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Last Approved:	06/2018
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Owner:	<i>Annette McCain</i>
Policy Area:	<i>Utilization Management</i>
References:	

Crisis Plan

POLICY

It is the policy of the Detroit Wayne Mental Health Authority (DWMHA) that all Wayne County consumers have a comprehensive crisis plan developed uniquely to the consumer, that addresses specific needs and utilizes various services and supports which inspires hope and promotes recovery and self-determination. Those with co-occurring mental health, intellectual/developmental disorders, substance use and physical health conditions are expected to receive services within a system of care that is welcoming, recovery-oriented and capable of delivering integrated services to meet their needs and preferences. An Individualized Crisis Plan will be developed through the Person-Centered Planning (PCP) process and shall be provided to each consumer and families being served.

PURPOSE

To ensure a crisis plan is developed for all consumers receiving services within the Detroit Wayne Mental Health Authority (DWMHA) provider system.

APPLICATION

1. The following groups are required to implement and adhere to this policy: DWMHA Board, DWMHA Staff, Contractual Staff, Access Center, MCPN Staff, Network Providers, Crisis services vendor, Credentialing Verification Organization (CVO)
2. This policy serves the following populations: Adults, Children, I/DD, SMI/SEI, SED,SUD, Autism
3. This policy impacts the following **contracts/service lines** : MI-HEALTH LINK, Medicaid.SUD, Autism, Grants, General Fund

KEY WORDS

1. Advanced Directive
2. Crisis Plan

STANDARDS

1. Crisis Planning is required for **all** individuals receiving services from their clinically responsible service provider (CRSP) and is a process that allows an individual and/or treatment team to put into writing a plan that shall be followed when a crisis occurs.

2. A "crisis" can be identified as a psychiatric, medical or natural disaster emergency for the individual and/or their caregiver.
3. Individual Crisis Planning is a consumer driven process where a document is developed in which the consumer decides what questions they want to answer and the people the consumer wants to enlist for support in the implementation of the plan. The consumer also determines who will receive a copy of the plan upon completion. This process is conducted using the person-centered process and the consumer is involved in the plan at all stages.
4. **Case Managers or Supports Coordinators** or CRSP's will provide the consumer's information and complete the standardized Individual Crisis Plan at the time of crisis or initial assessment or during the pre-planning for the Person Centered Plan or as requested.
5. The **Case Manager or Supports Coordinator** or CRSP should assist the individual with identifying as many natural supports as possible to assure the plan is followed through to its fullest extent as identified in the crisis plan. If a crisis should occur, the plan will show what the individual's preferences are, who should be contacted by whom and any other valuable information on how to implement the plan.
6. **The Crisis Plan will provide assistance and interventions to avert hospitalization for consumers who frequent the emergency rooms (ER) or have multiple hospital admissions or multiple crisis situations.**
7. The crisis plan provides direction regarding the care to be provided on his/her behalf during a crisis situation. The crisis plan has multiple components which must minimally include:
 - a. Specific designated persons who will be involved in making decisions for the individual (name, relationship, phone number, and assigned tasks).
 - b. Current medications and allergies.
 - c. Physicians/psychiatrist involved in care and treatment.
 - d. Preference for hospitals/treatment facilities.
 - e. Preference for the management of personal effects/affairs.
 - f. Hospitals or treatment facilities that the individual does not wish to be utilized.
 - g. Any specific interventions or activities that can be used to help the individual during the crisis, reduce anxiety and regain control.
8. The crisis plan shall include the consumer's preferences and be reflected in their Individual Plan of Service (IPOS) or Master Treatment Plan. The IPOS or Master Treatment Plan shall also include documentation that a crisis plan was developed with safety goals. The Crisis Plan is a separate document from the Individual Plan of Service (IPOS) or Master Treatment Plan. The Crisis must be uploaded into DWMHA's electronic system MHWIN).

