

### Crisis Education and Prevention Plan/Safety Plan

Status of Plan with Corresponding Date: <small>Click or tap to enter a date.</small>		
<input type="checkbox"/> Initial <input type="checkbox"/> Updated <input type="checkbox"/> Revision		
Demographic Information		
Name:		
Address:		
DOB:	Telephone:	
CSB:		
Decision Maker:		
Gender Identification:		Preferred Pronoun(s):
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"/> Homeless	<input type="checkbox"/> Transitional housing	
<input type="checkbox"/> Shelter	<input type="checkbox"/> Other:	
Diagnoses		
Developmental Disability:		
Behavioral Health:		
Medical/ Dental-if applicable:		
Substance use:		
Medications: <i>Refer to EHR/MHR or attach copy of current MAR</i>		
Other Important Information		
Communication Modality and Associated Equipment or Technology:		
Language Preference:		
Cultural/Heritage Considerations:		
Current/Previous involvement in systems: (Legal, APS, CPS, DSS)		
Relevant Educational Information:		
Circle of Support:		
Name	Relationship	Contact information

**Baseline and current functioning:**

Describe the person when they are at what would be considered at baseline or not in crisis (e.g. functional strengths, preferred activities, processing abilities, level of functioning, behavior, behavioral health symptomology):

Describe what supports are present for this individual to remain at baseline (prevention strategies):

Describe specific stressors that may trigger escalation from baseline:

Presenting behavior and/or behavioral health symptomology that necessitated development/revision of plan for crisis and prevention (include relevant history):

**Crisis Intervention and Prevention Supports:** This section describes the behavior throughout the crisis cycle with supports and information denoted at key points in the cycle to promote returning to baseline.

<b>Early Signs (pre-crisis)</b>	
<b>Objectively and concisely describe behaviors during pre-crisis.</b>	
<b>Why is the person's behavior changing? What are they communicating?</b>	
<b>Describe how to support the person when these behavior(s) are observed:</b>	
<b>Specific instructions for the systems supporting the individual during pre-crisis?</b>	
<b>Supporting the individual in return to baseline behavior:</b>	
<b>Describe implementation of safety or other</b>	

<b>strategies if person continues to escalate:</b>	
<b>Crisis:</b>	
<b>Objectively and concisely describe behaviors during crisis.</b>	
<b>Describe how to support the person when these behavior(s) are observed:</b>	
<b>Specific instructions for the systems supporting the individual during crisis.</b>	
<b>Transitioning back to non-crisis supports and interventions:</b>	
<b>Debriefing:</b>	

**Initial Plan Signatures, Title or Relationship, and Date** Click or tap to enter a date. :

**Individual:**

**Decision Maker/AR/POA:**

**Author of Document:**

**Plan Update Log (Updates and Revisions to Initial plan):**

Date of modification	Description of modification	Signature of author/title