

HENNEPIN COUNTY EMERGENCY MENTAL HEALTH CRISIS / SHORT-TERM INTERVENTION PLAN

Client: <i>Smeeta Antony</i>	Client MRN: <i>4185650</i>	Date of Plan: <i>06/27/2018</i>
Crisis Worker: <i>Maitra & Javie</i>	MH Professional:	<input checked="" type="checkbox"/> COPE <input type="checkbox"/> CHILD CRISIS

DESCRIPTION OF IMMEDIATE/SHORT TERM NEEDS:

manage mental health

CULTURAL CONSIDERATIONS:

INTERVENTION PLAN TO REDUCE OR ELIMINATE IMMEDIATE CRISIS:

<p>GOALS:</p> <p style="font-size: 24px; color: blue;"><i>manage mental health symptoms</i></p>	<p>STRATEGIES AND INDIVIDUALS RESPONSIBLE:</p> <p style="font-size: 24px; color: blue;"><i>1. attend all day-treatment groups 2. attend therapy sessions 3. work with psychiatrist and medical professionals 4. stay busy with treatment, appts, working, church</i></p>
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CLIENT ACTION PLAN:

<input checked="" type="checkbox"/> Contact Doctor to discuss changes in symptoms <input checked="" type="checkbox"/> Take medications as prescribed <input type="checkbox"/> Means Restriction <input checked="" type="checkbox"/> Attend scheduled appointments/programs	<input checked="" type="checkbox"/> Contact family & friends for support <input type="checkbox"/> Contact therapist <input checked="" type="checkbox"/> Self Care <i>Type on Computer</i> <input type="checkbox"/> Other _____
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SUPPORTIVE RESOURCES (Friend/Family/Community/Professionals) IDENTIFIED TO ASSIST IN CRISIS RESOLUTION:

NAME: <i>Client identified none</i>	PHONE:	Consent signed: <input type="checkbox"/>
NAME:	PHONE:	Consent signed: <input type="checkbox"/>
NAME:	PHONE:	Consent signed: <input type="checkbox"/>

PLAN IF CRISIS CONTINUES (alternative action plan):

*952-891-7171 - Dakota county
Call cops for Assessment - 612-596-1223
Call Nancy Page for crisis house -> 612-870-3787*

I/we agree to the above intervention goals and recommendations:

Schubert

Date _____

Client or Parent or Guardian of Child

Date _____

Crisis Worker *J. Mow, LICSW*

Date *6/27/18*

MH Professional

**HENNEPIN COUNTY EMERGENCY MENTAL HEALTH
CRISIS / SHORT-TERM INTERVENTION PLAN**

Client: Smeeta Antony	Client MRN: 4185650	Date of Plan: 8/24/18
Crisis Worker:	MH Professional: Kedi & Kelyn	<input checked="" type="checkbox"/> COPE <input type="checkbox"/> CHILD CRISIS

DESCRIPTION OF IMMEDIATE/SHORT TERM NEEDS:

on going stress, feeling unsafe in home

CULTURAL CONSIDERATIONS:

INTERVENTION PLAN TO REDUCE OR ELIMINATE IMMEDIATE CRISIS:

GOALS: - manage current stress, stay safe	STRATEGIES AND INDIVIDUALS RESPONSIBLE: - continue working with providers
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CLIENT ACTION PLAN:

- | | |
|--|--|
| <input type="checkbox"/> Contact Doctor to discuss changes in symptoms | <input checked="" type="checkbox"/> Contact family & friends for support |
| <input checked="" type="checkbox"/> Take medications as prescribed | <input type="checkbox"/> Contact therapist |
| <input type="checkbox"/> Means Restriction | <input checked="" type="checkbox"/> Self Care <u>dancing, use support system</u> |
| <input checked="" type="checkbox"/> Attend scheduled appointments/programs | <input type="checkbox"/> Other _____ |

SUPPORTIVE RESOURCES (Friend/Family/Community/Professionals) IDENTIFIED TO ASSIST IN CRISIS RESOLUTION:

NAME:	PHONE:	Consent signed: <input type="checkbox"/>
NAME:	PHONE:	Consent signed: <input type="checkbox"/>
NAME:	PHONE:	Consent signed: <input type="checkbox"/>

PLAN IF CRISIS CONTINUES (alternative action plan):

- call COPE if symptoms continue or increase, call 911 for any immediate

I/we agree to the above intervention goals and recommendations:

Smeeta Antony Date 8/24/2018
 Client or Parent or Guardian of Child
 Crisis Worker Date
 MH Professional Date