



SAFETY AND CRISIS SUPPORT PLAN

Client Name: PEO PEO

Client ID: 91063

Date of Birth:

Plan Date: ▼

You have been evaluated by Shauna Marchington, LPC, QMHP from Options Mental Health.

You were evaluated by Options' Staff because you or someone else felt you to be having a mental health emergency.

Staff has spoken with you and conducted an evaluation of your emergency and has determined that you can be released from this facility today to return home or alternative care. Although you do not meet mental hold criteria at this time, you could benefit from further care.

By signing this form you are agreeing to:

1. **Continue to seek treatment as was discussed and agreed upon with the evaluator (see - Safety and Crisis Support Plan) and**
2. **You are acknowledging that you have received this Options' Safety and Crisis Support Plan & a Resource Card.**

SAFETY and CRISIS SUPPORT PLAN

Please address each of these topics: Specific Safety Concerns, Cues and Triggers, Coping and Support Strategies and the Safety and Crisis Plan (note follow-up appt.) in the following spaces:


1. Specific Safety Concerns:

2. Cues and Triggers:

3. Coping and Support Strategies:

4. Plan for restricting access to Lethal Means (see Safety Screening for details):

5. Safety and Crisis Plan (note follow-up appt):

	<h2 style="margin: 0;">Child Safety Screening</h2> <p style="margin: 0;">(Under 18 years old)</p>
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Client ID: 91063 **Client Name:** _____
Date of Birth: _____ **Age:** _____ **Gender:** Male Female
Primary Phone: _____ **Secondary Phone:** _____
Current Location: _____

Individual Initiating Contact: Self Other (name): _____
Contact Type: Face to Face Phone **Place of Service:** No Selection

Screening Date: _____ **Start Time:** --

Core Matrix	Yes	No	Description (if applicable)
Plan/Intent	<input type="radio"/>	<input type="radio"/>	
Method	<input type="radio"/>	<input type="radio"/>	
Means	<input type="radio"/>	<input type="radio"/>	
Time/Place	<input type="radio"/>	<input type="radio"/>	
Messages	<input type="radio"/>	<input type="radio"/>	

Core Matrix Score (%):


S	A	D	P	E	R	S	O	N	S
Sex	Age Older than 15	Depression or Affective Disorder	Previous Suicide Attempt Psych care	Ethanol, Drug, Gambling Abuse	Rational Thinking Loss (Psychosis)	Social Support Lacking	Organized Plan or Attempt	Negligent Parenting, Stressors, Suicidal Modeling by Parents	School Problems
<input type="radio"/> Male	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> Female	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No
Sadpersons Score:			Scale: 1 - 3 Low Risk		4 - 6 Moderate Risk		7 - Medium Risk		8 - 10 High Risk

Presenting Problem/Issues Addressed:

Action Taken (include details from Core Matrix Means section):

Safety Plan Required: Yes No

Clinician: Shauna Marchington, LPC, QMHP **Date:** _____ **Duration (min):** _____

	<h2>Adult Safety Screening</h2>
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Client ID: 91063 **Client Name:**
Date of Birth: **Age:** **Gender:** Male Female
Primary Phone: **Secondary Phone:**
Current Location:

Individual Initiating Contact: Self Other (name):
Contact Type: Face to Face Phone **Place of Service:**

Screening Date: **Start Time:**

Core Matrix	Yes	No	Description (if applicable)
Plan/Intent	<input type="radio"/>	<input type="radio"/>	
Method	<input type="radio"/>	<input type="radio"/>	
Means	<input type="radio"/>	<input type="radio"/>	
Time/Place	<input type="radio"/>	<input type="radio"/>	
Messages	<input type="radio"/>	<input type="radio"/>	

Core Matrix Score (%):

S	A	D	P	E	R	S	O	N	S
Sex	Age	Depression Exists	Previous Suicide Attempt	Ethanol, Drug, Gambling Addiction	Rational Thinking Loss	Social Support Lacking	Organized Plan	No Spouse, Divorced, Separated, Widowed	Sickness, Chronic Disease
<input type="radio"/> Male	<input type="radio"/> < 20 <input type="radio"/> 20-44	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> Female	<input type="radio"/> > 44	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No
Sadpersons Score:			Scale: 1 - 3 Low Risk		4 - 6 Moderate Risk		7 - Medium Risk		8 - 10 High Risk

Presenting Problem / Issues Addressed:

Action Taken (include details from Core Matrix Means section):

Safety Plan Required: Yes No

Clinician: Shauna Marchington, LPC, QMHP

Date:

Duration (min):