



HURON BEHAVIORAL HEALTH OPERATIONAL POLICY

Policy #: **QI.1.06**
Issue Date: **05/01/03**

Rev. Date: **03/27/19**
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Title: Crisis Plan Policy

Prepared By: Clinical Director

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Purpose:

To define the policy and requirements for staff to offer a Crisis Plan to persons served.

Scope:

This policy applies to all employees (including full-time employees, part-time employees, contractual clinical providers, volunteers, students, and/or interns) of Huron Behavioral Health (HBH), and all active consumers of Huron Behavioral Health (HBH).

Information:

- An individual who has not been deemed incapacitated has the ability to control the decision relative to his/her mental health care. There are occasions where an individual with a mental illness may fluctuate between capacity and incapacity. During crisis periods, where an individual's capacity is lessened, a Crisis Plan can serve as a mechanism to carry out decisions made by the individual when he/she is in a stable state. A Crisis Plan empowers the individual to make their personal treatment preferences known at a time in their life when they are stable, so that in the event they later are in a state of instability, their wishes have been defined and can be followed.
- Individual crisis planning is a consumer-driven process in which a written document is developed whereby the consumer decides what natural supports/allies he/she wants to enlist for helping to support the Crisis Plan if the need ever arises. The Crisis Plan will provide assistance, guidance, and potential interventions to help avert hospitalization for a consumer who encounters a mental health emergency/crisis situation.
- A Crisis Plan has three (3) primary functions, which include: 1) providing the information necessary to help prevent a crisis from occurring, 2) providing information to guide an effective response when a crisis does occur, and 3) helping plan for successful crisis resolution.
- A Crisis Plan is a tool that allows an individual to determine a course of treatment during a future crisis before the individual loses the cognitive ability to make such decisions. It also allows individuals to prescribe what, if any, early interventions will help them to remain stable and productive and to avoid a full-blown decompensation. Often, an individual with a mental illness knows what can trigger a decompensation and can even predict what will happen to them. Early intervention has the obvious advantage of preventing hospitalizations and their associated high costs.
- The Balanced Budget Act (BBA) of 1997 requires HBH to comply with contract requirements for advance directives (see "[Psychiatric Advance Directives Policy](#)" [RR.1.12](#)) and to offer Crisis Plans to all persons served.
- Unless judged to be incapacitated, a consumer may revoke their Crisis Plan at any time after it is created. Requests to revoke a Crisis Plan should be documented on the Crisis Plan by the primary worker and whenever possible initialed/signed and dated by the consumer.
- The Crisis Plan developed by HBH and the consumer is a mental health Crisis Plan and is not intended to be construed as a physical health care advance directive. It is specifically designed to address the consumer's needs and wishes in a mental health crisis situation. It may be advisable for the consumer to also have a medical health care advance directive to cover emergency medical, surgical, or long-term health issues, however this would be accomplished with the consumer's health care provider(s) and would be completely separate from the HBH Crisis Plan.
- If an individual has a court appointed guardian, the guardian must sign the Crisis Plan for it to take effect.
- In situations where the consumer has a court-appointed guardian, the consumer cannot choose someone other than their guardian to make decisions for them in a time of crisis for those court-assigned responsibilities.

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- To be valid, the Crisis plan must be signed by the consumer (and their guardian if applicable). If the consumer is unable to sign his/her Crisis Plan, the primary worker should state this on the consumer's signature line.

Policy:

1. HBH staff will offer to develop a Crisis Plan with every active consumer. If the consumer agrees to creating a Crisis Plan, the Primary Worker will assist the consumer in developing a written Crisis Plan utilizing the Crisis Plan template in the Electronic Medical Record (EMR).
2. The consumer will be given a copy of their Crisis Plan and all Crisis Plans will be retained in the consumer's case record in accordance with the "[HBH Record Retention and Storage Policy](#)" (QI.1.23).
3. Consumers have a choice regarding Crisis Plans and have a right to refuse to develop one. The law prohibits forcing or coercing any consumer to develop a mental health Crisis Plan. If a consumer refuses to develop a Crisis Plan, the worker must note this in consumer's case record in the EMR system. If the consumer initially refuses a Crisis Plan, they have a right at any subsequent time to request that a Crisis Plan be developed. In this situation, the worker will assist the consumer in accomplishing this as soon as reasonably feasible. If a consumer has refused to develop a Crisis Plan, the primary worker should periodically encourage the consumer to develop one.
4. Consumers also may choose to complete only a portion of their Crisis Plan. The worker will note any areas that the consumer does not wish to address.
5. At any time the consumer requests the Crisis Plan to be updated, the worker will assist with making the necessary changes. The Crisis Plan will be reviewed for accuracy and updated as necessary, but at a minimum, will be reviewed and updated annually. This is typically done in conjunction with the Individual Plan Of Service (IPOS)/Person Centered Plan (PCP).
6. The consumer will determine who the Crisis Plan is to be distributed to and will sign a release form for each person he/she wishes to have copied on their Crisis Plan (including any individual whom the individual has identified to assist them during a crisis). This allows HBH staff to communicate/coordinate with that individual during a consumer's crisis and share/exchange crisis plan information when necessary in order to carry out the consumer's wishes as stated in their crisis plan.
7. When a consumer requests assistance with distributing copies of the Crisis Plan, the Unit Manager will assist with the consumer's specific request.