QUALITY ASSURANCE/IMPROVEMENT

The Authority shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of MCPNs, their subcontractors and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

Authority staff, MCPNs, direct contractors and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

1. Contract between Michigan Department of Health and Human Services Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program(s), the Healthy Michigan Program and Substance Use Disorder Community Grant Programs FY 2016
2. Contract between United States Department of Health and Human Services, Center for Medicare & Medicaid Services in Partnership with the State of Revised (UM 10011 Behavioral Health UM Review) 6/4/15, replaces version last dated 5/20/15 Michigan and the Integrated Care Organizations, September 25, 2014 (The Three Way Contract)

RELATED POLICIES

1. Behavior Treatment in Community Settings Policy
2. Behavioral Health Utilization Management Review Policy
3. Clinical Peer Review Policy
4. Consent to Treatment and Services
5. [Crisis Plan Procedures](#)
6. Individual Plan of Service/Person Centered Planning Policy
7. Services Suited to Condition

RELATED DEPARTMENTS

1. Claims Management
2. Clinical Practice Improvement
3. Compliance
4. Customer Service
5. Integrated Health Care
6. Managed Care Operations
7. Quality Improvement
8. Utilization Management
9. Recipient Rights
10. Substance Use Disorders

CLINICAL POLICY

YES

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments:

- [Crisis Plan Training](#)
- [Crisis Procedure.pdf](#)
- [DWMHA Crisis Plan Template](#)
- [Instructions for Completing](#)
- [CrisisPlan_AdvanceDirective](#)

Approval Signatures

Approver

Date

Dana Lasenby: Acting Chief Executive Officer

06/2018

COPY

Approver

Date

Applicability

Detroit Wayne Mental Health Authority

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CRISIS PLAN TRAINING INFORMATIONAL GUIDE

REQUIRED CORE ELEMENTS	
<input type="checkbox"/> WHAT is a crisis plan <input type="checkbox"/>	<p>A crisis plan is a document designed to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> provide all the information necessary to help prevent a crisis from occurring, <input type="checkbox"/> provide information to guide an effective response when a crisis does occur, and <input type="checkbox"/> make a plan for successful crisis resolution.
<input type="checkbox"/> WHO should receive a Crisis Plan <input type="checkbox"/>	<p>1. The Crisis Plan is designed to be one section of a Person-Centered Plan that can also be easily extracted as a stand-alone document for the purpose of easy distribution. ALL Person Centered Plans MUST include the Crisis Plan.</p> <p>2. In addition, the Crisis Plan is REQUIRED for all consumers who are at significant or high risk of crisis events - including those in basic benefit services. This would include persons who have, within the past year, been psychiatrically hospitalized or received inpatient treatment for a substance use disorder, who have been arrested, attempted suicide, continuous ER/ED services or used crisis services (i.e., mobile crisis team, facility-based crisis or non-hospital detox unit, walk-in crisis, or use of a hospital's emergency department for reasons related to psychiatric illness or substance use).</p>
<input type="checkbox"/> WHICH provider working with a consumer should lead the process of developing the Crisis Plan <input type="checkbox"/>	<p>The Crisis Plan should be developed by the primary clinician or case manager or supports coordinator or provider who completes the Person Centered Plan (PCP), in collaboration with the consumer, and perhaps with input from others who know the consumer well. Developing a crisis plan requires a good working relationship with the consumer, and the in-depth knowledge of the consumer that a primary provider would have. Please note that general characteristics / preferences section of the crisis plan should not reflect only the views of the consumer or only the opinion of the clinician or case manager or supports coordinator, but should be completed in a truly collaborative fashion, reflecting both the preferences of the consumer <u>and</u> the best clinical judgment and expertise of the clinician.</p> <p>NOTES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Although mobile crisis teams are responsible for developing abbreviated one-page crisis plans, or hot sheets, mobile crisis teams should not be charged with developing comprehensive crisis plans with consumers, unless the mobile crisis team is the typical and most constant provider of service for the consumer. <input type="checkbox"/> Likewise, professionals in inpatient psychiatric hospitals or emergency rooms should <u>not</u> have responsibility for developing crisis plans.
<input type="checkbox"/> WHEN should the Crisis Plan be constructed <input type="checkbox"/>	<p>Constructing a Crisis Plan requires careful thought and knowledge of the person for whom it is being developed. The Crisis Plan should <u>not</u> be developed when the consumer is in the midst of a crisis, as thoughtful planning is often difficult to accomplish at such times. Although it does not need to be developed at the initial intake meeting with the consumer, it should be completed early in the treatment process, and if possible, within a month of intake.</p>



