatch Request has been sent, close out the call with "**No Dispatch**" with a reason of "**FSP Response.**" For instructions on closing a call with No Dispatch, see Quick Reference Guide: No Dispatch.

8. If a subsequent call comes in to cancel a call, close out the call with “**No Dispatch**” with a reason of “**Caller no longer needs team.”**

9. Record any additional contacts, including ambulance requests and location change of the client, under the **Timeline** section of the Dispatch Record.

ACCESS Dispatcher (Afterhours) or PMRT OD (Daytime)

1. When serving as a Dispatcher of crisis calls, announce your role and pertinent information in TEAMS.
    a. During Daytime hours, ensure your team(s) know who the PMRT OD is.
    b. During Afterhours, post a TEAMS Chat message in the **ACCESS Dispatcher Schedule** channel to indicate the following for PMRT Afterhours teams:
        i. Your shift schedule;
        ii. Your direct phone number as a back-up method of communication in case TEAMS is not available;
        iii. Your back-up Dispatcher's name and phone number should they not be available to dispatch; and
        iv. The Officer of the Day and their telephone number(s).

2. Select a team to dispatch to each call on the Schedule Board based on the highest priority call and location of the team. (For instructions on how to dispatch a call, refer to the Quick Reference Guide: FIT Dispatch.)

    a. Assignment of teams should always take priority level and distance from the call into account.

    b. During Daytime hours, PMRT teams may be deployed to Service Areas 2-8, regardless of their Home Service Area.

        1) If your Service Area does not have available teams, the PMRT OD should promptly consult with neighboring Service Area ODs or Supervisors to request deployment of other teams to their Service Area. Crisis calls should not be held for teams that are not readily available.

        2) If your Service Area has no pending calls, the PMRT OD should actively monitor the Schedule Board and communicate with other ODs to see if their teams can help respond in other Service Areas. Check with the other OD before assigning a team to a call in another Service Area.

        3) PMRT Crisis Field Responders should refrain from requesting calls in other Service Areas. Communications should be conducted through ODs and Supervisors.

    c. During Afterhours, when more than one team is available to take a call, Dispatchers should assign crisis teams based on the following order of priority:

        1) First, assign the call to the **designated MCOT Provider** for the Service Area

Sycamores – Service Areas 1, 2, 3, 4, 6
Vista Del Mar – Service Area 5
Brain Health – Service Areas 7, 8

2) All MCOT Providers are now authorized to respond to calls in any Service Area. If the MCOT designated for that Service Area does not have an immediately available team, you may dispatch **another MCOT Provider** from a nearby Service Area. Keep distance and travel time in mind when dispatching MCOT teams based in other Service Areas.

3) If no MCOT Teams are available, assign the call to the nearest available **"PMRT Countywide" team**. PMRT Countywide (PM and Midshift) teams are DMH PMRT teams whose regular shift occurs during Afterhours. They can be deployed to Service Areas 2-8, regardless of their Home Service Area.

4) If no MCOT or PMRT Countywide teams are available, assign the call to the nearest available **PMRT OT team**. PMRT OT teams may be dispatched outside their Home Service Area, but keep distance and travel time in mind.

3. Check in on all calls listed under "**Awaiting Dispatch**" every two (2) hours, referring to the column titled "Time Since Last Check-In."
    a. Indicate the check-in time on the Dispatch Record.
    b. Add a note to the record that includes a status update on the consumer's symptoms and behaviors.
    c. Update the priority status, if warranted.
    d. If the caller calls back during "Awaiting Dispatch" status, it can be considered a check-in as long as the activities required of a check-in are conducted.
    e. Check-ins should continue during Overnight/NOC shifts. If the client has fallen asleep, ask the caller to call back if the client still needs services after awakening. Close out the call with "No Dispatch" and a reason of "Caller will call back when ready."
    f. If more than six check-ins are needed, document additional check-ins in a note in the Timeline, and update check-in #6 to reflect the most recent time.
    g. For incidents in the City of West Hollywood, if a team cannot be dispatched within 30 minutes, call the West Hollywood Care Team to engage the client while they are waiting for a crisis team. Call (323) 504-0286, 24/7. If West Hollywood is entered as the location of the incident, a pop-up message will appear on the Dispatch Board to remind you of this option.