Definitions/Acronyms:

BBA – Balanced Budget Act
EMR – Electronic Medical Record
HBH – Huron Behavioral Health
HIPAA – Health Insurance Portability & Accountability Act
IPOS – Individual Plan Of Service
MDHHS – Michigan Department of Health and Human Services
PCP – Person Centered Plan

Forms:

Information Release Form (in EMR)
Crisis Plan Form (in EMR)

Records:

Crisis Plans are retained in the consumer's case record in accordance with the [HBH Record Retention and Storage Policy \(QI.1.23\)](#).

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Reference(s) and/or Legal Authority

Balanced Budget Act (BBA) @ http://www.access.gpo.gov/nara/cfr/waisidx_02/42cfr438_02.html
 MDHHS Contract Requirements
 Health Insurance Portability & Accountability Act (HIPAA) of 1996 @ <https://www.hhs.gov/hipaa/index.html>
[QI.1.23 HBH Record Retention and Storage Policy](#)
[RR.1.12 Psychiatric Advance Directives Policy](#)

Change History:

Change Letter	Date of Change(s)	Changes
A	06/03/03	#8 added "When the consumer requests assistance with distributing copies of the Crisis Plan" and added case record file section references under "Records", #7 changed original to be maintained by HBH and a "copy" given to the consumer to be consistent with HBH practice for other documents
B	08/17/04	Added point # 8 in "Procedure" section, Removed reference to Crisis Plan Instruction (as this document was never generated and it is no longer believed to be needed)
C	02/28/05	Added "90-009 Release of Information Form" to "Forms" section, reworded 4 th and 8 th bullets in "Information" section, added # 7 & * and reworded # 1 & 6 in "Policy" section,
D	08/14/06	Added third sentence in "Policy" section #1, added hyperlinks to webpages, added acronym (OBRA), added Form 70-001.
E	07/24/07	Removed all references to the "Crisis Plan Release Form" (90-154) and now require only the "Information Release Form" (90-009) to be used with Crisis Plans. Reworded several sentences to support the form changes.
F	09/11/07	Deleted HBH Crisis Plan Form (90-152) through-out document and added new regional Crisis Plan Form (90-1006), added EMR to "Acronym" and "Records" sections, added reference to "Psychiatric Advance Directives Policy" (RR.1.12) 2 places, added hyperlinks, re-numbered items in "Policy" section, revised some wording to clarify information, reworded, combined and revised #5 – 9 "Policy" section for clarity.
G	07/29/09	Removed "NOTE" in Policy section #1 which read "Note: OBRA & Geriatric consumers have the Crisis Plan incorporated into the Person Centered Plan/PCP Form (70-001)", removed "70-001 OBRA/Geriatric PCP & Crisis Plan Form" from "Forms" section,
H	02/13/13	Reviewed and revise to comply with 8 th edition COA standards – in 6 th bullet in "Information" section removed sentence about minors in Substance Abuse Treatment as strict SA services are no longer provided, combined #5, #6, & #7 as they were redundant and overlapping in information, reworded several sentences without changing sentence content.
I	09/16/15	In "Acronym" section removed DD, MI, HIPAA, OBRA, removed form numbers and referenced forms location in EMR, in "Records" section removed sentence referring to Gallery, changed "MDCH" to "MDHHS" (2 places), reworded #3 to remove obtaining the consumer's signature and replaced with selecting the button in EMR, made numerous small wording/grammatical changes/corrections without changing sentence content.
J	07/10/17	In "Acronym" section added "HIPAA" and changed "MDCH" to "MDHHS", made several minor wording/grammatical changes/corrections throughout document without changing sentence content.
K	03/27/19	In "Scope" section changed "contractual providers" to "contractual clinical providers, in "Information" section added the 2 nd & 3 rd bullets, in "Policy" section #3 added the last sentence, made several minor wording/grammatical changes/corrections throughout document without changing sentence content.