CRISIS PLAN TRAINING INFORMATIONAL GUIDE

REQUIRED CORE ELEMENTS	
	<p>The Crisis Plan should be updated on the same schedule as the PCP, AND/OR shortly after any crisis episode occurs, AND/OR anytime there is a significant change in the course of treatment -- including medication changes.</p>
<p><input type="checkbox"/> WHY are crisis plans important</p>	<p>Effective crisis plans help to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Avert danger to the consumer or other's health and well-being. <input type="checkbox"/> Prevent setbacks to an individual's recovery that results from the aftermath of a crisis, such as: <ul style="list-style-type: none"> <input type="checkbox"/> loss of confidence and self-esteem. <input type="checkbox"/> loss of a job. <input type="checkbox"/> loss of housing or placement. <input type="checkbox"/> stress and burn out of family or care givers. <input type="checkbox"/> damage to health of self or others. <input type="checkbox"/> neurological damage resulting from repeated psychotic episodes or mental health crises. <input type="checkbox"/> Reduce the need for expensive resources, such as emergency room treatment or psychiatric hospitalization, thereby saving costs.
<p><input type="checkbox"/> WHO should have access to an individual's Crisis Plan</p>	<p>With the individual and/or guardian's permission, the crisis plan should be uploaded to a computer and a paper or electronic copy made available to anyone likely to support the individual during a crisis episode:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual for whom the plan was developed. <input type="checkbox"/> Service Providers, including, but not limited to: Peer Support Specialists, First Responders, Mobile Crisis Teams, etc. <input type="checkbox"/> Care Coordinators. <input type="checkbox"/> Emergency room personnel and the individual's physicians. <input type="checkbox"/> Legal Guardian(s)/Family. <input type="checkbox"/> Residential providers. <input type="checkbox"/> Law Enforcement. <input type="checkbox"/> Others as needed. <p><input type="checkbox"/> <i>no individual will be a participant in a diagnostic or treatment meeting or intervention set out in 42 CFR part 200.001 or 201.001</i></p>
<p><input type="checkbox"/> ESSENTIAL VALUES AND PRINCIPLES in developing an effective crisis plan and responding to a crisis event.</p>	<p>The specific elements of a good crisis plan are contained in the attached Crisis Plan template (as developed by a group of stakeholders including individuals with service needs, Provider Organizations, and various others).</p> <p>The consumer will contact the Crisis Line at 1-800-241-4949 when feelings or triggers occur that could result in a crisis.</p> <p>In addition Essential Values include, but are not limited to, the following: (Reference: www.SAMHSA.gov)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Intervening in Person-Centered Ways - Appropriate interventions seek to understand the individual, his or her unique circumstances and how that individual's personal preferences and goals can be maximally incorporated in the crisis response.



