

## Region 3 Youth Crisis Response-MH Screening and Response

Initial Referral Received By (Please Print): \_\_\_\_\_ Agency: \_\_\_\_\_

Type of Contact:  Phone  Face to Face  Telehealth  Referral to Other Services Date of Contact: \_\_\_\_\_

Youth Name:		Address:	City/State/Zip:
Legal Guardian Name:		Relationship	Insurance: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> None Other: _____
Phone #:	Type of Phone:	County of Residence:	County of Admission:
SS#:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown	

Race/Ethnicity:  American Indian/Alaskan Native  Asian  Black/African American  Native Hawaiian /Other Pacific Islander  White  Other:

Marital Status of youth:  never married  cohabitating  divorced  married  separated  widowed  unknown

Employment Status:  student  Active/Armed Forces (<35 hrs)  Active/Armed Forces (35+hrs)  disabled  employed full-time(35+hrs)  employed part-time <35 hrs  
 homemaker  resident of institution  sheltered workshop  supported employment  unemployed (laid off/looking)  
 unemployed (not seeking)  volunteer  unknown

### Presenting Situation

Crisis Location:  residence  hospital  jail  unknown  other: \_\_\_\_\_

Crisis Situation:  disorderly  neglect of self care  intoxication  theft/property crime  suicide attempt/threat  threats or violence  action of a sexual nature  unknown  
 other: \_\_\_\_\_

Crisis Dangerousness:  Unpredictable, impulsive, violent  History of violent or impulsive behavior  Ambivalent suicidal/homicidal ideas or gestures  
 Suicidal/Homicidal ideation with control  Unable to meet needs in manner threatening to self  No violent or impulsive ideation or behavior (*refer*)

### Referral Source

Referred By (Name and Agency):	Law Enforcement Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Officer:	Badge Number:
--------------------------------	---	------------------	---------------

### Description of Crisis:

#### Key Symptoms

##### Cognitive

- Verbalizes clear intent to harm self or others
- Verbalizes clear, organized plan to harm self or others
- Impaired judgment
- Rigid / constricted thinking
- Feels like life's not worth living
- Thoughts of suicide/death

##### Depression

- Sad mood, crying, helplessness, hopeless, pain, worthlessness/guilt
- Low energy, appetite, concentration, low self esteem
- Little pleasure in doing things
- Insomnia/hypersomnia

##### Violence

- Harm to self/suicide attempt past 12 months
- Harm to self/suicide attempt before 12 months
- History of personal violence towards others
- Thoughts of personal violence towards others

##### Psychosis

- Persecutory delusions
- Hallucinations
- Paranoid thinking

##### Plan/Access to Weapons

- Access to weapons (especially guns)
- Verbalizes plan; prepares for death

##### Behavioral

- Poor impulse control
- Irritability or angry affect
- Verbalizes aggression, agitation, anxiety, panic attacks,
- Fragile narcissistic (appears grandiose, having a need for admiration & shows a lack of empathy)
- Antisocial (a pattern of disregarding/violating the rights of others & may include breaking laws, frequent lying, starting fights, lack of guilt & taking personal responsibility, irritability & impulsivity)
- Perfectionist traits
- Risk Taking Behavior

##### Substance Abuse

- Under the influence of drugs or alcohol
- Current abuse/dependency on drugs or alcohol

Substance Use History			
	Primary Substance	Secondary Substance	Tertiary Substance
Substance Used			
Age of First Use			
Frequency of Use	__daily __3-6 x's in past wk __1-2 x's in past wk __1-3 x's in past mth __no use in past mth __not collected __unknown	__daily __3-6 x's in past wk __1-2 x's in past wk __1-3 x's in past __no use in past mth __not collected __unknown	__daily __3-6 x's in past wk __1-2 x's in past wk __1-3 x's in past mth __no use in past mth __not collected __unknown
Volume of Use			
Route of Use	__unknown __IV __nasal __oral __other __smoke	__unknown __IV __nasal __oral __other __smoke	__unknown __IV __nasal __oral __other __smoke

