START CSCPIP

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 |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |

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

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Describe factors that create increase stress for the individual

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

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Describe the nature of any legal involvement the individual has had. Is there or has there been any court involvement? Describe how (or if) this affects their supervision needs. Are there situations that care providers should be aware of in order to maintain safety for the individual and others? (Include legal guardianship if applicable):

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Part III. Intervention Hierarchy

Primary reason for crisis

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**Stage I - Primary Intervention:** What you can do in the setting

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| --- | --- | --- | --- | --- |
| What the person does/what you notice: | Personal Vulnerabilities | Triggers | Intervention:  what to do to help | Persons Involved  Phone #s |
|  |  |  |  |  |

**Stage II - Secondary Intervention:**

When advice/assistance from on-call, specialists, or START Coordinators needed

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What the person does/what you notice: | Personal Vulnerabilities | Triggers | Intervention:  what to do to help | Persons Involved  Phone #s |
|  |  |  |  |  |

**Stage III - Tertiary Intervention**

Acute crisis intervention and emergency supports

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What the person does/what you notice: | Personal Vulnerabilities | Triggers | Intervention:  what to do to help | Persons Involved  Phone #s |
|  |  |  |  |  |

Part IV. Disposition Recommendations

Describe what has helped in the past

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 V. Back-up Supports

List who to contact and their phone numbers at each stage of a crisis. Include when to contact emergency first responders, mental health crisis team and reminders of when to contact the START team.

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Part VI. Circle of Support

A comprehensive list of natural supports and provider contact information. This crisis plan is not considered complete until all contacts listed below have expressed their approval with their signature.

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| --- | --- | --- | --- | --- |
| 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 |  |  |  |  |