CRISIS PLAN TRAINING □ INFORMATIONAL GUIDE

REQUIRED CORE ELEMENTS

- Shared Responsibility - An appropriate crisis response seeks to assist the individual in regaining control by considering the individual an active partner in, rather than a passive recipient of services.
- Addressing Trauma - It is essential that once physical safety has been established, harm resulting from the crisis or crisis response is evaluated and addressed without delay by individuals qualified to diagnose and initiate needed treatment. There is also a dual responsibility relating to the individual's relevant trauma history and vulnerabilities associated with particular interventions □ crisis responders should appropriately seek out and incorporate this information in their approaches, and individuals should take personal responsibility for making this crucial information available.
- Establishing Feelings of Personal Safety - Assisting the individual in attaining the subjective goal of personal safety requires an understanding of what is needed for that person to experience a sense of security (this should be included in the crisis plan) and what interventions increase feelings of vulnerability (i.e., confinement in a room alone). Providing such assistance also requires that staff be afforded time to gain an understanding of the individual's needs and latitude to address these needs creatively.
- Based on Strengths - An appropriate crisis response seeks to identify and reinforce the resources on which an individual can draw, not only to recover from the crisis event, but to also help protect against further occurrences.
- The Whole Person □ The individual may have multiple needs (i.e. Behavioral and/or medical) and an adequate understanding of the crisis means not being limited by services that are compartmentalized according to healthcare specialty.
- The Person as Credible Source □ It is important for Responders to view the individual in crisis as a credible source of information □ factual or emotional, rather than to be dismissive. It is important to understand the person's strengths and needs.

Guiding Principles include, but are not limited to: (Reference: www.SAMHSA.gov)

- Access to supports and services is timely.
- Services are provided in the least restrictive manner.
- Peer support is available.
- Adequate time is spent with the individual in crisis.
- Plans are strengths-based.
- Emergency interventions consider the context of the individual's overall plan of services.



CRISIS PLAN TRAINING INFORMATIONAL GUIDE

REQUIRED CORE ELEMENTS	
	<ul style="list-style-type: none"> <input type="checkbox"/> Crisis services are provided by individuals with appropriate training and demonstrable competence to evaluate and effectively intervene with the problems being presented. <input type="checkbox"/> Individuals in a self-defined crisis are not turned away. <input type="checkbox"/> Interveners have a comprehensive understanding of the crisis. <input type="checkbox"/> Helping the individual to regain a sense of control is a priority. <input type="checkbox"/> Services are congruent with the culture, gender, race, age, sexual orientation, health literacy and communication needs of the individual being served. <input type="checkbox"/> Rights are respected. <input type="checkbox"/> Services are trauma-informed. <input type="checkbox"/> Recurring crises signal problems in assessment or care. <input type="checkbox"/> Meaningful measures are taken to reduce the likelihood of future emergencies.
<p><input type="checkbox"/> STEPS to writing a crisis plan.</p>	<p>Writing a good crisis plan is a step-by-step process. Those specific steps are delineated below. However <input type="checkbox"/> it is most essential that the crisis plan be constructed with the individual. The process must be a <input type="checkbox"/> joint responsibility <input type="checkbox"/> and never carried out in the individual's absence or without his or her input. The specific steps for developing a crisis plan are as follows:</p> <p>(Step <input type="checkbox"/>). Write the Date of the Initial Crisis Plan or the Date of the last Revision.</p> <p>(Step <input type="checkbox"/>). Write Basic Essential Information about the Individual, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identify the person needing a crisis plan. <input type="checkbox"/> Date of Birth. <input type="checkbox"/> Address and phone number. <input type="checkbox"/> CRSP information. <input type="checkbox"/> Living situation. <input type="checkbox"/> Employment information/assistance. <input type="checkbox"/> Communication barriers, language, preferences. <input type="checkbox"/> Legally Responsible Person information. <input type="checkbox"/> Insurance information. <input type="checkbox"/> Diagnoses <input type="checkbox"/> Medications (including dosages, frequency, reason for change, date of prescription, the prescriber, and the pharmacy). <input type="checkbox"/> Medical problems and allergies, if any. <hr style="border-top: 1px dashed black;"/> <p>(Step <input type="checkbox"/>). Identify the Supports for the Individual.</p> <ul style="list-style-type: none"> <input type="checkbox"/> List the individuals that should be called in the event of a crisis, indicate the calling order, provide contact information, and indicate if a consent to release information to that person exists. <p>(Step <input type="checkbox"/>). Crisis Follow Up Planning.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Include which team member is the primary contact to coordinate care.



