START Family Crisis Plan

Cross-System Crisis Prevention & Intervention Plan

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| --- | --- | --- | --- |
| Initial Date: |  | Revision date(s): |  |

Part I. Face Sheet

Demographics

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | DOB: |  |
| Region: |  | Phone: |  |
| Address: |  | | |
| Primary Language: |  | SIRS #: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Private Insurance #: |  | Medicaid#: |  | Medicare#: |  |

Living Situation

|  |  |  |
| --- | --- | --- |
| Lives with family | Lives alone | |
| Lives with spouse/partner | Lives alone with supports | |
| Lives in staffed community residence | Other: |  |

Describe the environment in which the individual lives

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| --- |
|  |

DSM 5 Diagnosis

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| --- | --- |
| Psychiatric Diagnosis: |  |
| IDD Diagnosis: |  |
| Medical/Health Conditions: |  |
| Social Stressors: |  |

Medication

|  |  |  |  |
| --- | --- | --- | --- |
| As of (Date): |  | | |
| Medication | | Dose/Frequency | Purpose |
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Medical/Dental Conditions

|  |  |
| --- | --- |
| Medical: |  |
| Dental: |  |
| Allergies |  |

Communication Style

|  |  |
| --- | --- |
| Expressive: |  |
| Receptive |  |

Strengths/Skills/Interests

|  |  |
| --- | --- |
| Strengths: |  |
| Skills: |  |
| Interests: |  |

Part II. General Guidelines

Patterns of Behavior

Describe general patterns of behavior, personality traits, temperament, cultural identity etc. that are part of who the individual is: (i.e. has a good sense of humor, does best when given “space,” ways to develop rapport, etc.)

Personality traits/general patterns of behavior:

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| --- |
|  |

Does best when:

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Ways to develop rapport:

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| --- |
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Describe the underlying vulnerabilities that historically led to crisis in the past:

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| --- |
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Describe factors that create increase stress for the individual

|  |
| --- |
|  |

Describe strategies that have been effective in keeping the individual out of crisis:

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Part III. Disposition Recommendations

Describe what options have been most successful in the past; whether the individual has been to the START Resource Center or community respite and did well there, which hospital is of choice if necessary, etc.

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Part IV. Back-up Protocol

Outline specific protocols under which the START team, MH crisis team or first responders will be accessed. BE AS SPECIFIC AS POSSIBLE. Include who should be contacted, phone numbers, hours of operation, and what can be expected. Protocol should be initiated **at earliest signs** **of difficulty.**

|  |  |  |  |
| --- | --- | --- | --- |
| What may happen | What to do | Who to call/relationship | Phone number |
| Early signs: |  |  |  |
| Mildly escalated: |  |  |  |
| Most escalated: |  |  |  |

Part V. Circle of Support

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type | Agency | Name | Phone Number | **Signature** |
| Individual |  |  |  |  |
| Guardian |  |  |  |  |
| Family/Friend Contact |  |  |  |  |
| Residential Program |  |  |  |  |
| Work/Day Program |  |  |  |  |
| Care Coordinator |  |  |  |  |
| START Coordinator |  |  |  |  |
| Primary Physician |  |  |  |  |
| Psychiatrist |  |  |  |  |
| Therapist |  |  |  |  |
| Crisis Team |  |  |  |  |
| School |  |  |  |  |
| Other |  |  |  |  |