SAFETY PLAN

**BHS**

# COMPLETED BY:

1. Client;
2. Guardian (if applicable); and
3. Service Provider

# COMPLIANCE REQUIREMENTS:

1. “Safety Plan” should be completed when there is risk or concern that crisis intervention may be needed.
2. It should be updated throughout treatment as needed.
3. All elements must be completed.
4. Copy of Safety Plan should be offered/provided to Client/Guardian.

# DOCUMENTATION STANDARDS:

# Effective: Enter Date Safety Plan is being created.

# Complete all sections of the form and do not leave anything blank.

# Use help text prompts to complete ALL form fill sections.

# When I am Doing Well

# My Warning Signs of Potential Crisis

# Ways to Support Myself

# Coping Skills

# People or Social Settings That Provide Support

# Connections with Professionals or Agencies I Can Reach Out to When I am in a Crisis.

# Ways to Make My Environment Safe

1. If downtime form is utilized, it must be scanned/uploaded into SmartCare Electronic Health Record (EHR).
2. Provider and Client/Guardian to sign Safety Plan.

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