

**North Shore Mental Health  
Community-Based Case Management**

**CRISIS RESPONSE PLAN**

**Client Name:**  
**Date of Plan:**

**Date of Birth:**  
**Review Date (maximum 1 year):**

**SSN:**

**CR:**

**If self/others/property are in imminent danger: CALL 911**

	Possible Crisis	Goal/Objective	Action and Phone #	Person Responsible
1	is having suicidal ideations. is having homicidal ideations	Keep safe and in community-based placement and out of the prison system.	<ol style="list-style-type: none"> <li>Client to contact CM to report suicidal and/or homicidal ideations. (CM, ).</li> <li><b><u>CM to contact treating Psychiatrist to consult</u></b> ( )</li> <li>CM to contact treating clinician to inform of recent suicidal and/or homicidal ideations.</li> <li><b><u>CM (after consulting with treating Psychiatrist or NSMH Psychiatrist)</u></b> to contact Access Line (832-3100) to inform that after consulting with Psychiatrist, CM will be responding to crisis call and it will be documented and request for units submitted ASAP with supporting documents.</li> </ol>	<ol style="list-style-type: none"> <li>Client</li> <li><b>CBCM</b></li> <li><b>CBCM</b></li> <li>CBCM, Treating Psychiatrist and/or Treating Clinician.</li> </ol>
2	is actively suicidal. is actively homicidal.  **Imminent danger to self: the person recently has threatened or attempted suicide or serious bodily harm; or the person recently has behaved in such a manner as to indicate that the person is unable, without supervision and the assistance of others, to satisfy the need for nourishment, essential medical care, shelter or self protection, so that it is probable that death, substantial bodily injury, or serious physical debilitation or disease will result unless adequate treatment is afforded.  **Imminent danger to others: the person is likely to do substantial physical or emotional injury on another, as evidenced by a recent act, attempt or threat.  ***Imminent" and "recent(ly)" is understood to mean within 24-48 hours.	Keep safe and in community-based placement and out of the prison system.	<ol style="list-style-type: none"> <li>Client to contact CM, .</li> <li><b><u>CM to contact treating Psychiatrist to consult.</u></b></li> <li>CM to contact Access Line 832-3100 and/or HPD (911) to report client is actively suicidal and/or actively homicidal. <b>CM will inform Access Line that CM will be responding to crisis call and will submit request for additional units ASAP.</b></li> <li><b>Should client be assessed by Psychiatrist to be actively suicidal and in need of immediate stabilization in hospital setting, Psychiatrist and/or CBCM to start process for ex parte motion. Call 539-4141 (8-4:30 M-F or Access Line 832-3100 after hours)</b></li> </ol>	<ol style="list-style-type: none"> <li>Client</li> <li>CBCM</li> <li>CBCM</li> <li>Psychiatrist and/or CBCM.</li> </ol>

Signatures indicate opportunity to give input and agreement with plan:

Consumer:	Date:	Community-Based Case Manager:	Date:
Psychiatrist:	Date:	QMHP:	Date:
Housing:	Date:	Probation Officer:	Date:
Treating Clinician:	Date:	Other:	Date:

**Distribute this form when revised to the following people:** Treating Psychiatrist; Probation Officer; Treating Clinician; Substance Abuse Treatment Program (if applicable); Housing staff (if applicable), Department of Health, Adult Mental Health Division, Department of Health, Access Line and treating hospital or clinic.

**Consumer's signature for consent to distribute:**

**Who is responsible to distribute this plan:**

Community-Based Case Manager with North Shore Mental Health Inc.

### Crisis Response Plan Worksheet

**A. Type of Previous Crisis:**

**B. Triggers to Crisis:**

**C. What worked to stabilize client? What did not work?**

**D. Current Diagnosis and Treating Psychiatrist and/or Primary Care Physician:**

Axis I:  
Axis II:  
Axis III:  
Axis IV:  
Axis V:

Treating Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_ Treating PCP: \_\_\_\_\_ Phone: \_\_\_\_\_  
NSMH Psychiatrists available for Psychiatric Consultation: Dr. Sharipova, Dr. Sliwowski, Dr. Murphy Dr. Charlton, Dr. Minville, Dr. O'Connell and Dr. Batzer.

**E. Preferred Facility for Treatment:**

Community-Based Case Manager,  
Phone: \_\_\_\_\_

QMHP, Dr. Dan Kehoe  
Phone: \_\_\_\_\_

Emergency Contact:  
Phone: \_\_\_\_\_

Psychiatrist:  
Phone: \_\_\_\_\_

Probation Officer:  
Phone: \_\_\_\_\_

Treating Clinician:  
Phone: \_\_\_\_\_

Drug allergies:

Medical Insurance Number/Plan:

**\*\*CBCM will be allotted 14 units to be used within a month period per client. Should client have already used their allotted time, CBCM will not have authorization to respond to any client needs unless approved by the DOH, AMHD. Should client report suicidal/homicidal ideations and/or is actively suicidal/homicidal, CBCM will adhere to the steps of this CRP to assure CBCM is authorized to respond to client's crisis/needs.**