4. Calls should not be held for any unavailable teams. Teams should only be assigned if they are immediately available to deploy to the call.

5. Monitor the Schedule Board regularly to identify available teams. Teams are no longer required to check in for an Afterhours shift or request a call via TEAMS. You may assign a call directly to the team without additional check-ins with the team.

6. When crisis teams are available, calls should not be held on “Awaiting Dispatch” to conduct additional triaging. If a team is available, assign the call to the team and then proceed with additional triaging if necessary (by either the team or OD). If the consumer is not available, the call should not be left on the Schedule Board. Close out the call with “No Dispatch” with a reason of “Caller unresponsive/unable to contact” or “Caller will call back when ready.”

7. The Dispatcher/OD may assign a call to a team anytime they are shown as available on the Schedule Board. It is the team’s responsibility to mark themselves as “Unavailable” or reject a call assignment when they are unable to accept and complete a call. Teams may accept calls that extend beyond the end of their shift.

8. “No Dispatch” Scenarios

   Please refer to the Quick Reference Guide: No Dispatch for instructions on how to close a call with “No Dispatch.”

   a. If unable to get a hold of the caller at the two-hour check-in, leave a message requesting a call back if assistance is still needed. Mark the Dispatch Record “First Check-In No Answer.” If the caller does not return the call after 30 minutes, close out the call with “No Dispatch” and a reason of “Caller Unresponsive/Unable to Contact.”

   b. If the caller no longer wants immediate assistance (e.g., the client is not available or has fallen asleep), ask the caller to call back when the client is available. Close out the call with “No Dispatch” and a reason of “Caller will call back when ready.” When the caller calls back, create a new Dispatch Record.

   c. If the status becomes such that the caller no longer wants to wait for a crisis team but still needs assistance for the crisis, make an alternative referral and close out the call to “No Dispatch” and provide a reason for the appropriate referral given:
      i. Referral to 988 if the individual is willing to speak on the phone
      ii. Referral to crisis stabilization/Urgent Care Center if the caller/client is able to go on their own
      iii. Referral to a hospital or ER after crisis stabilization/Urgent Care Center was offered and declined
      iv. Referral to law enforcement (911) should only occur if someone is in immediate life-threatening danger or requires medical attention.

   d. If the caller no longer needs crisis team, close out the call with “No Dispatch” and ask if a referral for an appointment with a DMH provider is needed. If yes, complete an clinic request for an urgent referral.

e. Refer to the chart below to determine whether a clinical consultation is required before closing a call with “No Dispatch.”

No Dispatch Reasons Requiring Consultation	No Dispatch Reasons NOT Requiring Consultation
➢ Medical Clearance Needed ➢ Other ➢ Referred to 911 ➢ Referred to Inpatient ➢ Referred to Urgent Care ➢ Timely FIT unavailable, Referral Refused	➢ Caller No Longer Needs Team/No Longer in Crisis ➢ Caller Unresponsive/Unable to Contact ➢ Caller Will Call Back When Ready ➢ Client Not at Call Location ➢ FSP Response ➢ ER Caller No Longer Needs Team/Crisis Addressed by ER

PMRT or MCOT Responder

1. During your regular or Afterhours shift, your assigned team will appear to the Dispatcher(s) as available to accept calls on the Field Dispatch Application Schedule Board.
    a. For PMRT (Daytime, Midshift and PM teams), your supervisor may initially set your availability to accept calls from the beginning of your shift until 60 minutes prior to the end of your shift.
    b. For MCOT and PMRT OT teams, your availability is set for the full duration of your shift. You may be assigned a call until the end of your shift unless you mark yourself unavailable.
    c. Teams may accept call assignments that extend beyond the end of their shift.
    d. If you are unable to accept and complete a call assignment during your assigned shift, mark yourself as unavailable through the Field Services Mobile Application. This includes times you are running late to begin a shift or you cannot complete a shift.
    e. You can mark yourself unavailable in the mobile application either through the “Availability” toggle or by submitting a Time Off Request. For instructions on using the mobile application, refer to Mobile Application - General Navigation of Field Service.
    f. You do not need to mark yourself as unavailable at the end of your shift. If you do, remember to switch it back to available before starting your next shift.

