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| **NAME OF BSC, WITH CREDENTIALS****NAME OF BSC AGENCY****CITY, NEW MEXICO****PHONE CONTACT; FAX CONTACT****EMAIL ADDRESS** |
| **BEHAVIORAL CRISIS INTERVENTION PLAN****TIME PERIOD** |
| **INDIVIDUAL’S NAME:** |  | **JACKSON CLASS MEMBER:** |  |
| **DOB:** |  | **LAST 4 OF SSN:** |  |
| **INDIVIDUAL’S ADDRESS:** |  | **INDIVIDUAL’S PHONE CONTACT:** |  |
| **GUARDIAN:** |  | **GUARDIAN CONTACT:** |  |
| **RESIDENTIAL AGENCY:** |  | **CCS AGENCY:** |  |
| **CASE MANAGER:** |  | **CASE MANAGER AGENCY:** |  |
| **OTHER PROVIDERS:** |  | **REGION OF RESIDENCE:** |  |
| **ANNUAL ISP DATE:** |  | **DATE OF REPORT:** |  |
| Target Behaviors: List the main ways that behavioral crisis presents for this person. Prevention Strategies:* List the best ways to help the individual have a good day that reduces stress – this is often a brief rehash of elements of the PBSP.
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| **STAGE** | **What Client is Doing** | **What you do** |
| **GENERAL SUPPORT** | List behavioral indicators that evidence that the individual is **calm, cool, and at his/her best.** | List the ways in which the direct support staff or family should be supporting the individual when they are at this stage |
| **AWARE** | List clear, observable behavioral indicators associated with how one might tell that the individual is **getting slightly upset, irritated, and frustrated or otherwise ‘off-center’**. | List the duties and manners that the DSP or family may help the individual calm down. |
| **ALERT** | List clear, observable, behavioral indicators associated with how one might tell that the individual is **truly ‘building up’ to a more concerning level of difficult emotions etc.**  | List the duties and manners that the DSP or family may help the individual calm down. |
| **ACTION** | List clear, observable, behavioral indicators associated with how one might tell that the individual is **at the edge of what would be a serious crisis *for his/her unique presentation***  | List the ways staff may behave, redirect, calm themselves in order to try and calm the person down.This level is where one might consider emergency physical restraint. |
| **EXTERNAL SUPPORTS** | List clear, observable indicators that the person has **reached a serious, potentially harmful level of escalation.** | List the ways staff/family may utilize additional in-agency support OR external response (e.g. 911) and then communicate with the IDT. |

**REMEMBER – THE MAIN GOAL IS TO GET BACK TO REGULAR SCHEDULE AND FUNCTIONING AS RAPIDLY AS POSSIBLE. ONCE CLIENT IS CALM – GO BACK TO THE NORMAL ROUTINE**

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| **BSC SIGNATURE***WITH TITLE AND CREDENTIALS* | **DATE** |