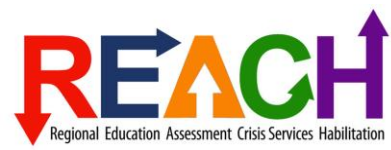


Crisis Education and Prevention Plan Provisional

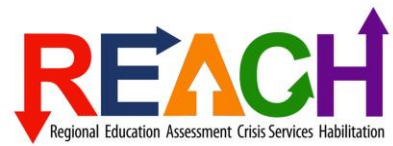
Initial Date: _____

Demographic Information			
Name:			
Address:			
DOB:		Telephone:	
CSB:			
Guardian/AR Name:			
Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender			
Living Situation (check one)			
<input type="checkbox"/> Own Home		<input type="checkbox"/> Group Home	
<input type="checkbox"/> Family Home		<input type="checkbox"/> Sponsored Home	
<input type="checkbox"/> ALF		<input type="checkbox"/> ICF	
<input type="checkbox"/> Other:			
Diagnoses			
DD:			
MH:			
Medical:			
Dental:			
Medications:			
Name:		Dose:	Reason:
Name:		Dose:	Reason:
Other Important Information			
Communication Style:			
Language spoken/understood:			
Cultural/Heritage Considerations:			
Current/Previous Legal Involvement:			
APS/CPS/DSS Involvement:			
Attending School:			
Important People			
Name	Relationship	Address	Phone #



Region specific information goes here
(REACH Program, address, crisis line)

Mental Health Presentation (When MH symptoms are increasing, what does this look like? If no specific MH diagnosis and/or symptoms, use this area to provide additional info on pre-crisis and/or crisis behaviors as applicable)



Region specific information goes here
(REACH Program, address, crisis line)

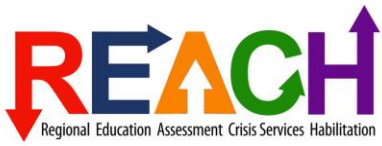
Crisis Intervention:

Crisis Behavior	Any visible cues you see prior to the crisis behavior?	What is the person communicating through their behavior?	Hypothesized triggers/setting events	Support Strategies/interventions	Persons Involved- Who to Call
Pre-crisis:					

Debriefing Protocol Post Crisis:

- 1.
- 2.

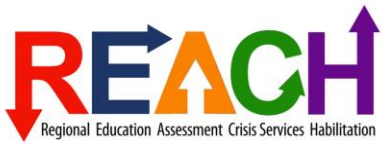
Linkages/Coordination Needed:



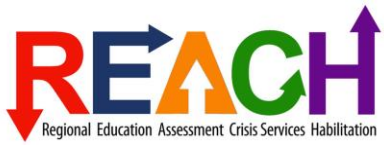
Region specific information goes here (REACH Program, address, crisis line)

Signature Page for Provisional Section of Plan

Name	Agency	Phone Number	Email Address	Signature	Date
Guardian	Click here to enter agency.	Click here to enter phone number	Click here to enter address.		
Family/friend contact	Click here to enter agency.	Click here to enter phone number	Click here to enter address.		
Residential Program	Click here to enter agency.	Click here to enter phone number	Click here to enter address.		
Vocational/day Program	Click here to enter agency.	Click here to enter phone number	Click here to enter address.		
Case manager/ Service Coordinator	Click here to enter agency.	Click here to enter phone number	Click here to enter address.		
REACH Coordinator	Click here to enter agency.	Click here to enter phone number	Click here to enter address.		
Primary Physician	Click here to enter name.	Click here to enter phone number	Click here to enter address.		
Psychiatrist	Click here to enter name.	Click here to enter phone number	Click here to enter address.		
Therapist	Click here to enter name.	Click here to enter phone number	Click here to enter address.		
Neurologist	Click here to enter name.	Click here to enter phone number	Click here to enter address.		
MH Case manager	Click here to enter name.	Click here to enter phone number	Click here to enter address.		
Other	Click here to enter name.	Click here to enter phone number	Click here to enter address.		



Region specific information goes here (REACH Program, address, crisis line)



Region specific information goes here (REACH Program, address, crisis line)

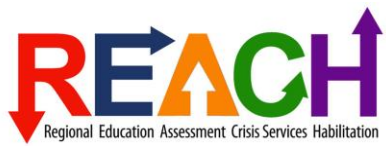
Crisis Education and Prevention Plan Final

Dates of update: _____

Stressors (environmental, situational, internal) that lead to crises:

- 1.
- 2.
- 3.

Target Behavior	What to look for leading up to target behavior	Prosocial Behavior (Replacement Behavior)	Support Interventions	Crisis Criteria (whom to call and when)
Pre-crisis:				



Region specific information goes here (REACH
Program, address, crisis line)

Debriefing Protocol Post Crisis:

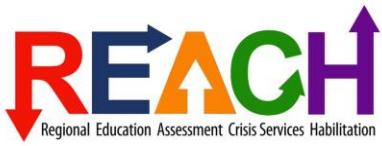
- 1.
- 2.

Action Plan for Crisis

- 1.
2. Call REACH crisis line for support
3. Call 911

Linkages/Coordination Recommended:

- 1.
- 2.
- 3.



Region specific information goes here (REACH Program, address, crisis line)

Signatures for Final Crisis Education and Prevention Plan

Name	Agency	Phone Number	Email Address	Signature	Date
Guardian	Click here to enter agency.	Click here to enter phone number	Click here to enter address.		
Family/friend contact	Click here to enter agency.	Click here to enter phone number	Click here to enter address.		
Residential Program	Click here to enter agency.	Click here to enter phone number	Click here to enter address.		
Vocational/day Program	Click here to enter agency.	Click here to enter phone number	Click here to enter address.		
Case manager/ Service Coordinator	Click here to enter agency.	Click here to enter phone number	Click here to enter address.		
REACH Coordinator	Click here to enter agency.	Click here to enter phone number	Click here to enter address.		
Primary Physician	Click here to enter name.	Click here to enter phone number	Click here to enter address.		
Psychiatrist	Click here to enter name.	Click here to enter phone number	Click here to enter address.		
Therapist	Click here to enter name.	Click here to enter phone number	Click here to enter address.		
Neurologist	Click here to enter name.	Click here to enter phone number	Click here to enter address.		
MH Case manager	Click here to enter name.	Click here to enter phone number	Click here to enter address.		
Other	Click here to enter name.	Click here to enter phone number	Click here to enter address.		