2. When a call is assigned to you, you will receive an SMS notification and alert within the mobile application. Use the mobile application to accept or reject call assignments. For instructions on accepting, rejecting, and completing a call assignment, refer to Mobile Application - Accept and Reject an Assignment and Complete a Dispatch Call.

3. Calls may not be held for any unavailable teams/team members. Teams should only accept call assignments if both team members are readily available to dispatch to the call.

4. Once you have accepted a call assignment, contact the responsible party to arrange for the response to their call.

    a. Contact the responsible party to confirm that immediate assistance is still needed and the client is still available. Identify any safety concerns and make a plan to meet the responsible party upon your arrival. Provide the responsible party with an estimated time of arrival.

    b. If unable to contact the caller, leave a callback number and wait 15 minutes for a callback. If the caller is unavailable, make a second attempt and wait 15 minutes for a callback. If the caller is still unavailable after the second attempt, close out the call with “No Dispatch” with a reason of

"Caller Unresponsive/Unable to contact." (Depending on the acuity of the call and the clinical judgment of the team, teams may decide to wait a reasonable amount of time and try again. Document these efforts in the Timeline section on the Dispatch Record).

c. If the caller says they are not ready, explain to them that we are not able to schedule response calls for crisis teams, and to call back when they are ready. Confirm that they are not ready before changing the status to "No Dispatch," with a reason of "Caller will call back when ready."

5. When you depart for the consumer's location, set the **"Traveling"** toggle to Yes within the booking record on the mobile app. Travel to the location where the crisis occurs, unless it is requested to meet in an alternate location in the community, and provide the crisis response and crisis safety planning. When you arrive at the consumer's location, set the **"Arrival on Site"** toggle to Yes. These toggles must be set upon departure and arrival to the client's location or as soon after as possible.

6. If an ambulance is needed, request one through the ACCESS Provider Line: 800-801-7886.

7. Upon completion, click on the **"Go to FIT Dispatch"** on the Booking Record and set the **"Complete"** toggle to Yes. Enter the disposition of the call and any required fields or notes and click Save.

   a. Calls should be marked Complete once the call has been completed. It should not be deferred to the end of your shift or completion of client documentation.

   b. Once the dispatch is set to complete and the record is saved, you will be available for future dispatch bookings. **You must complete the disposition of the call for the system to show that you are available to accept another call.**