CRISIS PLAN TRAINING □ INFORMATIONAL GUIDE

REQUIRED CORE ELEMENTS

- Indicate who will be visiting the individual in the hospital (this should be the person's preference).
- Indicate who will organize and lead a review/debriefing following the resolution of the crisis, and within what timeframe this will happen.
- (Step □).** Identify Additional Planning Documents.
 - If it is indicated that the individual has any of the planning documents, attach the document(s) to the crisis plan.

(Step □). Identify the General Characteristics/Preferences to include:

A description of what the individual is like when feeling well.

- o Ask the individual what a good day looks like for him/her and provide examples of how he/she feels when they have a sense of overall wellness and wellbeing.
- o Describe how they interact, appear and behave when doing well.

A description of situations and/or events that may be crisis triggers for the individual. Make certain to include the person's perceptions of what causes him or her to be in crisis.

(Examples may include):

- o Noise.
- o Change in routine.
- o Alcohol and/or drug abuse.
- o Non-compliance with medications or inability to express medical problems.
- o Family / marital conflict.
- o Particular environmental stresses such as noise, isolation.

A description of the person's observable behavioral changes when s/he is entering a crisis episode, such as:

- o Not keeping appointments.
- o Change in hygiene/self-care.
- o Loud or rapid speech.

A description of crisis prevention and early intervention strategies that have been effective. (NOTE: Describe ways that others can help the individual and what he/she can do to help him/herself.)

- o Focus on preventing the targeted behaviors.
- o Focus on the least restrictive measures.
- o Match the strategy to the behavior.
- o Consider what occurs just before, during, and after crises.
- o Be specific about relapse prevention strategy.

A description of strategies for crisis response and stabilization.
(NOTE: Describe ways that others can help the individual and what he/she can do to help him/herself.)



CRISIS PLAN TRAINING INFORMATIONAL GUIDE

REQUIRED CORE ELEMENTS	
	<ul style="list-style-type: none"> <input type="checkbox"/> Describe how staff should interact with the individual when entering a crisis. For example: listening to music, going for a walk, having a conversation, not having a conversation, peer counseling, being touched, not being touched, etc. <input type="checkbox"/> Match the response to the level of behavior. <input type="checkbox"/> Focus on the least restrictive measures. <input type="checkbox"/> Make certain the strategy reflects the person's preference for intervention. <input type="checkbox"/> Include who should be notified of the crisis (guardians, family, etc). <input type="checkbox"/> Consider the array of available responses (i.e., Back-up support, crisis respite, etc.) <input type="checkbox"/> Be sure to consider alternatives to hospitalization. <input type="checkbox"/> Consider and include (if appropriate) provision of support while inpatient, and coordination strategies with the inpatient team. <input type="checkbox"/> Include development of discharge plans. Plan this ahead, if possible. <input type="checkbox"/> Describe preferred and non-preferred treatment facilities. <input type="checkbox"/> Describe preferred and non-preferred medications.
<p><input type="checkbox"/> Final questions to ask about your crisis plans.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Is there sufficient direction or guidance to be truly helpful to the person in a crisis? <input type="checkbox"/> Is the crisis plan truly an individualized plan that reflects the specific needs, preferences, strengths and challenges of that particular person? Probably the biggest temptation in developing crisis plans is to cut corners and develop "cookie cutter" plans that are generic and non-specific. To be useful, a crisis plan needs to fit the individual and his or her situation. <input type="checkbox"/> Is the crisis plan up-to-date? People move, medications change, living situations and providers also change over time. <u>Crisis plans need to be updated frequently so the information they contain remains relevant and useful.</u>



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Owner: April Siebert: Director of Quality Improvement
Policy Area: Quality Improvement
References:

Crisis Plan Procedures

PROCEDURE PURPOSE

To provide guidelines for procedural and operational guidelines to consumers and contracted service providers for the development and implementation of a consumer's crisis plan.

EXPECTED OUTCOME

DWMHA, MCPN, and Service Provider staff will understand the importance and procedural steps as well as the process flow for crisis plans for all consumers receiving services in the DWMHA provider system.

PROCEDURE

Case Manager or Supports Coordinator or Clinically Responsible Service Provider shall:

1. At the time of the consumer's crisis or initial assessment or pre-planning meeting or as requested by the consumer or legal guardian or parent, provide informational materials (brochure) on what crisis planning entails, template of the crisis plan for completion, and an explanation of the process.

Provider/Clinically Responsible Service Provider (CRSP):

Identify the name of the Provider or the Clinically Responsible Service Provider (CRSP) and the contact telephone number

Identifying information:

Write the following:

- Member's name
- Current Address with city and zip code
- Date of Birth
- Age
- MH-WIN ID number
- Gender
- Date the section was completed

Advance Directive - Check the box:

If yes, identify where the document can be found

If no, leave blank

Client's Choice to participate in Crisis Planning – Check the box:

If yes, complete the remaining sections of the form.

If no, do not complete the remaining sections of the form. The member must sign the bottom of the form stating he/she has declined to option to complete a Crisis Plan.

How do you know when I am in crisis?:

Provide the key elements that identify when the member is in crisis

Don't do when I am in crisis:

Provide the negative key elements that will increase the member's behavior when they are in crisis.

Don't take me to or take me to (note both and why):

Document where the member does not want to go to (i.e., hospital, shelter, etc.)

Document where the member who like to go when (i.e., need hospitalization, shelter, etc.)

Symptoms, Feelings or Triggers that may lead to crisis – Check the box:

Review each of the symptoms, feelings or triggers.

Check each of the boxes that meet one of the symptoms, feelings or triggers.

Add additional information for those symptoms, feelings or triggers that require more explanation than a check box.

Immediate Risk Concerns – Check the box:

Review each of the risk concerns.

Check each of the boxes that meet one of the risk concerns.

Add additional information for those risk concerns that require more explanation than a check box.

Support System that can help before or during a crisis:

Include:

Name

Relationship

Contact Information

Professional Resources that can help:

Identify, at a minimum,

Name and Contact Information

Provider Name and Contact Information

Case Management Team and Contact Information

Steps to take to minimize or prevent my crisis – Check the box:

Review the check boxes

Check the boxes that are appropriate

Signatures and Date:

Sign, print and date, as appropriate on the form:

Member

Family/Guardian

Staff completing the form with credentials

MAKE SURE THIS DOCUMENT IS AVAILABLE IN MH-WIN AND A COPY IS GIVEN TO EACH MEMBER UPON COMPLETION

PROCEDURE MONITORING & STEPS

Who monitors this procedure:	Annette McCain and Mary Allix
Department:	Utilization Management & Quality Improvement
Frequency of monitoring:	Monthly
Reporting provided to:	Utilization Management & Quality Improvement

Comments:

Attachments:

No Attachments

Approval Signatures

Approver	Date
Mary Allix: Director of Quality Improvement	02/2018
Mary Allix: Director of Quality Improvement	02/2018

Applicability

Detroit Wayne Mental Health Authority

COPY



CRISIS PLAN AND ADVANCE DIRECTIVE

Provider/Clinically Responsible Service Provider _____ Contact Information _____

IDENTIFYING INFORMATION				
Name	DOB	AGE	MH-WIN ID	GENDER
Address				
Date				

Advanced Directive Yes No (if Yes, where can we find it): _____

This form should be completed at the time of initial/annual treatment plan (or earlier) using the Person Centered Planning process. This is to be used when the consumer requires emergency medical or psychiatric care. There are times of crisis when the person may need help with some routine items until the crisis has passed.

