Adult Crisis Response Screening/Assessment

*(*Gray highlighted items are required for the CDS)* ***(**Black highlighted items must be completed if Risk Screening Question indicates imminent risk of harm to self or others.***

Initial Referral Received By *(Please Print Name): _____ ***Agency:**_____

***Type of Contact: ___Phone ___ Face to Face ___Telehealth ___ Referral to Other Services *Date of Contact:**_____

***Time Started:**_____

***Participant Name:**	**Law Enforcement Involved? __ Yes__ No**	**Name of Officer:**
Address:	**Participant Phone #:**	**Emergency Contact Name:** **Emergency Contact Phone:**

City:	**State:**	**Zip Code:**	***Date of Birth:** **Age:**	***County of Admission:**
***__Male __ Female**	**Religion:**	**__ Veteran**	***SS#:**	***County of Residence:**

***Race:** __American Indian/Alaskan Native __Asian __Black/African American __White __Natural Hawaiian/other Pacific Islander __Other

***Ethnicity**: __Non-Hispanic __Hispanic __Unknown

***Presenting Situation/Chief Complaint/What brings you here?** **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

****Risk Screening Question:** __ Are you wanting to end your life or the life of another person? ***(If yes, must complete "Risk Factors for Harm To Self and/or Others" below)***
__Suicidal Behavioral __Self Harming Behavior __Homicidal Behavior __Other

Domestic Violence: __Yes __No Referral Made: __Yes __No If no, list reason:
(877-237-2513 Kearney area) (308-381-0555 Grand Island area) (402-463-5810 Hastings area) (402-476-6256 Nebraska Domestic Violence Sexual Assault Coalition)

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:**

Additional information, as applicable:

Current Medical Needs:	**Primary Care Clinic/Physician Name:** **Primary Care Clinic/Physician Phone:**
Current Medications (please list):	**Psychiatric History/Past Hospitalization/Diagnosis:**
Medications Taken Today:	***Currently receiving services**: __Yes __No __Unknown *(__Release of Information was obtained in order to contact entity)* **Services Currently Involved:** __Outpatient/MH __Outpatient/SA __IOP __Medication Management __Multisystemic Therapy __ERCS __Day Support __Professional Partner Program __Community Support (CS)/MH __CS/SA __Day Rehab __Supported Employment __ ACT __ Other: _____
Currently Under the Influence: __Yes __No / **IV Use: __Yes __No**	
History of Compulsive/Problem Gambling: __Yes __No	

	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

Other Substance(s) Used: __Tobacco __Alcohol __Marijuana __Hashish __Heroin __Opium __Cocaine __Amphetamine __Methamphetamine __MDMA __Flunitrazepam __GHB __Ketamine __PCP and analogs __Salvia Divinorum __Dextromethorphan __LSD __Mescaline __Psilocybin (mushrooms) __Anabolic Steroids __Inhalants (paint thinners, nitrites, laughing gas) __Valium __Librium __Other Barbiturates __CNS Depressants (RX) __Stimulants (RX)__Opioid Pain Relievers (RX) __Other Rx Meds __OTC drugs

Life Domains Needs

Trauma: __sexual/physical/emotional abuse __neglect __witness to domestic abuse __sexual assault/rape __victim/witness to community violence __physical assault __victim of crime __serious accident/injury __life threatening medical issues __traumatic loss of loved one __victim of a terrorist act __war/political violence/torture __disasters (tornado/earthquake) __sanctuary trauma (trauma while institutionalized) __prostitution/sex trafficking

Needs regarding primary support group: __death of a family member __health problems in family __disruption of family by separation/divorce __estrangement __removal from the home __stressful relationship w/siblings and/or spouse

Social environment Needs: __social isolation __death/loss of friend __inadequate social support __living alone __difficulty w/acculturation __discrimination __adjustment to life-cycle transition

Educational Needs: __illiteracy __academic problems __stressful situation w/ teachers or classmates __inadequate school environment

Occupational Needs: __unemployment __threat of job loss __stressful work schedule __difficult work conditions __job dissatisfaction __job change __stressful situation w/boss/co-workers

Housing Needs: __homelessness __inadequate housing __unsafe neighborhood __stressful situation w/ neighbors or landlord

Economic Needs: __financial hardship __extreme poverty __inadequate finances __insufficient welfare support

Needs re: Interaction w/ legal system/crime: __arrest __incarceration __victim of crime

Needs re: Access to Health Care Services: __social isolation __inadequate health care services __transportation to health care facilities unavailable __inadequate health insurance

Other Psychosocial/Environmental Needs: __exposure to disasters __war __other hostilities __stressful situation w/ nonfamily caregivers such as counselor, social worker, or Dr., unavailability of social service agencies