Mental Health History	
Psychiatric History:	Current medications (please list): Med compliant __yes __no

Most current diagnosis and date of diagnosis

**Criminal History**  
 \_\_arrest \_\_incarceration \_\_victim of crime

**Support System Involvement**  
 Family/friends/ other supports: \_\_available \_\_questionable \_\_some but difficult to mobilize \_\_some but effectiveness limited \_\_none  
 Agencies involved: \_\_Mental health \_\_Physical health \_\_Substance Abuse \_\_Developmental Disabilities \_\_School \_\_Early Intervention \_\_Child Protection \_\_Probation  
 \_\_Other:

**Ability to Cooperate**  
 \_\_willing/able to cooperate \_\_wants help but is ambivalent/unmotivated \_\_passively accepts help \_\_little interest/comprehension \_\_unable/unwilling to cooperate

**Crisis Disposition**  
 Outcome of Crisis: \_\_EPC \_\_CPC \_\_Voluntary Hospitalization \_\_Medical Hospitalization \_\_No EPC, Agreed to Post-Crisis Services \_\_No EPC, Declined Post Crisis Services  
 \_\_arrest/jail \_\_No further action/refused  
 Placement: \_\_Youth remained in home \_\_Youth Placed informally with relatives, friends, respite \_\_Youth formally placed out of home (foster care, detention, shelter)  
 Possible Child Abuse/Neglect: \_\_Yes \_\_No CPS Called: \_\_Yes \_\_No (800) 652-1999 If no, list reason:  
 Abuse of Vulnerable Adult: \_\_Yes \_\_No APS Called: \_\_Yes \_\_No (800) 652-1999 If no, list reason:

**Trauma Screening**  
 \_\_exposure to violence \_\_sexual/physical/emotional abuse \_\_neglect \_\_witness to domestic abuse \_\_sexual assault/rape \_\_victim/witness to community violence \_\_death/ loss  
 \_\_physical assault \_\_victim of crime \_\_prostitution/sex trafficking \_\_disasters (tornado) \_\_victim of a terrorist act war/political violence/torture \_\_trauma while institutionalized

**Suicide Risk Screening**

<b>Suicidal Behavior</b>	Has your child ever tried to kill him/her self? __Yes __No If Yes, was it in the past 6 months? __Yes __No At any time in the past 6 months, did your child seriously <i>think</i> about trying to kill him/her self? __Yes __No
<b>Access to Lethal Means</b>	__access to weapons (guns, knives) __access to other lethal means (pills, poison) <b>If lethal means are accessible and risk level indicates need, complete "Plan to Restrict Lethal Means" section below</b>

Plan to Restrict Lethal Means:

**Safety Plan**  
 To address/reduce current risk (must be completed) (examples: medication, setting, therapy, contact with significant others, consultation):

Safety Plan Signed/Agreed upon: \_\_Yes \_\_No \_\_Copy offered to consumer

**Level of Care Referred**

__Outpatient/MH Therapy	__Outpatient/SA Therapy	__Medication Management	__SA Evaluation	__MH evaluation	__Primary Medical Care
__Inpatient-Voluntary	__Inpatient-EPC	__Hospital/ER	__CSU Admission	__Multisystemic Therapy	__IOP
__Professional Partner Program	__Families CARE	__Community Support /MH	__Community Support/SA	__ERCS	__Day Rehab
__Day Support	__Domestic Violence/Sexual Abuse Agency	__Nebraska Helpline	__Early Development Network		
__Other (list): _____	__None (list reason) _____				

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Response Time in Minutes: \_\_\_\_\_ Amount of Time with Youth/Family in minutes: \_\_\_\_\_

**Please remember to notify the family that Region 3 will be following up with them in a few days to offer additional services and supports that they would qualify for.**