BAY ARENAC BEHAVIORAL HEALTH
NON- EMERGENCY SERVICES EMPLOYEE TELEPHONIC MONITORING REQUEST

NEED FOR TM CRISIS PLAN:
A CONSUMER HAS HAD A FACE TO FACE OR PHONE CONTACT WITH A MENTAL HEALTH WORKER (NON-ES WORKER) WHICH HAS LED STAFF TO BELIEVE THAT ADDITIONAL SUPPORT IS NEEDED. THE CONSUMER HAS AGREED TO PARTICIPATE IN TELEPHONIC MONITORING (TM), A VOLUNTARY SERVICE. THE INDIVIDUAL HAS AGREED TO CALL BABH ES 989-895-2300 AS SCHEDULED & AS NEEDED. STAFF REQUESTING TM HAS INFORMED THE INDIVIDUAL THAT IF SYMPTOMS WORSEN OR IF THE CONSUMER IS UNABLE TO KEEP THEMSELVES OR OTHERS SAFE THE CONSUMER WILL REPORT TO THE NEAREST ED OR CALL 911.

DATE:_____ STAFF NAME & AGENCY/DEPT_____

CONSUMER NAME:_____ID#_____

DATE OF FIRST CALL:_____ TIME(S) OF CALL(S):_____LAST CALL:_____

PHONE NUMBER: (_____)_____ ADDRESS: _____

A SAFETY CHECK IS IS NOT NEEDED. *(THE CONSUMER HAS BEEN TOLD, UNDERSTANDS, AND AGREES THAT IF THEY DO NOT CALL AND ES IS NOT ABLE TO GET A HOLD OF THEM, 911 WILL BE CALLED AND THE POLICE WILL BE SENT TO THEIR HOME FOR A SAFETY CHECK.)*

EMERGENCY CONTACT (**REQUIRED** IF SAFETY CHECK) _____(_____)_____

BRIEF RISK ASSESSMENT	**Y**	**N**
SI?	☐	☐
- PLAN? _____		
- ACCESS TO PLAN?	☐	☐
- INTENT?	☐	☐
- HX OF ATTEMPTS?	☐	☐
- FAMILY HX?	☐	☐

COMMENTS: _____
_____
_____
_____

SELF-HARM?	☐	☐
- PLAN?	☐	☐
- HX OF STITCHES, BROKEN BONES, ETC.?	☐	☐

COMMENTS:_____
_____
_____
_____

	Y	**N**
HI?	☐	☐
- PLAN?	☐	☐
- ACCESS TO GUNS?	☐	☐
- TARGET?	☐	☐
- DUTY TO WARN?	☐	☐

COMMENTS: _____
_____
_____
_____

RISK/PROTECTIVE/SUPPORTIVE FACTORS & PRESENTING ISSUES:_____
_____
_____
_____
_____
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_____
STAFF REQUESTING SIGNATURE

ES INITIALS: