Mobile Crisis Response

Crisis Safety Plan

Explanation. *The Crisis Safety Plan is one of the tools used during a Mobile Crisis Response to assist individuals and families (or other identified support systems) in identifying issues, behaviors, and patterns that can lead to crisis. In addition to any other clinical activities performed, your provider is expected to introduce the Crisis Safety Plan to you and your family/support system, explain its sections and answer any questions you may have. Your provider will guide you and your family/support system to build a plan that is customized and useful to you.*

At the time of crisis, your provider should be reviewing and assisting you in the completion of the Crisis Safety Plan.

As a follow up to your crisis screening, your provider should be reviewing the Crisis Safety Plan on a regular basis with you and your family/support system.

If someone is in immediate danger, please call <u>9-1-1</u>.

CARES Line: 1-800-345-9049

Mobile Crisis Response Provider: _____

Therapist/ Counselor: _____

Primary Care Physician: _____

Psychiatric Resource: _____

Crisis Supports			
Name:	**Relationship:**	**Phone Number:**	**Notes:**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medication List		
Medication:	**Prescriber:**	**Purpose:**
_____	_____	_____
_____	_____	_____
_____	_____	_____

Follow-Up Information:		
Name/Agency:	**Follow-Up Date and Time:**	**Follow-Up Type:**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Crisis Identification

Crisis: Crisis is a series of actions or behaviors that, when taken in environmental and situational context, result in an increased risk of harm to one self or others. To safely plan for crisis, first we must be able to identify crisis. Each person involved in this plan should answer the questions below.

Headings below that are italicized should be written using the client's / family's language.

1.   Warning Signs and Problem Behaviors.   *Describe the crisis from the perspective of each person involved.*

2.   Needs. *What do I need when I am in crisis?*

2a.   Behavioral/Emotional Needs   Client Behavioral/Emotional Needs at time of Crisis (IM-CAT)

	0 1 2 3		0 1 2 3		0 1 2 3
Depression	☐☐☐☐	0-6 Failure to Thrive	☐☐☐☐	3+ impulsivity/Hyperactivity	☐☐☐☐
Anxiety	☐☐☐☐	0-21 Attachment Difficulty	☐☐☐☐	6+ Conduct/Antisocial Behavior	☐☐☐☐
Adjustment to Trauma	☐☐☐☐	3-18 Oppositional	☐☐☐☐	6+ Psychosis (Thought Disorder)	☐☐☐☐
0-6 Atypical/Repetitive Behavior	☐☐☐☐	3+ Anger Control/Frustration Toler.	☐☐☐☐	6+ Substance Use	☐☐☐☐
0-6 Emotional Control	☐☐☐☐				

IM-CAT Supporting Information:

2b.   Functioning Needs   Client Functioning Needs at Time of Crisis (IM-CAT)

	0 1 2 3		0 1 2 3		0 1 2 3
Living Situation	☐☐☐☐	Medication Compliance	☐☐☐☐	0-21 School/Preschool/Daycare	☐☐☐☐
Family Functioning	☐☐☐☐	1+ Sleep	☐☐☐☐	16+ Parental/Caregiving Role	☐☐☐☐
Social Functioning	☐☐☐☐	0-6 Feeding/Elimination	☐☐☐☐	21+ Employment	☐☐☐☐
Developmental/Intellectual	☐☐☐☐				

IM-CAT Supporting Information:

3.	**Risks.**	*What risks exist in the environment- pre-existing or as a result of the crisis?*

3a. Risk Behaviors — Client Behavioral Risk at Time of Crisis (IM-CAT)

	0 1 2 3		0 1 2 3		0 1 2 3
0-6 Self Harm	☐☐☐☐	3+ Intentional Misbehavior	☐☐☐☐	6+ Other Self-Harm (Recklessness)	☐☐☐☐
1-6 Aggressive behavior	☐☐☐☐	6-21 Runaway	☐☐☐☐	6+ Non-Suicidal Self-Injurious Behavior	☐☐☐☐
3-6 Flight Risk	☐☐☐☐	6+ Sexually Problematic Behavior	☐☐☐☐	6+Delinquent/Criminal Behavior	☐☐☐☐
3+ Suicide Risk	☐☐☐☐	6+ Fire Setting	☐☐☐☐	6+ Community Safety	☐☐☐☐
3+ Decision-Making	☐☐☐☐	6+ Danger to Others	☐☐☐☐		

