CA:tCH Plan
Personal Safety Plan

Date Created: 5-2-2022	Facilitator: Trained Facilitator

Full Name: Andrew Participant	**Nickname or preferred name:** Andy

Pronouns: she/hers he/his they/them ze/zer ask me X	**Guardian**: Yes No X Name/s:

Primary Address: 123 Sample Street	**Phone or other contact:** 123-123-1234
City, State, Zip: Ashland, WI 54806	**Relationship:** self

2nd Address: 345 Sample Street	**Phone or other contact:** 123-123-1235
City, State, Zip: Ashland, WI	**Relationship** Family Member- stay with sometimes

3rd Address:	**Phone or other contact:**
City, State, Zip	**Relationship**

4th Address:	**Phone or other contact:**
City, State, Zip	**Relationship**

Personal Safety Plan

Participant Name: Andrew Participant
Date: 5-2-2022

When my behavioral health symptoms are higher, here's what I might be thinking or doing:
1. I will talk very fast and you won ' t be able to understand everything that I ' m saying.
2. I will pace back and forth very quickly.
3. I won ' t look at people and might walk away from them when they approach me.

These are things that help me when I feel upset, or make me feel better:
1. Taking a walk outside and looking at the trees calms me down.
2 Being with my dogs helps a lot. If I can sit down and pet my dog for a few minutes I tend to feel better.
3. Having tea without caffeine in it makes me feel less upset.

Personal Safety Plan

Participant Name: Andrew Participant
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Providers to contact if I need help:	**Contact Information:**
1. Therapist	NorthLakes Community Clinic / MMC
2.Case Worker	Ashland or Bayfield Co Health and Human Services
3.Primary Care Physician	Area Clinics

Are there providers that you would prefer not to involve in your care? Who?
I would not like to see Dr. xxxxxx at the Emergency Room

Are there any medical issues you would like your mental health practitioner to know about?
Medications, diabetes, heart conditions, cancer, asthma etc.

If you have an interaction with law enforcement or EMS what do you want them to know?
I may look aggressive when I am scared. Please ask me before you call my relatives, sometimes we do not get along. I do not own any weapons. I have had bad experiences with law enforcement before. I will keep a copy of my plan on the side of my refrigerator. I may not be able to communicate clearly if I did not take my medication. I have attempted suicide in the past.

Personal Safety Plan

Participant Name: Andrew Participant
Date: 5-2-2022

These are the people I want involved if I feel unsafe:	Contact Information:	This is how I want them involved:
1. Angie Participant (Family Member)	Phone number	Be with me in person if possible.
Contacted x	Not contacted	Left Message	Participant will Contact
2. John Buddy (Friend)	Phone number	Ask them to check on me later when I am at home.
Contacted	Not contacted	Left Message x	Participant will Contact
3.		
Contacted	Not contacted	Left Message	Participant will Contact

These are the things that need to be taken care of by others in the event that I have to leave my home:	Person assigned:	Contact Information:
1. I have children in my home/at school that will need care.	Tom Sibling	Phone number (Text only)
2. I have pets in my home that need to be cared for.	Brad Neighbor	Phone number
3. I worry if my house is not locked, appliances checked to make sure they are off.	Mary Aunt	Phone number

CA:tCH Plan Signature Page

Andrew Participant	Staff member - Trained Facilitator
Participant Name	**Facilitator** MMC, NorthLakes, Ashland HHS, or Bayfield DHS
Participant Signature	**Agency** 5-2-2022
Parent/Guardian Signature if needed	**Date**

CA:tCH Plan Release of Information

I understand that my community would like to help me be safe and well. In order for members of my community to work together more effectively, I agree:

- To create a safety plan that shares information about me that may be useful to first responders working with me.
- That the purpose of the safety plan is for me to share information that other members of my community can use to help access my system of support and to work with people and activities I have chosen when possible.

I authorize:

- That the safety plan I created will be shared with the members of CA:tCH (listed below)
- That members of CA:tCH may speak with each other regarding me, my current situation, and my safety plan to make sure I have any assistance I may need.
- If an organization in CA:tCH is not involved in my care or involved in responding to me when I appear to need help, my information will not be shared with them.
- Support contacts I have listed in my CA:tCH Plan may be contacted as I indicated.

I understand:

- That staff at the organization completing the safety plan with me will share my safety plan and this release with other CA:tCH member organizations through WISHIN, a secure electronic health record sharing service.
- That the CA:tCH member organizations that may access my safety plan if they have reason to be concerned about my safety or wellbeing are listed at the bottom of this release.
- That the safety plan will be accessed by a CA:tCH member organization only if they have reason to be concerned about my safety or my wellbeing, and they believe the information contained in my safety plan would help me return to a state of feeling safe and well.
- That the steps I want to take to help me be safe and well may change over time and may be different from what is reflected in my safety plan. I also understand that first responders and others working with me will look to the safety plan first for some ideas of how they might be able to help me.

CA:tCH Plan Release of Information

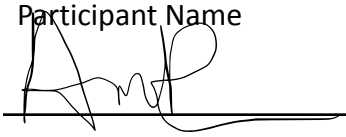
- That I can decline to follow steps in my safety plan by saying that I no longer wish to follow one of those steps.
- That I can make changes to my safety plan by contacting the person who made the plan with me and asking for those changes, or by working with another CA:tCH member to update my plan.
- That I can revoke my safety plan and consent to participate at any time, except during use at a time of crisis. To revoke my plan, I will call the person who made the plan with me and request that it be revoked.
- That once my safety plan is accessed by a CA:tCH member, there is a chance that the information in the safety plan may be viewed by organizations who are not CA:tCH members. I understand that CA:tCH members will make every effort to prevent this from happening.
- That participation in the use of a safety plan or CA:tCH ROI is NOT a condition for receiving treatment, payment, enrollment, or eligibility for benefits.
- That this consent and my safety plan are valid for one year from the date of my signature on these documents.

Organizations currently participating in CA:tCH include:

Ashland County Health and Human Services
Ashland County Sheriff's Department
Bayfield County Department of Human Services
Bayfield County Sheriff's Office
City of Ashland Police Department
Memorial Medical Center
NorthLakes Community Clinic

I understand that more organizations may join CA:tCH and that if they are involved in my care or acting as first responders, they will be included in my release of information.

This permission will be valid for one year from the date of signature, unless I choose to revoke it.

Andrew Participant	Staff member - Trained Facilitator
Participant Name	Facilitator MMC, NorthLakes, Ashland HHS, or Bayfield DHS
 Participant Signature	Agency 5-2-2022
Parent/Guardian Signature if needed	Date