***Risk Factors For Harm To Self and/or Others** (*evidence based screening tool*)

Cognitive (2 pts)	__*Verbalizes clear intent to harm self/others __*Verbalizes clear, organized plan to harm self/other __Impaired judgment __Rigid-constricted thinking		
Gender (1pt)	__Male	**Marital Status** (1pt)	__Unmarried (single/separated/divorced/widowed)
Age (1pt)	__Younger than 25 or over 45	**Housing** (1 pt)	__No stable address/homeless
Employment (1 pt)	__Change in financial/socioeconomic status __Unemployed/Underemployed/Retired	**Depression** (2 pts)	__*Signs/symptoms of recurrent thoughts of suicide, or death, sad mood, crying, helpless, hopeless, worthlessness, low energy/appetite/concentration, pain
Social Support (1 pt)	__Social isolation __Lack of supportive, meaningful relationships __Immigrant status __Presence of stressors or losses (real or imagined)		

Violence (2 pts)	__*Harm to self/suicide attempt *w/in the last year* __*Harm to self or suicide attempt *prior to last year* __Violent suicide method/lethal drugs or poison __Family history of suicide, abuse, mental illness __History of personal violence towards others __Thoughts of personal violence towards others	**Psychosis** (2 pts)	__Persecutory delusions __Hallucinations-critical, threatening, commanding auditory __Hallucinations-frightening, visual, olfactory or tactile type __Hallucinations-comforting, urging suicide __Paranoid thinking
Plan/Access to Weapons (2 pts)	__Access to weapons (especially guns) __Precautions taken against discovery __Verbalizes plan; prepares for death	**Childhood Trauma** (1 pt)	__Exposure to violence in childhood __Sexual/physical abuse in childhood __parental loss

Physical Issues (1 pt)	__*Insomnia/Hypersomnia __*Increase in appetite __*Loss of appetite __*Chronic illness/pain, recent onset of pain, fatigue __ *Low energy __*Poor concentration __*Difficulty making decisions __ Pregnancy __ Recent diagnosis/onset of mental illness __ Past diagnosis of mental illness __ Confusional state, delirium, dementia
Behavioral (1 pt)	__ *Little interest/pleasure in doing things __*Feel like life's not worth living __*Irritability/angry affect __*Low self-esteem __*Feelings of worthlessness/guilt __ Poor impulse control __Verbalizes aggression/agitation/anxiety/panic attacks __Displays perfectionist traits __Displays narcissistic traits (appears grandiose, having a need for admiration & shows a lack of empathy) __Displays antisocial traits (a pattern of disregarding/violating the rights of others & may include symptoms such as breaking laws, frequent lying, starting fights, lack of guilt & taking personal responsibility, the presence of irritability & impulsivity)
Substance Abuse (1 pt)	__Current abuse/dependence on drugs or alcohol __Use of IV drugs __Previous substance treatment program
Strengths That May Facilitate Stabilization	__Sense of responsibility to family __Children in the home, pregnancy __Life satisfaction __Reality testing ability __Positive coping skills __Positive problem-solving skills __Positive therapeutic relationship __Reason for living __Spiritual beliefs __Positive Social support __Past positive response to stress __Survival beliefs __Purpose in life __Positive personality traits __Fear of social/religious disapproval __Other_____

Overall Level of Severity: (Add points of "Risk Factors For Harm To Self and/or Others" section if at least 1 item is checked per box)

___ **Low Risk (**0-5 pts)

___ **Moderate Risk** (6-10 pts)

___ **High Risk** (11-20 pts)

Total Score: _____

General Assessment/Action Plan: ***(If consumer indicates he/she has a plan to commit suicide, please indicate plan within this section)***

Level of Care Referred to: __Outpatient/MH Therapy __Outpatient/SA Therapy __Medication Management __Primary Medial Care __Multisystemic Therapy __IOP __Short-Term Res __Professional Partner Program __Families CARE __Supported Employment __ERCS __Community Support (CS)/MH __CS/SA __Day Rehab __ Day Support __ACT __CSU Admission __Hospital/ER __Inpatient-Voluntary __Inpatient-EPC _Other (list): _____ __ None (list reason):_____

***Crisis Disposition**: ___EPC (Emergency Protective Custody) __CPC (Civil Protective Custody) ___Voluntary Hospitalization ___Medical Hospitalization	**Guardian Name:**
***Time completed:**_____	__Consumer has a guardian __Current MHB Commit
Safety Plan Signed: __Yes __ No (__Copy offered to consumer)	
Consumer Signature:	**Provider Signature:**

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