Client chooses to participate in Crisis Planning Yes No (if No, then please sign below):

How do you <input type="checkbox"/> now when I am in crisis
Don't do <input type="checkbox"/> when I am in crisis
Don't take me to or Take me to (note both and why)

SYMPTOMS <input type="checkbox"/> FEELINGS <input type="checkbox"/> OR TRIGGERS THAT MAY LEAD TO A CRISIS		
<input type="checkbox"/> Wanting to hurt myself or suicidal Why/How	<input type="checkbox"/> Wanting to hurt others Why/How	<input type="checkbox"/> Attempting suicide How?
<input type="checkbox"/> Feeling not heard How?	<input type="checkbox"/> Bullying How?	<input type="checkbox"/> Using drugs/alcohol to cope Why
<input type="checkbox"/> Losing temper	<input type="checkbox"/> Fighting with other people	<input type="checkbox"/> Using drugs or alcohol
<input type="checkbox"/> Increase or decrease in sleep	<input type="checkbox"/> Not eating for several days	<input type="checkbox"/> Hearing voices
<input type="checkbox"/> Gambling loss What type?	<input type="checkbox"/> Being touched Why	<input type="checkbox"/> Crying non-stop or off/on Why
<input type="checkbox"/> Not paying my bills	<input type="checkbox"/> Becoming physically ill	<input type="checkbox"/> Feeling unsafe
<input type="checkbox"/> Potential loss of housing	<input type="checkbox"/> Change in hygiene	<input type="checkbox"/> Not keeping appointments
<input type="checkbox"/> Potential loss of children/family How/When	<input type="checkbox"/> Arguments What type	<input type="checkbox"/> Seeing a particular person Why
<input type="checkbox"/> Loud noises	<input type="checkbox"/> Lack of privacy	<input type="checkbox"/> Being rude
<input type="checkbox"/> Time of year	<input type="checkbox"/> Time of day	<input type="checkbox"/> Other

IMMEDIATE RISK CONCERNS			
Access to Weapons <input type="checkbox"/> Yes <input type="checkbox"/> No	Types of Weapons	Current Location of Weapons:	Risk of Harm present: <input type="checkbox"/> Yes <input type="checkbox"/> No
Access to Medications/Illegal Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No	Medications that are accessible:	Current Location of Medications:	Risk of Harm present: <input type="checkbox"/> Yes <input type="checkbox"/> No
Plan to address if current risk present:			

SUPPORT SYSTEM THAT CAN HELP BEFORE OR DURING A CRISIS		
Name	Relationship	Contact Information

PROFESSIONAL RESOURCES THAT CAN HELP	
Name	Contact Information
Provider	Phone Number:
Case Management Team	Phone Number:
DWMHA Crisis Line	Phone Number:



