Crisis Prevention and Safety Planning

Name	Case #	DOB		Gender	
Address					
Addiess					
Services			Caseholder(s)		
County			Date of Plan		
Warning signs that problems	might be developing:	(includ	le symptoms, behavior cha	anges, substances used,	
changes in medication adherence, etc.)					
Steps to make the environment safe: (include whether weapons are in the home, medication access, including OTC,					
prescription, and aspirin, aggression history, etc.)					

Coping skills I can use: (include means restriction, relaxation/distraction skills, hobbies, pets, enjoyable activities, etc.)					
Support people I can call: (o	btain releases at time of crisis p	planning)			
Name	Relationship	Phone Number	Release on file?		
Professionals I can call:					
rioressionals realitean.					
Caseholder		Phone Number			
Caseholder		Phone Number			
Nurse (if applicable) Phone Number					
CMH Crisis Mobilization Intervention Team (CMIT) Phone Number					
Crisis Intervention Services A	Available 24/7				
\square I declined to comp	lete a crisis plan.				
Consumer Signature			Date		
			<u>-</u>		
Witness Signature			Date		