IM-CAT Supporting Information:

4.	**Cool Downs and Coping Strategies.**	*What can we do to avoid the crisis?*

5. **Help.** *Who can I call/ask for help? Do you prefer formal or informal supports? Or both?* (*Hint: Put these people and their phone numbers on Pg 2*)

5a. Caregiver Resources & Needs — If client has individual(s) who function in a caregiver role, rate the needs of the caregiver(s) (IM-CAT)

	0 1 2 3		0 1 2 3		0 1 2 3
Supervision	☐☐☐☐	Caregiver Residential Stability	☐☐☐☐	Family Stress	☐☐☐☐
Involvement with Care	☐☐☐☐	Health/Behavioral Health	☐☐☐☐	0-21: Empathy with Children	☐☐☐☐
Social Resources	☐☐☐☐				

Protection:	0 1 2 3		0 1 2 3
Safety	☐☐☐☐	Marital Partner Violence in the Home	☐☐☐☐

IM-CAT Supporting Information:

6. **Strengths.** *What strengths and resources can I use to manage crisis better in the future?*

7. **Things of Importance.** *Things that are important to me / family / my support resources.*

8. **Service Preferences.** *What has worked in the past? What has not worked? How can we learn from that past to help with your plan?*

Building a Crisis Safety Plan

Crisis can be a result of repeated behaviors and recurrent responses. In order to build a crisis safety plan that best matches with the 'crisis we know' and what is useful to you, we need to consider your unique needs and resources and work on common goals and then actions to help achieve these goals. Consider all support systems and local community resources identified above when building the plan.

All goals and action steps should be stated in client/family language.
IM-CAT Item(s):   **GOAL OF THE PLAN 1:**
Action: *During a crisis, each person should do the following.*

Action 1a.	
Action 1b.	
Action 1c.	

All goals and action steps should be stated in client/family language.
IM-CAT Item(s):   **GOAL OF THE PLAN 2:**
Action: *During a crisis, each person should do the following.*

Action 2a.	
Action 2b.	
Action 2c.	

Explanation and Attestation

HFS NOTICE: This form must be signed by all parties and included in the client's clinical record as a receipt of service delivery.

Explanation. The Crisis Safety Planning Workbook is one of the tools used during a crisis episode to assist individuals and families in identifying issues, behaviors, and patterns that can lead to crisis. In addition to any other clinical activities performed, your provider is expected to introduce the Crisis Safety Planning Workbook to you and your family, explain its sections and answer any questions you may have.

At the time of crisis, your provider should be reviewing and assisting you in the completion of the Crisis Safety Plan.

As a follow up to your crisis screening, your provider should be reviewing the Crisis Safety Plan on a regular basis with you and your family/support system.

Provider Attestation

I hereby attest to having introduced the Family Crisis Safety Planning Workbook, explained its purpose, answered all questions at the time of introduction, assisted in completing the inside cover (quick contacts) and Crisis Safety Plan. I further attest that I have explained the importance of the family continuing to work on this material in the days to follow and that I have explained that future clinical episodes will include reviewing and updating these materials as needed.

Provider	**Worker Name (Print)**	**Worker Signature**	**Date**

Verification of Family Involvement

I/We have received the Crisis Safety Plan. It has been explained to us by the worker named above and he/she has assisted us in completing the Plan. Additionally, the worker has answered my/our questions to my/our satisfaction.

Individual (Print)*	**Individual Signature***	**Date**

*Youth signature optional, based upon clinical judgement at time of crisis episode

Parent/Guardian (Print)	**Parent/Guardian Signature**	**Date**

Parent/Guardian (Print)	**Parent/Guardian Signature**	**Date**

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