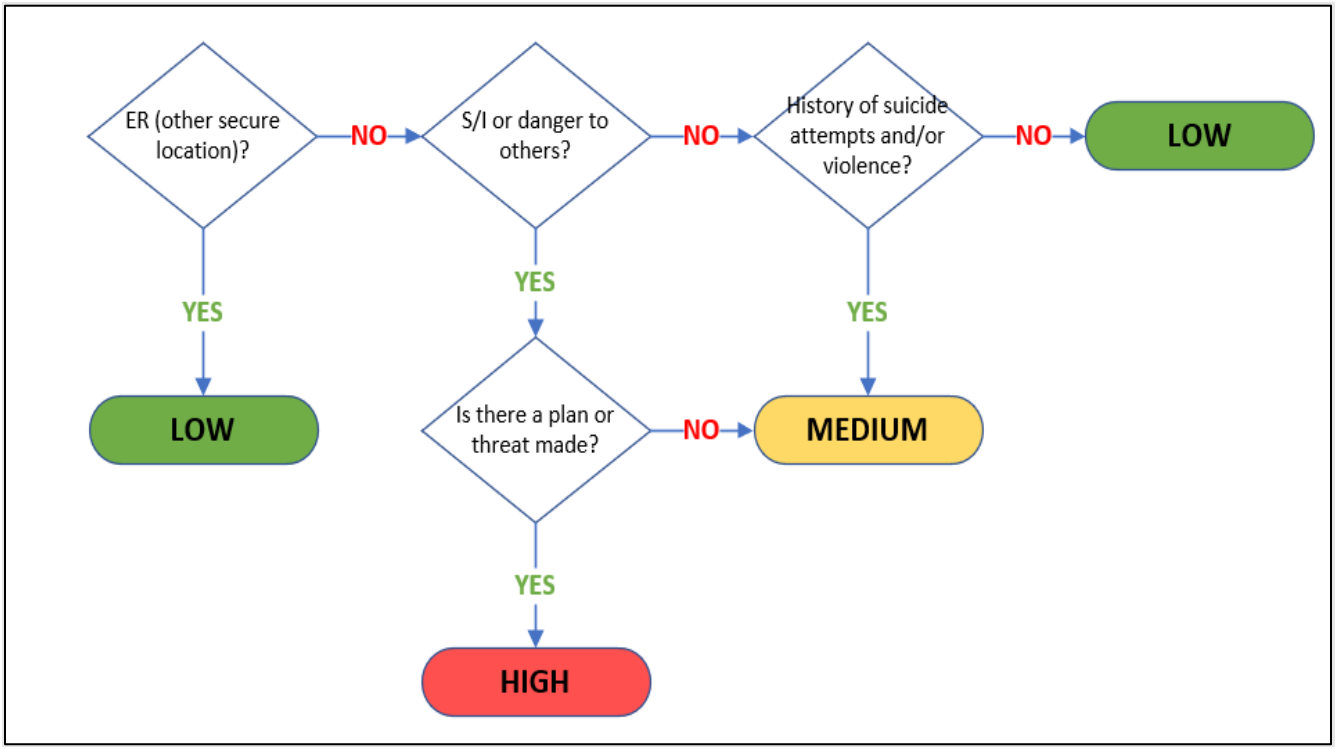
8. The **Traveling, Arrival on Site, and Complete** statuses are automatically time-stamped. If you make a mistake with a time entry, you may document the correct times in the Notes section.

Call Dispositions

5150 or 5585	Disposition Details: • DTS & DTO • DTS, DTO & GD • DTS & GD • DTO & GD • DTO • DTS • GD • Receiving LPS Designated Facility Client Transported To: • Crisis Stabilization Unit • Psychiatric Inpatient • ER Transportation Needed: • Yes • No • Unknown Type of Transportation Provided: • Ambulance • FIT Team • Law Enforcement
5150 or 5585 Void	Disposition Details: • Ambulance not available • Client left the area • Law enforcement disengaged • Other
Gone on Arrival	
Not hospitalized	Disposition Details: • Already connected to clinic (provide name of clinic) • Referral given (provide name of clinic)
Other (e.g., no evaluation)	
Taken into police custody	Disposition Details: • Charge
Transported to ER for medical clearance	
Law Enforcement Involved:	• Yes • No • Unknown
Facility Name:	(Enter name of facility)

Prioritizing Crisis Calls

All calls requiring crisis team dispatch shall have a priority level determined based on the criteria below. The priority level identified for the call on the Board may be updated at any time based on additional information obtained.



Level 1 – High	Level 2 - Medium	Level 3 - Low
• Has SI and/or thoughts of harming others AND made a threat/has a plan	• Has SI (including auditory hallucinations to self-harm)/thoughts of danger to others but has not made a threat/has no plan • No current SI and/or thoughts of harming others but has a history of SI, suicide attempts (or unknown), thoughts of harming others, and/or violence	• Location is in an ER (or other secure, safe location) • Does not have SI/HI (or unknown) • Has no history of violence or suicide attempts (or unknown)

Dispatch Statuses

The following statuses are utilized on the Schedule Board. Staff responsible for dispatching shall monitor each status to ensure that any needed actions are taken.

Awaiting Dispatch	A crisis team needs to be assigned to the call as soon as a team is available.
Team Assigned	A dispatcher has assigned a call to a crisis team and is awaiting a response.
Team Accepted	A crisis team has accepted the call assignment.
Dispatched	A crisis team has indicated that they are “Traveling” and has departed for the client’s location
No Dispatch	No one went out in the field and the call is done: Call was cancelled at any point prior to dispatch.
Arrival on Site	A crisis team has indicated that they have arrived at the client’s location.
Completed	A crisis team went into the field and the call is complete. This includes calls in which a crisis team went into the field but the call was subsequently canceled.