

CHHUNY: PLAN OF CARE- Safety, Crisis & Emergency Plan

Date: 4/26/2021

Member Name: Mary Smith

Member CIN: AB12345C

Gender: Female

Date of Birth: 01/01/2007

Address: 789 East Street

Current Living Arrangements: Private home (own), living with mom.

Phone: 585-555-6697

IMPORTANT PEOPLE I CAN COUNT ON:

My Social Support(s): (Pull from Social Supports- comes from Comp Assess)

| Name | Phone | Address | Relation to child/youth | Emergency contact | Legal Guardian |
|------------|--------------|------------------|-------------------------|-------------------|----------------|
| June Smith | 585-555-6697 | 789 East Street | Mother | Yes | Yes |
| Kate Smith | 585-444-5567 | 123 North Street | Aunt | Yes | No |
| | | | | | |

My Providers: (Pull from Care Coordination tab- Team Assignment/Referred

Providers/Professional Network with drop down option to add those selected- comes from Comp Assess)

| Provider Role | Name | Phone | After-Hours Phone | Organization |
|-----------------------------|--------------|--------------|-------------------|---|
| Behavioral Health Therapist | Lucy Brown | 585-111-2234 | 585-222-3344 | ABC Behavioral Health Services |
| HCBS Respite Worker | Jack Green | 585-333-4455 | 585-222-3344 | ABC Behavioral Health Services (HCBS Program) |
| Primary Care Provider | Dr. Mark Doe | 585-442-3311 | 585-443-2211 | ABC Primary Care |

Diagnoses: (Pull in active Dx only from Problem list- which comes from Comp Assess)

Major Depressive Disorder, Generalized Anxiety Disorder

SAFETY & CRISIS PLAN:

| | | |
|--|--|--|
| <p>GREEN ZONE: <i>I feel safe, in control, and comfortable in my environment</i></p> | <p>Yellow Zone: Signs & Symptoms Emerging</p> | <p>RED ZONE: <i>I feel overwhelmed, am in danger, or facing a problem I can't fix so I need to take action now.</i></p> |
| <p>SIGNS THAT I AM DOING WELL:</p> <p>I am spending time with friends. I am going to school and to my appointments. I am engaged with my hobbies like reading, drawing, and listening to music.</p> | <p>WARNING SIGNS THAT I AM NOT DOING WELL:</p> <p>I am isolating in my room. I am not attending appointments. I am experiencing angry outbursts. I am crying a lot. I am refusing my medications.</p> | <p>SIGNS THAT I AM IN A CRISIS:</p> <p>I am threatening to self-harm. I am self-harming. I am unable to manage my anxiety. I am becoming aggressive with mom.</p> |
| <p>KEEP DOING:</p> <p>Reading. Drawing. Utilizing my coping skills. Attending appointments with Lucy Brown. Attending meetings with Jack Green. Taking medications as prescribed. Mom to encourage me to spend time with friends.</p> | <p>TAKE ACTION:</p> <p>Review coping skills. Suggest a book for me to read (mom). Re-direct me to drawing (mom). Take my medications. Listen to my favorite songs. Mom will provide emotional support and monitor for if I can calm down on my own.</p> | <p>TAKE ACTION:</p> <p>Take my PRN behavioral health medication. Schedule an emergency appointment with Lucy Brown.</p> <p>IF I AM NOT ABLE TO HANDLE THIS ON MY OWN, CONTACT:</p> <p>Mom Mobile Crisis 911</p> <p>HOSPITAL OF CHOICE: Rochester General Hospital</p> |

OTHER THINGS I WANT TO ADD TO MY SAFETY & CRISIS PLAN:

Please give me time to work through my “Yellow Zone, Take Action” steps. I may initially say I will not complete the steps, but if I am able to calm myself I will eventually complete them. If I do not calm myself on my own I am quickly approaching the “Red Zone”. Mom will monitor for access to objects that can be utilized for self-harm and will keep them out of reach.

| 2-1-1 (Lifeline) is available 24/- Some reasons you might call: | 9-1-1 is available 24-7- Some reasons you might call: |
|--|--|
| <ul style="list-style-type: none">• I have no place to stay tonight• I have no food• I am having thoughts of harming myself or others• I want to speak to a counselor | <ul style="list-style-type: none">• I am having a medical emergency• I am in danger• I am having thoughts of harming or killing myself or others• I am a victim of a crime or witness a crime |

****Always notify your Care Manager after a crisis occurs to discuss follow up care*****

EMERGENCY/BACK-UP PLAN:

1. What would your family do in an emergency or if you do not feel safe in your home or community?

Call Aunt Kate. We can stay with her if we do not feel safe.

2. What is your exit plan if you had to leave your home immediately and what would you need to have with you? (ex. In the event of a fire)

Mom and I will grab our medications and what items we safely can. We would go across the street to Mr. Jones’s yard, he would help us.

3. In an emergency, where would your family meet up near your home? What would you do after that?

Mr. Jones’s yard. Call emergency services and call Aunt Kate.

4. In your house, where do you keep your important papers? (ex. Forms of identification, health/home/rental insurance)

Mom’s nightstand.

Additional Information:

Parent/Guardian Signature: _____

Date: _____

Care Manager Signature: _____

Date: _____

I want this plan shared with:

Lucy Brown—Behavioral Health Therapist

Jack Green—HCBS Respite Provider

SAMPLE