CRISIS PLAN AND ADVANCE DIRECTIVE

STEPS TO TAKE TO MINIMIZE OR PREVENT MY CRISIS		
<input type="checkbox"/> Talking with my family (Name/Number)	<input type="checkbox"/> Talk to my therapist (Name/Number)	<input type="checkbox"/> Talking with friends (Name/Number)
<input type="checkbox"/> Time out in my room	<input type="checkbox"/> Use therapy/DBT skills	<input type="checkbox"/> Be around others
<input type="checkbox"/> Wrap up in a blanket	<input type="checkbox"/> Talking with an adult	<input type="checkbox"/> Be near my family
<input type="checkbox"/> Punch a pillow	<input type="checkbox"/> Talk with staff about my needs	<input type="checkbox"/> Go to the Drop-In Center/Social place
<input type="checkbox"/> Lie down with a cold face cloth	<input type="checkbox"/> Sitting with staff	<input type="checkbox"/> Use a male or female staff as support
<input type="checkbox"/> Take a shower/bath	<input type="checkbox"/> Watch TV	<input type="checkbox"/> Read (book/paper/magazine)
<input type="checkbox"/> Do deep breathing exercises	<input type="checkbox"/> Listening to music	<input type="checkbox"/> Write in a journal
<input type="checkbox"/> Drink a cup of warm tea	<input type="checkbox"/> Go for a walk	<input type="checkbox"/> Start artwork
<input type="checkbox"/> Hugging a stuffed animal	<input type="checkbox"/> Pace back/forth	<input type="checkbox"/> Play video games
<input type="checkbox"/> Get a hug	<input type="checkbox"/> Exercise	<input type="checkbox"/> Bounce a ball
<input type="checkbox"/> Do chores/jobs	<input type="checkbox"/> Coloring in a book/paper	<input type="checkbox"/> Molding clay
<input type="checkbox"/> Other	<input type="checkbox"/> Draw on my arm with a red marker	<input type="checkbox"/> Snap a rubber band on my wrist
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Consumer Signature _____ Print Name _____ Date _____

Family / Guardian Signature _____ Print Name _____ Date _____

Family / Guardian Telephone Number: _____

Staff Signature/Credentials _____ Print Name _____ Date _____

Date of next review: _____



INSTRUCTIONS OR COMPLETING CRISIS PLAN AND ADVANCE DIRECTIVE

SECTION	STEPS
<i>Provider/Clinically Responsible Service Provider (CRSP)</i>	
	Identify the name of the Provider or the Clinically Responsible Service Provider (CRSP) and the contact telephone number
<i>Identifying information</i>	
	Write the following: <ul style="list-style-type: none"> • Member's name • Current Address with city and zip code • Date of Birth • Age • MH-WIN ID number • Gender • Date the section was completed
<i>Advance Directive - Check the box</i>	
	If yes, identify where the document can be found If no, leave blank
<i>Client's Choice to participate in Crisis Planning – Check the box</i>	
	If yes, complete the remaining sections of the form. If no, do not complete the remaining sections of the form. The member must sign the bottom of the form stating he/she has declined to option to complete a Crisis Plan.
<i>How do you know when I am in crisis?</i>	
	Provide the key elements that identify when the member is in crisis
<i>Don't do when I am in crisis</i>	
	Provide the negative key elements that will increase the member's behavior when they are in crisis.
<i>Don't take me to or take me to (note both and why)</i>	
	Document where the member does not want to go to (i.e., hospital, shelter, etc.) Document where the member who like to go when (i.e., need hospitalization, shelter, etc.)
<i>Symptoms, Feelings or Triggers that may lead to crisis – Check the box</i>	
	Review each of the symptoms, feelings or triggers. Check each of the boxes that meet one of the symptoms, feelings or triggers. Add additional information for those symptoms, feelings or triggers that require more explanation than a check box.
<i>Immediate Risk Concerns – Check the box</i>	
	Review each of the risk concerns. Check each of the boxes that meet one of the risk concerns. Add additional information for those risk concerns that require more explanation than a check box.
<i>Support System that can help before or during a crisis</i>	
	Include: Name Relationship



INSTRUCTIONS OR COMPLETING CRISIS PLAN AND ADVANCE DIRECTIVE

SECTION	STEPS
	Contact Information
<i>Professional Resources that can help</i>	
	Identify, at a minimum, Name and Contact Information Provider Name and Contact Information Case Management Team and Contact Information
<i>Steps to take to minimize or prevent my crisis – Check the box</i>	
	Review the check boxes Check the boxes that are appropriate
<i>Signatures and Date</i>	
	Sign, print and date, as appropriate on the form: Member Family/Guardian Staff completing the form with credentials
<i>MAKE SURE THIS DOCUMENT IS AVAILABLE IN MH-WIN AND A COPY IS GIVEN TO EACH MEMBER UPON COMPLETION</i>	